

ASS. REC. BY:

REF:

622/TP. CS/TP18014815/Kthbz

ASSIGNMENT

Kenneth

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: 3113 P9804 Yr Regn: 09, 13
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Renault Latitude C.C. 1895
 Colour n. white / R A/C: Insured / Std / NI / NA
 Sp. Reading 281676 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VIC1AB115AUC 273529
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 155/60R16
 R: 165/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. _____ D.O.I. 6/2/15
 Survey held at _____
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S R
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Sent email invoice then after payment only sent out report.
	part by part \$3,151.98: (Fed. 5662.91: 64%)
	RECEIVED 30 AUG 2018
	30/8/2018
	*NO RESURVEY.

Date/Time, File Pass to?

☐ : Preli. Report
☒ : Final Report

123013 Typist

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

5x15 = 75

170 + 75

50

14

80

389

Report Format : TP

Lump Sum / (B.I.): (\$ 3151.98)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/02/2015 10:16
Date Of Accident	06/02/2015 01:25
Exact Location Of Accident	Simei Ave T-X Simei St 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9980G
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-I2047359MFSH/980
Cover Note Number	

Driver

Name of Driver	WONG LIANG TUANG
NRIC No	S1354835H
Date Of Birth	30/08/1959
Occupation	Outdoor
Date Of Driving Pass	22/11/1986
Driving Experience	28 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-97939691
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 466 TAMPINES STREET 44 #02-16
Postcode	520466
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - Relief
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

On 06.02.2015 at about 0125hrs, I was stationary at the left lane along Simei Street 3 due to red traffic light making a right towards Sims Avenue. When the traffic light changed to green in my favour, vehicle in front of me moved forward so I followed suit. In the midst of turning, Vehicle B (SH7178H) which was traveling along Sims Avenue beat the traffic light and thus resulted vehicle B's right side portion collided onto my taxi's left front portion. Vehicle A: no passenger Vehicle B: 2 passenger

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7178H
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	SURNI BIN AMAN
NRIC/Passport Number	S0630295E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

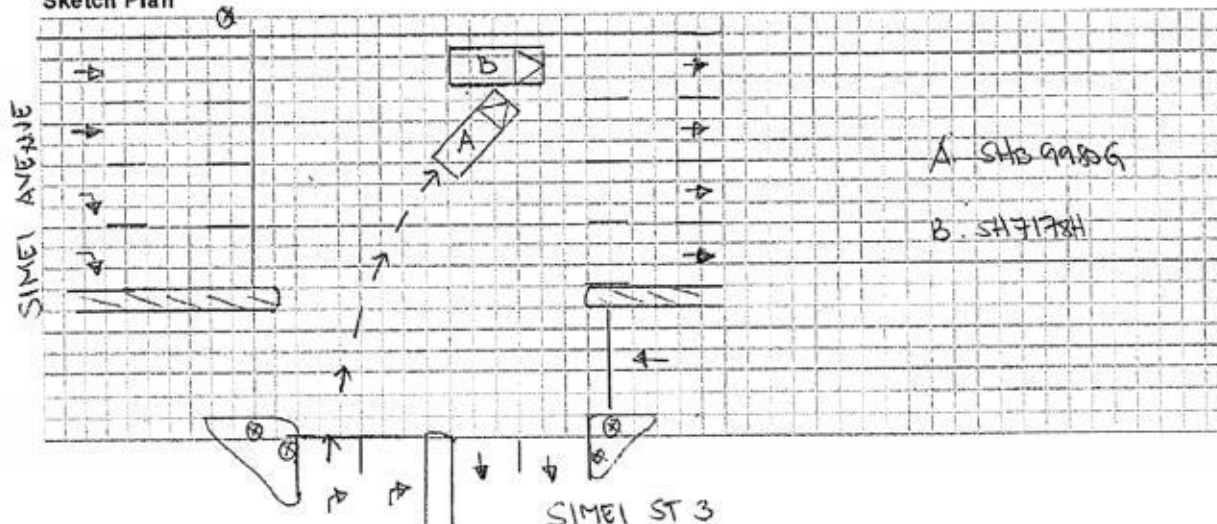
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



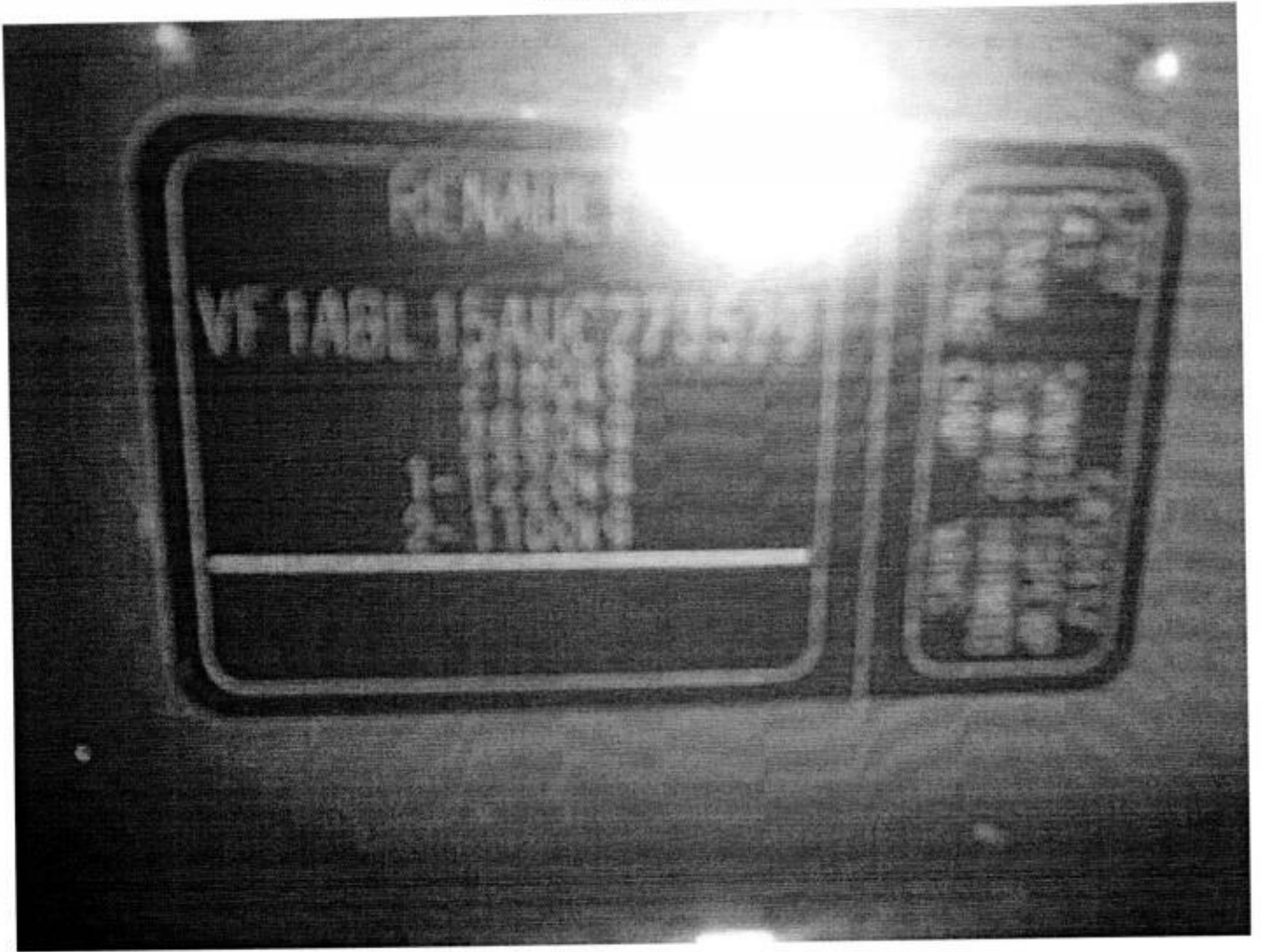
Accident Photo



Accident Photo



Accident Photo



TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHB 9980G - FCIL

ROEL

Done
Not Authorize
1.31 2,151.93 9,372.62

Vehicle No.:	SHB 9980G -ROEL
Chassis No.:	VF1ABL15AUC273529
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	06.02.15
Third Party Insurer :	FCIL

		PART		LIST
1	1	BUMPER COVER FRT	\$	CRT 807.32 ✓
2	1	BUMPER ABSORBER FRT	\$	SM 253.00 X
3	1	BUMPER BEAM FRT	\$	R 585.95 X
4	1	BUMPER RETAINER FRT LH	\$	O.Y 97.06 ✓
5	1	BUMPER SUPPORT FRT LH	\$	SM 15.31 X
6	1	BONNET	\$	R 1,244.63 X
7	1	AIR CLEANER LOWER	\$	SM 226.05 X
8	1	STEERING PUMP ELECTRIC	\$	SM 1,285.90 X
9	1	HEADLAMP LH	\$	CRT 759.25 ✓
10	1	FENDER PANEL FRT LH	\$	R 502.46 ✓
11	1	FENDER WHEELARCH FRT LH	\$	CRT 89.44 ✓
12	1	DOOR MIRROR LH	\$	SM 950.90 X
13	1	DOOR PANEL FRT LH	\$	R 1,823.50 X
TOTAL			\$	8,640.77
10%			\$	864.08
			\$	7,776.69

Specical Nett

1SET	FRONT BUMPER CLIP	\$	RM 66.00 ✓
1SET	BUMPER RETAINER CLIP FRT LH	\$	RM 15.20 X
1SET	WHEELARCH CLIP LH	\$	RM 66.00 ✓
1SET	REAR BUMPER CLIP	\$	RM 66.00 X
1	RIM LH FRT	\$	SM 385.00 X
1	TYRE LH FRT	\$	SM 330.00 X
1	DOOR STICKER "Trans-cab"	\$	RM 80.00 X
1	DOOR STICKER "Classic"	\$	NW 30.00 X
TOTAL		\$	1,038.20
TOTAL PARTS		\$	8,814.89

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6866 FAX NO.6366 8862
 CO/GST REG NO.201018626G
SHB 9980G - FCIL

ROEL

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,800.00 <i>500</i>
To Check Electrical Lighting Concerned.	\$	170.00 <i>200</i>
Putty and spray painting of the affected portion.	\$	3,000.00 <i>440</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 <i>X</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00 <i>X</i>
To transfer of door fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00 <i>X</i>
To rust-proofing of the affected areas.	\$	170.00 <i>300</i>

TOTAL	\$	6,700.00
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Over All Total	\$	15,514.89
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(PARTS BY PARTS) Repair Days

~~10~~ DAYS

Trans-Cab Auto Services Pte Ltd

No. 42 Sungei Kadut Street 1
Singapore 729346
Co./ GST Reg. No.: 201019626G

Case Handle by: KanA&D No.: 1502-0671502-067**Notification of Accident**☐ Toyota
Wish 1.8☐ Toyota
Wish 2.0☐ Mercedes
Benz☐ Chevrolet
Epica☒ Renault
LatitudeTaxi Registration Number : SHB9980GClaim Against: FCILThird Party Vehicle Number : SH7178HDate and Time of Accident : 06/02/2015 @ 01:25 Hrs Surveyor: Kenneth D.S. D.S. 2015 @ 1/20 HrsLocation : Simei Ave T-X Simei St 3Accident by Hirer / Relief : WONG LIANG TUANGNRIC No. : S1354835H Reported on: 06/02/2015Estimated no. of repair days : 3 days

AL Doc. No.

Check By

In: 06 FEB 2015 @ 1004 Hrs Tow: Y / N NAV updated Yes / NoOut: 09 FEB 2015 @ 1810 Hrs NAV updated Yes / No

Any outstanding Rental Yes / No

S\$

Any outstanding Accident Liabilities Yes / No

S\$

Any outstanding Deposit Yes / No

S\$

Release Vehicle Yes / No

If your answer is **YES** for Outstanding and release vehicle, please provide your remark:

Please put a tick [✓] for the item which is applicable:

Advanced Payment

Yes / No

[] 100% against third party. **KIV loss of earnings for 6 months.**[✓] 50% / 50% against third party. **Excess is applicable.**[] At fault. **Excess is applicable.**[] Late Report. **Excess is applicable.**

[] Mutual Settlement. Remark

[] No repair / self repaired. Driver claimed no involvement / not at fault.

[] Windscreen damaged.

[] Excess is applicable due to resigned.

ACE

DeclarationI, WONG LIANG TUANG bearing NRIC no. S1354835H (Hirer / Relief) confirmed no injury sustained pertaining to the above accident.

The above was clearly explained and accepted by me.

Hirer/Relief : _____
(Signature and Date)No. 42 Sungei Kadut Street 1 Singapore 729346
Tel: 6287 6666 Fax: 6366 8862

LOD Submission Date: _____

DV Received Date: _____

Invoice No.: _____

Cheque Received Date: _____

Completion Date: _____




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
TRANS-CAB AUTO SERVICES PTE LTD		Ref : CS/TP18014815/Ktbe2		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 03-09-2018		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 7178H	Veh. Inspected	SHB 9980G	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	06/02/2015	
2. Vehicle Particulars & Condition				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	VF1ABL15AUC273529	Colour	METALLIC WHITE / RED	
Odometer	281676	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	FALKEN	7 mm	
L/H Front Tyre	215/60 R16	FALKEN	7 mm	
R/H Rear Tyre	215/60 R16	ROVELO	7 mm	
L/H Rear Tyre	215/60 R16	ROVELO	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/02/2015	Inspection Date	06/02/2015	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 9980G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER FRT	CRACKED	807.32	807.32
1	BUMPER ABSORBER FRT	SERVICEABLE	253.00	-
1	BUMPER BEAM FRT	TO REPAIR SEE LABOUR	585.95	-
1	BUMPER RETAINER FRT LH	DISTORTED	97.06	97.06
1	BUMPER SUPPORT FRT LH	SERVICEABLE	15.31	-
1	BONNET	TO REPAIR SEE LABOUR	1,244.63	-
1	AIR CLEANER LOWER	SERVICEABLE	226.05	-
1	STEERING PUMP ELECTRIC	SERVICEABLE	1,285.90	-
1	HEADLAMP LH	CRACKED	759.25	759.25
1	FENDER PANEL FRT LH	BENT	502.46	502.46
1	FENDER WHEELARCH FRT LH	CRACKED	89.44	89.44
1	DOOR MIRROR LH	SERVICEABLE	950.90	-
1	DOOR PANEL FRT LH	TO REPAIR SEE LABOUR	1,823.50	-
	LESS 10% DISCOUNT		-864.08	-225.55
			7,776.69	2,029.98
SPECIAL NETT ITEMS				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER RETAINER CLIP FRT LH (SN)	NOT NECESSARY	15.20	-
1	SET WHEELARCH CLIP LH (SN)	NECESSARY	66.00	66.00
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	RIM LH FRT (SN)	SERVICEABLE	385.00	-
1	TYRE LH FRT (SN)	SERVICEABLE	330.00	-
1	DOOR STICKER "TRANS-CAB" (SN)	NOT NECESSARY	80.00	-
1	DOOR STICKER "CLASSIC" (SN)	NOT NECESSARY	30.00	-
			1,038.20	132.00
LABOUR				
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER BEAM FRT, BONNET AND DOOR PANEL FRT LH.		2,800.00	500.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00

Report Ref No. CS/TP18014815/Ktbe2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	440.00
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
			6,700.00	990.00
GRAND TOTAL			15,514.89	3,151.98
RECOMMENDED COST OF REPAIRS				3,151.98

Report Ref No. CS/TP18014815/Ktbe2

KONG SENG CHEONG

Licensed Appraiser

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