

ASS. REC. BY:

REF:

CB/TP18019300/Ksber

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

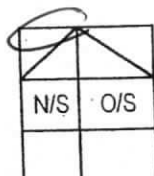
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record) _____

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 1 1/2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S/D 95635 Yr Regn: 2012 / Jun 29

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chevrolet Epica C.C. 1991Colour: White / Blue A/C: Insured / Std / NI / NASp. Reading: 11667P T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1LA69RTBB 105964Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Palken

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>6/10/13</u>	D.O.I. <u>7/8/10/13</u>

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Frt N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>S/D 95635 - CB/TP18019300/Ksber</u>
	<u># Sent report after repair received payment from repairer.</u>
<u>25/10/13</u>	<u>Confirmed 215 \$1,200/- @ 1.5 days with Kenneth.</u>
	<u>(\$4,501.10 red - 79%)</u>
	RECEIVED 25 OCT 2013

Date/Time, File Pass to?

Date/Time, File Return to?

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

Prel. Report:

TOTAL
LOSSKIV FOR
LOD

Survey Fee:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Date:

14050780277

3rd Party didn't see our taxi while he was driving out from the loading/unloading bay.

scan & Attach

LOD Study

07/10/13

Hirer: 83235482

Trans-Cab Auto Services Pte Ltd

No. 42 Sungei Kadut Street 1

Singapore 729346

Co./ GST Reg. No.: 201019626G

Case Handle by: Andrea

A&D No.: 1310-005

URGENT

Notification of Accident

☐ TOYOTA CROWN ☐ TOYOTA WISH 1.8 ☐ TOYOTA WISH 2.0 ☐ MERCEDES BENZ ☒ CHEVROLET EPICA ☐ RENAULT LATITUDE

Taxi Registration Number : SHB/ C/D 95635 /

Claim Against: III

Third Party Vehicle Number : SFV7944T /

Date and Time of Accident : 06/10/13 1755 /

Surveyor: Kenneth 07/10/13

Location : Block 730 Tampines St 71 Service Road 1600

Accident by Hirer / Relief : Khalid Sha Bin Kadir Hussain /

NRIC No. : S7708967E / Reported on: 07 OCT 2013

Estimated no. of repair days : 1 1/2 days

AL Doc. No.

Check By

Date / Time In: 09 OCT 2013 1100 /

NAV updated Yes / No

Date / Time Out: 10 OCT 2013 1715 /

NAV updated Yes / No

Any outstanding Rental

Yes / No

S\$ 243.96

Any outstanding Accident Liabilities

Yes / No

S\$ 500.00

Any outstanding Deposit

Yes / No

S\$ 500.00

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.**

[☐] Fully 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 1404.0038 \$ 2140/-

Declaration

I, _____ bearing NRIC no. _____ (Hirer / Relief) confirmed no injury sustained pertaining to the above accident.

The above was clearly explained and accepted by me.

Hirer/Relief : [Signature]
(Signature and Date)

LOD Submission Date: _____

DV Received Date: _____

Invoice No.: _____

Cheque Received Date: _____

Completion Date: _____

No. 42 Sungei Kadut Street 1 Singapore 729346
Tel: 6287 6666 Fax: 6366 8862

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	07/10/2013 16:10
Date Of Accident	06/10/2013 17:50
Exact Location Of Accident	BLOCK 730 TAMPINES ST. 71 SERVICE ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9563S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 DSL TURBO (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-12047359MFSH
Cover Note Number	

Driver

Name of Driver	KHALID SHA BIN KADIR HUSSAIN
NRIC No	S7708967E
Date Of Birth	05/03/1977
Occupation	Outdoor
Date Of Driving Pass	29/11/1996
Driving Experience	16 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-83235482
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLOCK 445A FERNVALE ROAD #19-405
Postcode	791445
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER

Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - THIRD PARTY COMING OUT FROM LOADING/UNLOADING BAY
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

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 06.10.2013 AT ABOUT 1755HRS, I DROVE INTO THE SERVICE ROAD OF BLOCK 730 TAMPINES STREET 71 TO ALIGHT MY PASSENGERS. WHILE TRAVELING STRAIGHT VEHICLE B - SFV7944T SUDDENLY DASHED OUT FROM THE LOADING AND UNLOADING BAY TO TURN RIGHT. RESULTED, HIS VEHICLE TO HIT ONTO THE FRONT LEFT PORTION OF MY TAXI. AFTER THE IMPACT THE DRIVER OF VEHICLE B APOLOGISED TO ME AND MENTIONED THAT HE DID NOT SEE MY TAXI. VEHICLE A - 2 PASSENGERS VEHICLE B - 1 PASSENGER

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

Vehicle Registration Number	SFV7944T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SHAHNIZON BIN MOHAMED SAID
NRIC/Passport Number	S7518682G
Contact Number	81611102
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

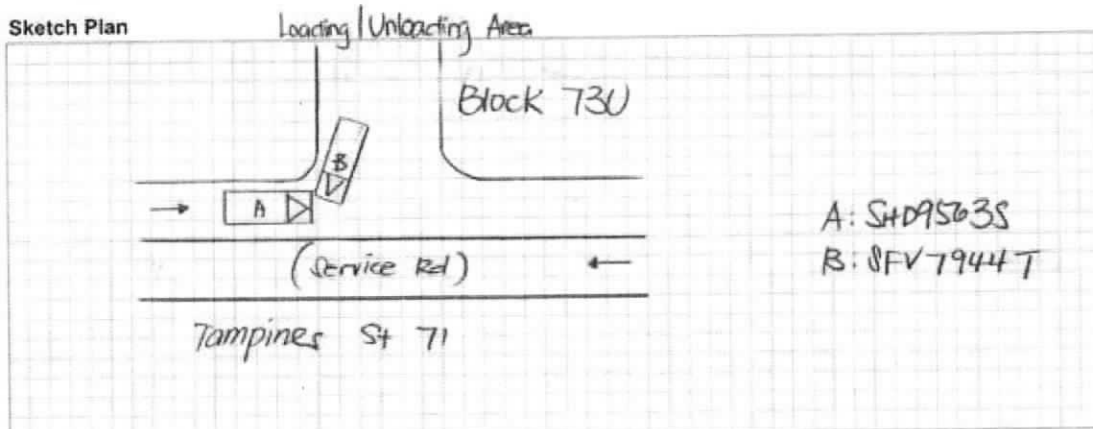
Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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Sketch Plan



Describe Circumstances of the Accident

Refer to GIA 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 SINGEI KADUT STREET 1 SINGAPORE 729346

TEL NO. 3287 6666 FAX NO. 6366 8862

CO/GST REG NO. 201019626G

SHD 9563S - III**Andrea***Not Attached
11 Sep @ 1200h*

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident:
Third Party Insurer:

SHD 9563S - Andrea
KL1LA69RJBB105964*
CHEVROLET
EPICA 2.0
06.10.2013
III

PART**LIST**

1	1	Front Bumper	\$	<i>CRA</i> 1,202.00 ✓
2	1	Front Bumper Reinforcement	\$	<i>R</i> 295.25 X
3	1	Front Bumper Lower Absorber	\$	<i>Sm</i> 180.00 X
4	1	Radiator Grille (Grille A-Rad)	\$	<i>Sm</i> 367.00 X
5	1	Front Bumper Retainer RH	\$	<i>Sm</i> 102.00 X
6	1	Front Bumper Retainer LH	\$	<i>Sm</i> 102.00 X
7	1	Headlamp LH (Lamp A-Head LH)	\$	<i>Sm</i> 816.00 X
8	1	Headlamp RH (Lamp A-Head RH)	\$	<i>Sm</i> 816.00 X
9	1	Centre "CHEVROLET" logo	\$	<i>Sm</i> 144.30 X

TOTAL	\$	4,024.55
10%	\$	402.46
	\$	3,622.10

Specical Nett

1 Set	Front Bumper Fastener Clip	\$	<i>Sm</i> 24.00 ✓
1	Front licence plate with holder	\$	<i>Sm</i> 80.00 X
1 Set	Radiator Grille clip	\$	<i>Sm</i> 35.00 X

TOTAL	\$	139.00
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TOTAL PARTS	\$	3,761.10
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To Check Electrical Lighting Concerned.	\$	120.00 <i>10h</i>
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Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	840.00 <i>200h</i>
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Putty and spray painting of the affected portion.	\$	810.00 <i>200h</i>
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21-JAN-2014 TUE 09:50

P. 02

TRANS-CAB AUTO SERVICES PTE LTD

NO.42 SUNGEI KADUT STREET 1 SINGAPORE 729346

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHD 9563S - III

Andrea

To rust-proofing of the affected areas.

\$

nr 170.00.X

TOTAL \$ 1,940.00

Over All Total \$ 5,701.10

REPAIR DAYS

4 DAYS

1 1/2 day




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/TP18019300/Ksbe2		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 25-10-2018		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 9563S	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		07/10/2013	
2. Vehicle Particulars & Condition				
Make & Model	CHEVROLET EPICA (A)	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KL1LA69RJBB105964	Colour	WHITE / RED	
Odometer	116679	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	6 mm	
L/H Front Tyre	195/65 R15	FALKEN	6 mm	
R/H Rear Tyre	195/65 R15	FALKEN	6 mm	
L/H Rear Tyre	195/65 R15	FALKEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/10/2013	Inspection Date	07/10/2013	
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:		1.500 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9563S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	CRACKED	1,202.00	1,202.00
1	FRONT BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	295.25	-
1	FRONT BUMPER LOWER ABSORBER	SERVICEABLE	180.00	-
1	RADIATOR GRILLE (GRILLE A-RAD)	SERVICEABLE	367.00	-
1	FRONT BUMPER RETAINER RH	SERVICEABLE	102.00	-
1	FRONT BUMPER RETAINER LH	SERVICEABLE	102.00	-
1	HEADLAMP LH (LAMP A-HEAD LH)	SERVICEABLE	816.00	-
1	HEADLAMP RH (LAMP A-HEAD RH)	SERVICEABLE	816.00	-
1	CENTRE "CHEVROLET LOGO	SERVICEABLE	144.30	-
	LESS 10% DISCOUNT		-402.46	-120.20
			3,622.09	1,081.80
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER FASTENER CLIP (SN)	NECESSARY	24.00	24.00
1	FRONT LICENCE PLATE WITH HOLDER (SN)	SERVICEABLE	80.00	-
1	SET RADIATOR GRILLE CLIP (SN)	NOT NECESSARY	35.00	-
			139.00	24.00
	<u>LABOUR</u>			
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		120.00	10.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT.		840.00	200.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		810.00	200.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
			1,940.00	410.00
	GRAND TOTAL		5,701.09	1,515.80

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,200.00
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Report Ref No. CS/TP18019300/Ksbe2

KONG SENG CHEONG

Licensed Appraiser

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