

ASS. REC. BY:

REF:

AIG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 58087 Yr Regn: 08, 15

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 555585 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIF1ABL15AUC 282209Gen. Cond: Good / Fair / Poor / BurntSteering: Inoc der / Jammed / Leaked / Burnt orBrake: Inoc der / Jammed / Leaked / Burnt orModl: MT / S/Rlm / STD A/Rlm orTyre Size: F: Sailun 215/60R16R: Grin

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

TOYO / YOKO or _____

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 29/7/20

Survey held at _____

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 3/8/2020

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

O/S body

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: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

S - RS. SI

Fees

Others

TOTAL

Report Format :

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

Not Authorised
L1Png &

AAD2007-116

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

SHC 5808T

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

03 AUG 2020

SHC 5808T

VF1ABL15AUC282209

RENAULT

LATITUDE

29.7.2020

AIG

03/08/2015

	PART
1	DOOR PANEL REAR RH
1	ROCKER PANEL OUTER RH
1	DOOR PANEL FRONT RH
1	DOOR LOCK FRT RH
1	DOOR HANDLE OUTER FRT RH
1	DOOR HANDLE CAP FRT RH
1	DOOR HANDLE SEAL FRT RH
1	DOOR HANDLE COVER FRT RH
1	DOOR HANDLE MODULE FRT RH
1	DOOR SEAL FRT RH
1	DOOR WEATHERSTRIP FRT RH
1	DOOR MIRROR ASSY RH

	LIST
\$	11 2,844.66
\$	11 1,184.99
\$	11 2,844.66
\$	11 908.75
\$	11 477.76
\$	11 35.52
\$	11 7.89
\$	11 13.22
\$	11 133.60
\$	11 72.82
\$	11 410.27
\$	11 1,483.40
TOTAL	\$ 10,417.54
10%	\$ 1,041.75
	\$ 9,375.79

	Special Nett
1	REAR DOOR STICKER '6555-3333'
1	RH SIDE RENAULT TYRE
1	RH SIDE RENAULT TYRE RIM
1	FRONT DOOR STICKER "Trans-Cab"
1	FRONT DOOR STICKER "Classic"
1	ROCKER PANEL CLIP

\$	11 100.00	60511
\$	11 300.00	X
\$	11 380.00	X
\$	11 80.00	60511
\$	11 80.00	15511
\$	11 65.00	X
TOTAL	\$ 1,005.00	

TOTAL PARTS \$ 10,380.79

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No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5808T**AAD2007-116****LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	200%
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn 380.00	X
To transfer of Rear door fittings, attachment and perform water seepage test.	\$	nn 170.00	X
To transfer of Front door fittings, attachment and perform water seepage test.	\$	nn 170.00	X
To rust-proofing and apply undercoat of the affected areas.	\$	nn 250.00	X
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	10%
Putty and spray painting of the affected portion.	\$	2,000.00	660%
TOTAL	\$	5,310.00	

Over All Total \$ 15,690.79**LUMP SUM (REPAIR DAY)****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	30/07/2020 09:25
Date Of Accident	29/07/2020 18:05
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5808T
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	NG CHOR FOO
NRIC No	SXXXX954D
Date Of Birth	02/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96631981
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 41 CAMBRIDGE ROAD
#03-17
Postcode 210041
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 -
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) 4
Passenger 1 NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 2 NAME: : UNKNOWN
GENDER: : MALE
Passenger 3 NAME: : UNKNOWN
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 29.07.2020 at about 1807hours, I was travelling straight on the third lane along Seletar West Link. Suddenly I felt an impact. Vehicle B (GBG675S) which was travelling on my right swerved into my lane and hit onto my taxi's right side portion

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG675S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category GOODS VEHICLE
Name of Driver

Sketch Plan #2 Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach file 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.:

GiA/MC SketchPlanForm_V3

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