(08/15/?)

Surveyor:

REF: CS/TP1501957373/Kigb dn

ASSIGNMENT

From: _____ Date: 12/1/16

Estimated Cost: _____

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

To Inspect Vehicle No: SHC5745R

at Workshop m/s Transcab.

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC5745R Yr Regn: 5 July 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Latitude c.c 1995

Colour Red A/C: Insured / Std / Nil / NA

Sp.Reading 22310 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: VF1ABL15AUC281652

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: 215/60R16

R: _____

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.	17/6/15 14Pokok

Survey held at Transcab

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Undated Report
	SHC 5745R - 2
13/1/16	Finalised P/P $ 12994 / 5 Days (Red: 33594.37, 73 %)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend - ($ _____)

Report Format : TP

Lump Sum / (B) : ($ 12594)

36 x 15 = 540

Survey Fee	540 | 70
Transportation:	50
___$ + RS___$	50
Photos	52
Others	80
	-
TOTAL	942

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

NO.58 DEFU LANE 1SINGAPORE 539498

Ref : CS/TP15019573/K1gb

Date : 18-11-2015

Code : TP378

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.		Veh. Inspected	SHC 5745R
	Policy No.		Coverage ($)	0.00
	Claim No.		Excess ($)	0.00
	Assign From	TRANS-CAB AUTO SERVICES PTE LTD	Assign Date	17/11/2015

2. Vehicle Particulars & Condition

	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

4. Description of Damages

5. General Information

	Accident Date	12/11/2015	Inspection Date	17/11/2015
	Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Survey Department Check List (Case Handler)

Reference No. : CS/TP/15019573/Rgb

Policy Type: OD / TP / TP RES / TL / EVA

		Case Handler		Typist	
Admin ( ): Case handler to make sure all Information created by the assignment team are ACCURA*					
(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.				
C	Customer Code				
N	Assign From				
C	Assign Date				
C	Veh No (Inspected)				
C	Veh No (Insured)				
C	D.O.A				
C	Policy No				
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type				
C	Weekend Charges				
N	Survey held at/Repairer				
C	Excess				
Surveyor ( ): Case handler to make sure the surveryor completed all required information.					
(1) Assignment Form					
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			
(2) System - (Views/Merimen)					
C	Damaged Vehicle Photographs Uploaded	✓			
(3) Workshop Estimate/Assignment Form					
N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				
(4) System - (Views/Merimen)					
C	Resurvey photo Uploaded	✓			

Check By: 9 (Case Handler) 13/1/16. (Date)

*C: Critical *N: Non-Critical

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHC5745R
Vehicle to be Exported:	Yes
Intended De-registration Date:	13 Nov 2015
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002580
Chassis No.:	VF1ABL15AUC281652
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	$19,998.00
Original Registration Date:	03 Jul 2015
First Registration Date:	03 Jul 2015
Transfer Count:	0
Actual ARF Paid:	$19,998.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jul 2023
PARF Rebate Amount:	$14,998.00

Intended COE Rebate Details

COE Expiry Date:	02 Jul 2023
COE Category:	A - Car (up to 1600cc & 97kW (130bhp))
COE Period(Years):	8
POP Paid:	$53,004.00
COE Rebate Amount:	$42,403.00
Total Rebate Amount:	**$57,401.00**

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 13 Nov 2015

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 witholding 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	13/11/2015 10:18
Date Of Accident	12/11/2015 21:15
Exact Location Of Accident	TPE slip road towards Tampines Ave 7
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5745R
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 Rewar
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/1586
Cover Note Number	
Driver	
Name of Driver	LAU WEE CHEOW
NRIC No	S8226462J
Date Of Birth	19/08/1982
Occupation	Ouldoor
Date Of Driving Pass	16/05/2002
Driving Experience	13 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-97319496
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 286 YISHUN AVE 6 #11-92
Postcode	760286
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	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 12.11.2015 at about 2115hrs, I was traveling along TPE slip road when I stop to check for oncoming vehicles towards Tampines Avenue 7. Moment later while stationary, I felt an impact from the rear. Vehicle B (SJX474X) collided onto my taxi's rear portion.

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX474X
Vehicle Make/Model/Colour	FORD FOCTWGN
Details Of Properties	
Name of Driver	LEE HWAO YONG KELVIN
NRIC/Passport Number	S7218172G
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.

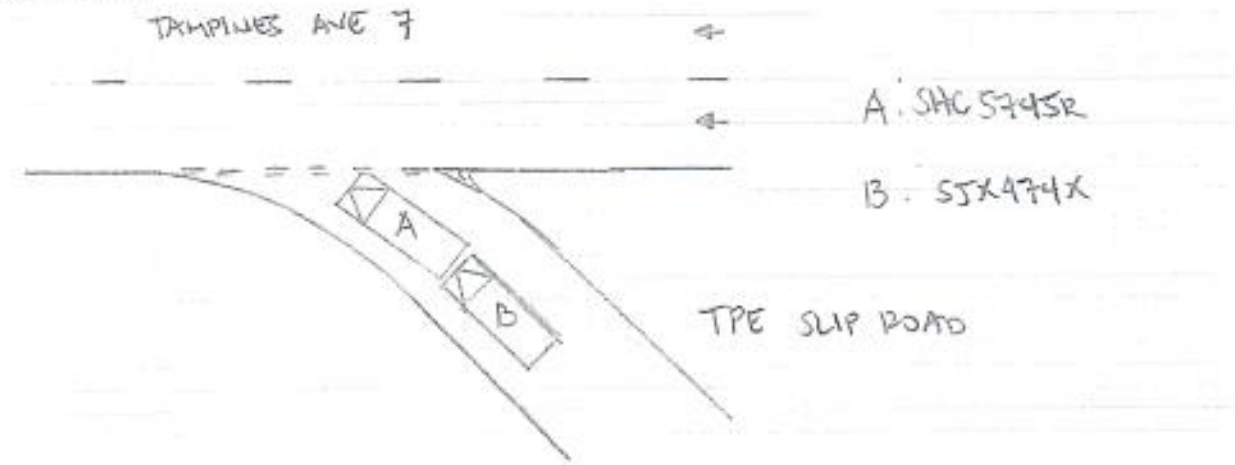
(collectively the "**Purposes**")

(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	ROEL Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLS REFER TO G-A 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

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
SHC 5745R - AXA

ROEL
$12594.00
2 in 1 p.
5 Days.

Vehicle No.:	**SHC 5745R - ROEL**
Chassis No.:	VF1ABL15AUC281652
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	12.11.15
Third Party Insurer :	**AXA**

		PART		**LIST**
1	1	BUMPER COVER REAR — Repaired	$	852.66
2	1	BUMPER LOWER REAR — c/f	$	591.41
3	1	BUMPER BRACKET CTR REAR — c/f	$	87.29
4	1	BUMEPR BRACKET SIDE RH REAR — c/f	$	104.59
5	1	BUMEPR RETAINER RH REAR — c/f	$	34.61
6	1	BUMPER REFLECTOR RH X Sup	$	33.55
7	1	BUMEPR BRACKET SIDE LH REAR — c/f	$	104.59
8	1	BUMEPR RETAINER LH REAR — c/f	$	34.61
9	1	BUMPER REFLECTOR LH X Sup	$	33.55
10	1	BUMPER BEAM REAR — Repaired	$	598.09
11	1	BUMPER BEAM BRACKET LH REAR — Repaired	$	173.81
12	1	BUMPER BEAM BRACKET RH REAR — Repaired	$	173.81
13	1	BOOT REAR — Repaired	$	2,209.75
14	1	BOOT FINISHER (Moulding) X Sup	$	429.90
15	1	BOOT WHEATERSTRIP X Sup	$	248.50
16	1	BOOT REFLECTOR LAMP RH — c/f	$	379.50
17	1	BOOT REFLECTOR LAMP LH — c/f	$	379.50
18	1	BOOT BADGE 'RENAULT' — new	$	173.35
19	1	BOOT BADGE — new	$	173.35
20	1	BOOT STRUT (SPRING) X Sup	$	212.36
21	1	BOOT HINGE LH X Sup	$	282.96
22	1	BOOT HINGE RH X Sup	$	282.96
23	1	BOOT INNER TRIM X Sup	$	586.45
24	1	BOOT SWITCH X Sup	$	107.78
25	1	BOOT LOCK X Sup	$	155.90
26	1	BOOT LOCK CATCH X Sup	$	72.00
27	2	LICENCE PLATE LAMP X Sup	$	84.00
28	2	BOOT RUBBER PLUG X Sup	$	170.63
29	1	FENDER PANEL REAR LH X Sup	$	2,537.80
30	1	FENDER WHEELARCH REAR LH (Linner) X Sup	$	418.06
31	1	FENDER INNER TRIM LH X Sup	$	430.42
32	1	FENDER PANEL REAR RH X Sup	$	2,537.80

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TEL NO.6287 6666 FAX NO.6366 8862
CO/GST REG NO.201019626G

ROEL

SHC 5745R - AXA

33	1	FENDER WHEELARCH REAR RH (Linner)	$	418.06
34	1	FENDER INNER TRIM RH	$	430.42
35	1	TAILLAMP RH	$	425.04
36	1	TAILLAMP PANEL RH	$	759.00
37	1	TAILLAMP LH	$	425.04
38	1	TAILLAMP PANEL LH	$	759.00
39	1	SPARE WHEEL PANEL （Luggage Floor Panel)	$	1,684.52
40	1	SPARE WHEEL PANEL TRIM	$	470.93
41	1	OUTER PANEL REAR (End Panel)	$	1,132.13
42	1	OUTER PANEL REAR (End Panel)TRIM	$	311.20
43	1	EXHAUST REAR	$	5,760.00
44	1	EXHAUST CAP REAR	$	177.30

TOTAL	**$**	**27,448.17**
10%	**$**	**2,744.82**
	$	**24,703.35** 9467.80

Specical Nett

1	1SET	PARKING AID	$	600.00
2	1SET	REAR BUMPER CLIP	$	66.00
3	1SET	BUMPER BRACKET CTR CLIP	$	33.00
4	1SET	BUMEPR BRACKET SIDE CLIP RH RR	$	10.00
5	1SET	BUMEPR RETAINER RH CLIP RR	$	20.00
6	1SET	BUMEPR BRACKET SIDE CLIP LH RR	$	10.00
7	1SET	BUMEPR RETAINER CLIP LH RR	$	20.00
8	1SET	BUMPER LOWER REAR RIVET	$	22.00
9	1SET	BUMPER LOWER REAR CLIP	$	66.00
10	1	EXHAUST MOUNTING REAR	$	17.82
11	1SET	BOOT FINISHER CLIP	$	24.20
12	1	BOOT STICKER "Trans-cab"	$	30.00
13	1	BOOT STICKER "6555-3333"	$	30.00
14	1	BOOT INNER TRIM CLIP	$	45.00
15	1SET	FENDER WHEELARCH REAR RH CLIP	$	35.00
16	1SET	FENDER WHEELARCH REAR LH CLIP	$	35.00
17	1	FENDER INNER TRIM CLIP LH	$	28.00
18	1	FENDER INNER TRIM CLIP LH	$	28.00
19	1	TAILLAMP CLIP RH	$	5.00
20	1	TAILLAMP CLIP LH	$	5.00
21	2	REAR WINDSCREEN SELANT	$	80.00
22	1	WINDSCREEN MOULDING	$	100.00

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ROEL

23	1	REAR WINDSCREEN INNER SPONGE SEAL	$	100.00
24	1	SPARE TYRE RIM (ROUE 7J 16H 2547)	$	385.00
25	1	SPARE TYRE	$	330.00

TOTAL	**$**	**2,125.02**
TOTAL PARTS	**$**	**26,828.37**

Putty And Spray Painting Of The Affected Portion.	$	8,400.00
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	8,500.00
To Rust-Proofing Of The Affected Areas.	$	170.00
To reinstall rear bumper parking sensor.	$	170.00
To transfer of bootlid fittings, attachments and perform water seepage test.	$	170.00
To repair and realign rear exhaust pipe.	$	170.00
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	$	170.00
To transfer of rear end panel fittings, attachment and perform water seepage test.	$	170.00
To transfer of rear luggage floor panel fittings, attachment and perform water seepage test.	$	170.00
To supply and re-do rear luggage floor panel insulation padding.	$	380.00
To transfer of rear fender fittings, attachment and perform water seepage test.	$	380.00

TRANS-CAB AUTO SERVICES PTE LTD **ROEL**

NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
TEL NO.6287 6666 FAX NO.6366 8862
CO/GST REG NO.201019626G

SHC 5745R - AXA

Towing Fees	$	120.00
To transfer of rear windscreen fittings and conduct water seepage test.	$	170.00
To check steering geometry and computer wheel alignment	$	220.00
TOTAL	**$**	**19,360.00**
Over All Total	**$**	**46,188.37**

(PARTS BY PARTS)
Repair Days **30Days**

Kalvin (CKK)
17/4/13
5 Repair Days
Before Paint pkt