

ASS. REC. BY:

REF:

Tm1 /

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:

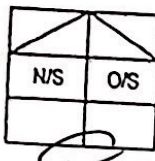
Excess:

(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:

05 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:

SHD 380L

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Mercedes C107

c.c

1995

Colour

m white / R

AC:

Insured / Std / NI / NA

Sp. Reading

447126

T/Radio:

Insured / Std / NI / NA

Eng No:

C/No:

VIFIABLISAUC 282609

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S / Rim / STD A / Rim or

Tyre Size:

F: 165/60R16

215/60R16

R: Giti

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

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

29/4/20

D.O.I.

30/4/2020

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 380L**AAD2004-100***Not authorized
C/Sing &*

Vehicle No.:

Chassis No.:

Vehicle Make:

30 APR 2020

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHD 380L

VF1ABL15AUC282609

RENAULT

LATITUDE

29.4.2020

TOKIO MARINE

22/3/2016

PART	
1	BUMPER COVER REAR
1	BUMPER LOWER REAR
1	BUMPER BRACKET CTR REAR
1	BUMPER BRACKET SIDE RH REAR
1	BUMPER RETAINER RH REAR
1	BUMPER REFLECTOR RH
1	BUMPER BRACKET SIDE LH REAR
1	BUMPER RETAINER LH REAR
1	BUMPER REFLECTOR LH
1	BUMPER BEAM REAR
1	BUMPER BEAM BRACKET LH REAR
1	BUMPER BEAM BRACKET RH REAR
1	BUMPER HARNESS REAR
1	BOOT REAR
1	BOOT FINISHER
1	BOOT WHEATERSTRIP
1	BOOT REFLECTOR LAMP LH
1	BOOT REFLECTOR LAMP RH
1	BOOT BADGE 'RENAULT'
1	BOOT BADGE
1	BOOT STRUT LH
1	BOOT STRUT RH
1	BOOT HINGE LH
1	BOOT HINGE RH
1	BOOT TRIM BOARD
1	BOOT LOCK

LIST	
\$	<i>Bu</i> 561.70 ✓
\$	<i>Not Bu</i> 411.90 ✓
\$	<i>Di</i> 98.10 ✓
\$	<i>SL</i> 82.10 X
\$	<i>SL</i> 59.80 X
\$	<i>SL</i> 16.60 X
\$	<i>SL</i> 80.80 X
\$	<i>SL</i> 54.20 X
\$	<i>SL</i> 16.60 X
\$	<i>Bu</i> 547.80 ✓
\$	<i>N</i> 114.50 X
\$	<i>N</i> 100.90 X
\$	<i>SL</i> 301.10 X
\$	<i>Bu</i> 1,677.20 ✓
\$	<i>SL</i> 344.70 X
\$	<i>SL</i> 178.20 <i>508.20 89.10.50</i>
\$	<i>SL</i> 277.70 X
\$	<i>CM</i> 277.70 ✓
\$	<i>N</i> 82.40 —
\$	<i>N</i> 95.80 —
\$	<i>SL</i> 145.10 }
\$	<i>SL</i> 145.10 }
\$	<i>N</i> 254.20 } X
\$	<i>N</i> 253.80 }
\$	<i>SL</i> 611.00 }
\$	<i>N</i> 246.60 }

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SHD 380L

2	BOOT RUBBER PLUG	\$	Sn	139.30	X
1	BOOT SWITCH	\$	Sn	113.00	X
1	BOOT LOCK LINKAGE HOLDER	\$	Sn	99.50	X
2	LICENCE PLATE LAMP	\$	Sn	26.30	X
1	TAILLAMP RH	\$	mgm	313.10	✓
1	TAILLAMP PANEL RH	\$	R	401.40	X
1	TAILLAMP LH	\$	mgm	401.40	✓
1	TAILLAMP PANEL LH	\$	R	401.40	X
1	OUTER PANEL REAR (End Panel)	\$	R	745.80	✓
1	OUTER PANEL REAR (End Panel) TRIM	\$	nc	404.56	✓
1	SPARE WHEEL PANEL (Luggage Floor Panel)	\$	R	1,229.40	X
1	SPARE WHEEL PANEL TRIM	\$	Sn	612.21	X
1	SPARE TYRE BOARD	\$	Sn	680.90	X
1	EXHAUST REAR	\$	R	5,263.60	X
1	EXHAUST CAP REAR	\$	R	125.40	X
TOTAL		\$		17,992.87	
10%		\$		1,799.29	
		\$		16,193.58	

Special Nett

1SET	PARKING AID	\$	Sn	700.00	X
1SET	REAR BUMPER CLIP	\$	nc	69.00	—
1SET	BUMPER BRACKET CTR CLIP	\$	nc	38.00	✓
1SET	BUMPER BRACKET SIDE CLIP RH RR	\$	nc	20.00	X
1SET	BUMPER RETAINER RH CLIP RR	\$	nc	25.00	X
1SET	BUMPER BRACKET SIDE CLIP LH RR	\$	nc	20.00	X
1SET	BUMPER RETAINER CLIP LH RR	\$	nc	25.00	X
1SET	BUMPER LOWER REAR RIVET	\$	nc	30.00	X
1SET	BUMPER LOWER REAR CLIP	\$	nc	66.00	✓
2	END PANEL SEAM SEALANT	\$	nc	170.00	X
1SET	BOOT FINISHER CLIP	\$	nc	30.00	X
1	BOOT STICKER "Trans-cab"	\$	nc	35.00	30sn
1	BOOT STICKER "6555-3333"	\$	nc	35.00	30sn
1	BOOT INNER TRIM CLIP	\$	nc	45.00	X

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SHD 380L**AAD2004-100**

1 SPARE TYRE RIM (ROUE 7J 16H 2547)	\$	PH 385.00	X
1 SPARE TYRE	\$	SH 330.00	X
1 TAILLAMP CLIP RH	\$	NH 25.00	✓
2 REAR WINDSCREEN SEALANT	\$	NN 150.00	X
1 WINDSCREEN MOULDING	\$	NN 180.00	X
1 REAR WINDSCREEN INNER SPONGE SEAL	\$	NN 120.00	X
1 TAILLAMP CLIP LH	\$	NH 25.00	✓
1 Rear Bumper Protector	\$	NH 120.00	3000
1SET Rear licence plate with holder	\$	SH 100.00	X
1SET END PANEL INSULATION PAD	\$	SH 200.00	X
TOTAL	\$	2,940.00	

TOTAL PARTS \$ 19,133.58**LABOUR**

To transfer of rear windscreen glass to facilitate bodywork repair.

\$ NH 170.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 7,500.00 6000

To supply and re-do rear luggage floor panel insulation padding.

\$ NN 380.00 X

To transfer of rear luggage floor panel fittings, attachment and perform water seepage test.

\$ NN 380.00 X

To transfer of bootlid fittings, attachments and perform water seepage test.

\$ 170.00 600

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ 380.00 600

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To repair and realign rear exhaust pipe.	\$	22	350.00	X
To transfer of rear bumper fittings, attachment and perform water seepage test.	\$	5	170.00	X
To check steering geometry and computer wheel alignment	\$	5	220.00	X
To Rust-Proofing Of The Affected Areas.	\$		170.00	601
Putty And Spray Painting Of The Affected Portion.	\$		7,500.00	661
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	5	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	5	170.00	X
To reinstall rear bumper parking sensor.	\$		170.00	601
To Check Electrical Lighting Concerned.	\$		170.00	201
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	5	380.00	X
TOTAL	\$		18,660.00	
Over All Total	\$		37,793.58	

(LUMP SUM) Repair Days

~~25 DAYS~~

5 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:

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	29/04/2020 16:14
Date Of Accident	29/04/2020 14:00
Exact Location Of Accident	WHITLEY ROAD SLIP ROAD TOWARDS DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD380L
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
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	VFX/P1680520
Cover Note Number	

Driver

Name of Driver	KOO YOON SEM
NRIC No	SXXXX304G
Date Of Birth	13/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1997
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82623766
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 656 CHOA CHU KANG CRESCENT #06-21
Postcode	680656
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
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)	2
Passenger 1	NAME: : WENDY - 86067112 GENDER: : FEMALE

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 29.04.2020 at about 1400hours, I was travelling along Whitley Road slip road towards Dunearn Road when I made a stop to check for the road clearance, while stationary, suddenly I felt an impact. Vehicle B (SLE3667M) hit onto my taxi's rear portion.

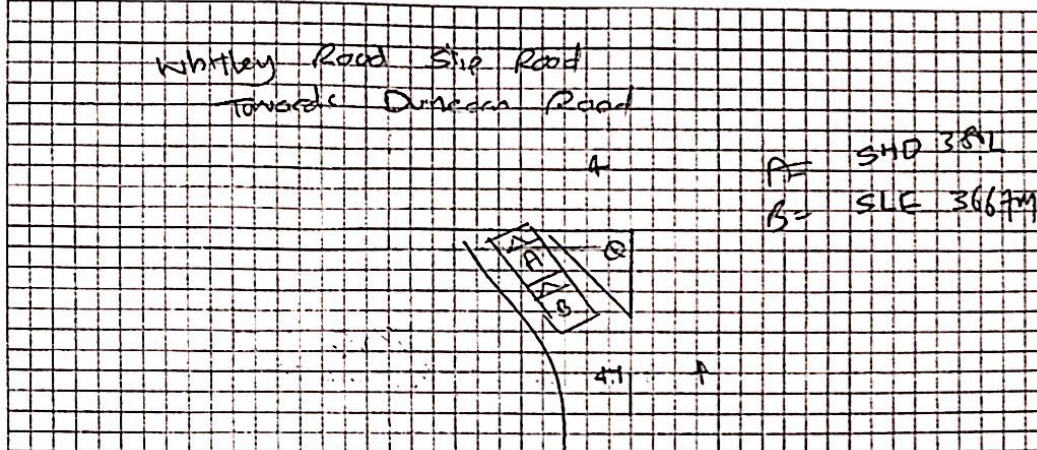
Attachment(s)

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	SLE3667M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG LI WEN DORIS
NRIC/Passport Number	SXXXX201C
Contact Number	91447332
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach GVA 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:

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

GLA/PMC SketchPlanForm_V3

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