

INS. CASE OWNER:

CC 3 / TP 1900 6820 / K93

LAA:

IDAC:

Surveyor:

Kenneth

DOI:

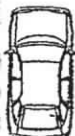
ASSIGNMENT

16/04/2019

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 13/04/2019

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHC 52692



INSRS:

WSP: Trans-cab Auto

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 52692 - CS/TP18020675/Kybc2 - DOA 27/9/2014

-CC3/11115007944/Kha3g2 - DOA 10/05/2015

-CC3/LCR17010096/Kpb3g2 - DOA 12/05/2017

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF:

ZIG-1

IV

FCI

Kenneth

ASSIGNMENT

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:

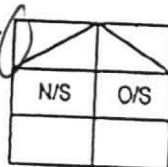
Excess:

(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:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 52692

Yr Regn:

03, 14

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

Truck / Trailer or

Make:

Perault Latitude c.c 1995

Colour:

White / R

A/C:

Insured / Std / NI / NA

Sp. Reading

69244P

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1 AB215AUC 276706

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/A / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

GTY

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

8

mm

D.O.A.

13/4/19

D.O.A.

16/4/19

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

1) File pass to
L1 Sm 826001

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Findos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

Trans-cab Auto Services Pte Ltd

AAD1904-147

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHC 5269Z*Not Authoised
L1 Emp @ 2800*

Vehicle No.:

SHC 5269Z

Chassis No.:

VF1ABL15AUC276706

Vehicle Make:

RENAULT

Vehicle Model:

LATITUDE

Date of Accident :

13.4.2019

Third Party Insurer :

III

Date of Registration :

7/3/2014

PART		LIST	
1	BUMPER COVER FRT	\$	<i>Bu</i> 1,259.42 ✓
1	BUMPER SPOILER FRT	\$	<i>Sn</i> 181.75 X
1	BUMPER ABSORBER FRT	\$	<i>Sn</i> 394.68 X
1	BUMPER RETAINER FRT LH	\$	<i>Di</i> 151.41 ✓
1	BUMPER SUPPORT FRT	\$	<i>Sn</i> 123.88 X
1	BUMPER RETAINER FRT RH	\$	<i>Sn</i> 150.77 X
1	BUMPER SUPPORT FRT	\$	<i>Sn</i> 123.88 X
1	BUMPER UNDERTRAY FRT	\$	<i>Sn</i> 472.83 X
1	BUMPER GRILLE LOWER FRT	\$	<i>Sn</i> 266.80 X
1	BUMPER FOG LAMP GRILLE LH	\$	<i>Sn</i> 207.21 X
1	BUMPER BEAM FRT	\$	<i>R</i> 914.08 X
1	HEADLAMP LH	\$	<i>Gr</i> 1,184.43 ✓
1	HEADLAMP PANEL FRT LH	\$	<i>R</i> 152.15
1	FENDER PANEL FRT LH	\$	<i>R</i> 783.83
1	WHEELARCH FRT LH	\$	<i>Sn</i> 278.84
1	FENDER BRACKET LOWER LH	\$	<i>Sn</i> 15.79
1	FENDER INSULATOR LH	\$	<i>Sn</i> 130.84
1	DOOR PANEL FRT LH	\$	<i>R</i> 2,844.66
1	RADIATOR GRILLE	\$	<i>Sn</i> 1,707.78
1	RADIATOR GRILLE BADGE 'RENAULT'	\$	<i>Sn</i> 225.36
1	RADIATOR GRILLE FRAME	\$	<i>Sn</i> 1,353.75
1	RADIATOR FAN COWLING	\$	<i>Sn</i> 820.54
1	RADIATOR FAN MOTOR LH	\$	<i>Sn</i> 967.36
1	RADIATOR FAN MOTOR RH	\$	<i>Sn</i> 1,479.46
1	RADIATOR GRILLE FRAME	\$	<i>Sn</i> 1,353.75
1	FRAME FULL SUPPORT PANEL	\$	<i>Sn</i> 615.90
1	FRAME FULL SUPPORT BRACKET	\$	<i>R</i> 89.79
1	AIR CLEANER BOX	\$	<i>Sn</i> 464.20
1	AIR CLEANER HOSE	\$	<i>Sn</i> 175.85

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AAD1904-147

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHC 5269Z

1	DOOR MIRROR ASSY LH	\$	<i>Sm</i> 1,483.40 <i>X</i>
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TOTAL	\$	20,374.41
10%	\$	2,037.44
	\$	18,336.97

Specical Nett

1SET	BUMPER CLIP FRT	\$	<i>na</i> 66.00 ✓
1	BUMPER BRACKET CLIP FRT LH	\$	<i>na</i> 12.00
1	BUMPER SUPPORT CLIP FRT LH	\$	<i>na</i> 10.50
1SET	BUMPER GRILLE LOWER CLIP	\$	<i>na</i> 69.00
1SET	FRAME FULL SUPPORT PANEL CLIP	\$	<i>na</i> 70.00
2	FRAME FULL SUPPORT PANEL NUT	\$	<i>na</i> 20.00
2	FRAME FULL SUPPORT PANEL STUD	\$	<i>na</i> 30.00
1SET	WHEELARCH CLIP FRT RH	\$	<i>na</i> 30.50
1	FRONT LEFT TYRE RIM	\$	<i>Sm</i> 330.00
1	FRONT LEFT TYRE	\$	<i>Sm</i> 300.00
		\$	938.00

TOTAL PARTS	\$	19,274.97
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LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,500.00 <i>4000</i>
Putty and spray painting of the affected portion.	\$	3,000.00 <i>4400</i>
To rust-proofing of the affected areas.	\$	<i>na</i> 170.00 <i>X</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</i> 380.00 <i>X</i>
To check steering geometry and computer wheel alignment	\$	<i>na</i> 220.00 <i>X</i>

Trans-cab Auto Services Pte Ltd**AAD1904-147**

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SHC 5269Z

To transfer of tire, rim and on wheel balancing.	\$	na	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	201
To transfer of Front fender fittings, attachment and perform water seepage test.	\$	na	380.00	X
To transfer of Door fittings, attachment and perform water seepage test.	\$	na	380.00	X
To vacuum, replace, refix and recharge air condenser	\$	na	380.00	X
To replace, refix and top up coolant for radiator	\$	na	170.00	X
To vacuum, replace, refix and recharge Air Intercooler	\$	na	170.00	X

TOTAL \$ 9,090.00**Over All Total \$ 28,364.97****LUMP SUM (REPAIR DAY)****10 DAYS****2 days**

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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 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. This 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.

ACCIDENT STATEMENT

Date Of Report	15/04/2019 17:40
Date Of Accident	13/04/2019 11:10
Exact Location Of Accident	MARINE COASTAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5269Z
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	CHUA SENG HOCK
NRIC No	S1637104A
Date Of Birth	02/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90611831
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 307 HOUGANG AVENUE 5 #03-307
Postcode	530307
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

PLEASE SEE ATTACH SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC935S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 lodgment 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:

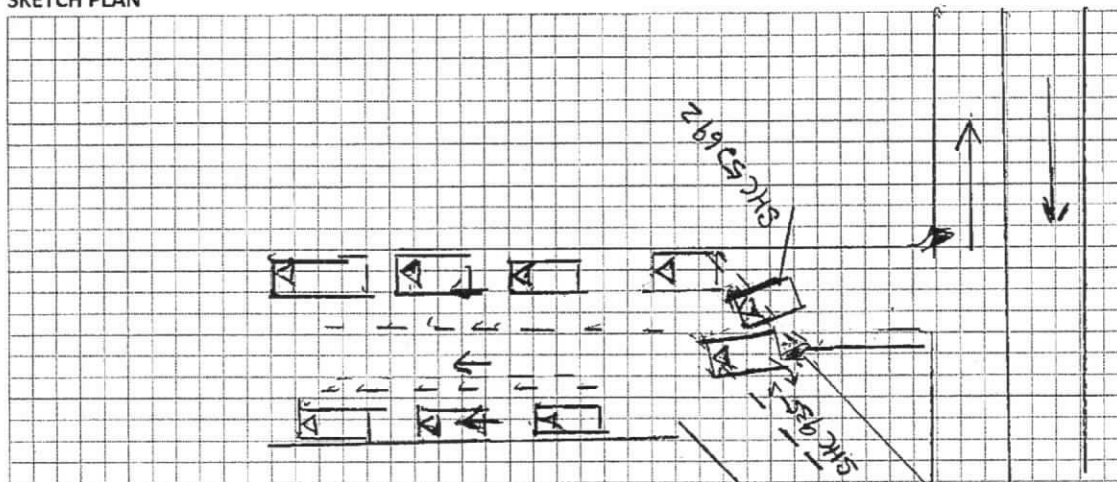
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15 APR 2019

Reporting Centre Personnel's Signature
Name: Jasmine Tan
NRIC/FIN No.: S74056361

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13.4.19 @ 11.10am, I was travelling along Marina Coastal waiting for the vehicle that is going straight to be clear. While waiting and before to proceed to move on, suddenly I was registration number SHC 935S overtake from my left and hit onto the front left portion of my taxi, SHC 5169Z. There is no fare on board of both taxis. I wish to state that the lane that I am travelling is a single lane.

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: 15 APR 2019

Reporting Centre Personnel's Signature
Name: Jasmine Tan
NRIC/FIN No.: S7405636I

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHC5269Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Apr 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000812
Chassis No.:	VF1ABL15AUC276706
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	07 Mar 2014
First Registration Date:	07 Mar 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Mar 2022
PARF Rebate Amount:	\$8,748.00

Intended COE Rebate Details

COE Expiry Date:	06 Mar 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$58,745.00
COE Rebate Amount:	\$21,208.00
Total Rebate Amount:	\$29,956.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 15 Apr 2019

OK