

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.

N/S	O/S

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:

1-B1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 511 B

Yr Regn:

07, 17

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1995

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

350812

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 283480

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S / R / Im / STD A / R / Im or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

19/6/20

D.O.I.

22/6/2020

Survey held at

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

N/S 15

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

Date / Time

Action / Instruction

500

Amount confirmed \$500 (before GST).

(red: 20704.17; 97%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS - SI

: Extras

: Others

TOTAL

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 511B*Not Authored*

AAD2006-051

*Presumy B4poin**@ 50%*

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

22 JUN 2020**SHD 511B**

VF1ABL15AUC283480

RENAULT

LATITUDE

19.6.2020

TOKIO MARINE

10/07/2017

PART		LIST		
1	BUMPER COVER FRT	\$	R	747.20
1	BUMPER SPOILER FRT	\$	SL	344.70
1	BUMPER ABSORBER FRT	\$	SL	394.68
1	BUMPER RETAINER FRT LH	\$	SL	101.40
1	BUMPER BRACKET FRT LH	\$	R	184.60
1	BUMPER UNDERTRAY FRT	\$	SL	292.50
1	BUMPER GRILLE LOWER FRT	\$	SL	147.00
1	BUMPER FOG LAMP GRILLE LH	\$	SL	207.21
1	RADIATOR GRILLE	\$	SL	969.90
1	RADIATOR GRILLE FRAME	\$	SL	686.00
1	HEADLAMP LH	\$	SL	743.60
1	BONNET	\$	R	1,312.70
1	FENDER PANEL FRT LH	\$	R	414.40
1	WHEELARCH FRT LH	\$	SL	112.30
1	FENDER BRACKET LOWER LH	\$	SL	11.80
1	AIR CLEANER BOX	\$	SL	464.20
1	AIR CLEANER HOSE	\$	SL	175.85
1	AIR CLEANER LOWER	\$	SL	271.26

TOTAL	\$	7,581.30
10%	\$	758.13
	\$	6,823.17

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SHD 511B

Special Nett

1SET RADIATOR GRILLE FRAME CLIP	\$	nn	55.00	}	X
1SET BUMPER CLIP FRT	\$	nn	69.00		
1SET BUMPER BRACKET CLIP FRT LH	\$	nn	30.00		
1SET BUMPER RETAINER CLIP FRT LH	\$	nn	35.00		
1 RADIATOR GRILLE SCREW	\$	nn	25.00		
1SET BUMPER GRILLE LOWER CLIP	\$	nn	69.00		
1 FRONT RENAULT TYRE 215/60/16	\$	nn	300.00		
1 FRONT RENAULT TYRE RIM	\$	nn	380.00		
1 FRONT RENAULT TYRE RIM COVER	\$	nn	50.00		
1 Front licence plate with holder	\$	nn	100.00		
1SET WHEELARCH CLIP FRT LH	\$	nn	38.00		
TOTAL	\$		1,151.00		

TOTAL PARTS \$ 7,974.17**Labour**

To rust-proofing of the affected areas.	\$	nn	170.00	X
To remove and refit interior fittings, trimmings, garnish, and others, to enable repair.	\$	nn	380.00	X
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		6,000.00	601
To Transfer Of Front Fender Fittings, Attachments And Perform Water Seepage Test.	\$	nn	170.00	X
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	nn	170.00	X
To transfer of tire, rim and on wheel balancing.	\$	nn	170.00	X

To Check Electrical Lighting Concerned.

\$ 170.00

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Putty and spray painting of the affected portion. \$ 6,000.00

TOTAL \$ 13,230.00

4401

Over All Total \$ 21,204.17

(PART BY PART) Repair Days

20 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	19/06/2020 14:19
Date Of Accident	19/06/2020 07:15
Exact Location Of Accident	JURONG WEST STREET 72
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD511B
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-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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	

Driver

Name of Driver	ONG HWA SENG
NRIC No	SXXXXX717A
Date Of Birth	10/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1979
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97341386
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 706 JURONG WEST STREET 71 #09-58
Postcode	640706
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 - MAJOR/MINOR RD
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

ON 19/06/2020 AT ABOUT 0715HRS, I WAS TRAVELLING STRAIGHT ALONG THE SECOND LANE OF JURONG WEST STREET 72. VEHICLE B(SMP4771T) SUDDENLY MOVED OUT FROM THE CAR PARK ENTRANCE/EXIT AND COLLIDED ONTO MY TAXI'S FRONT LEFT PORTION.

Attachment(s)

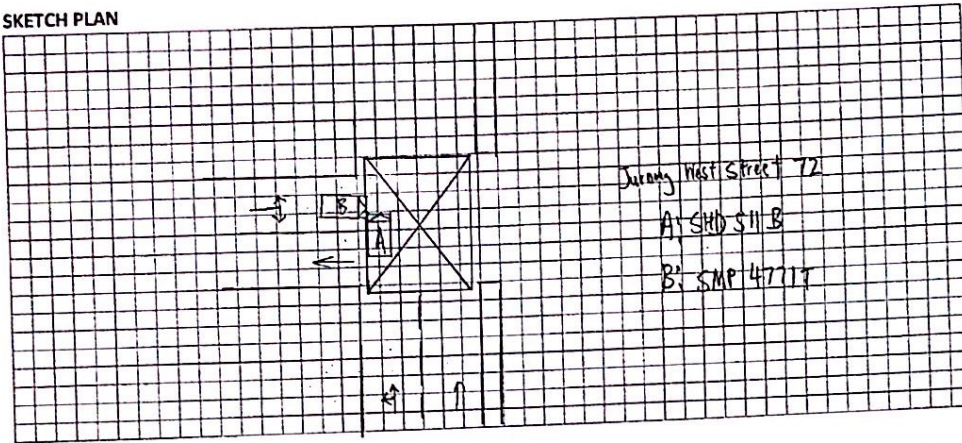
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP4771T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GFA 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.:

GIARMC SketchPlanForm_V3

2