

ASS. REC. BY:

REF:

TM1/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TB/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 Report:

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:

S14081A

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

344461

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 283395

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S / R / Lm / STD A / R / Lm or

Tyre Size:

F:

215/60R16

R:

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

Sailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/8/20

D.O.I.

12/8/2020

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

1122g 81250/

red: 11901.41; 90%

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fees

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 81A

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

12 AUG 2020

	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 REAR
1	BUMPER BRACKET SIDE LH REAR
1	BUMPER RETAINER LH REAR
1	BUMPER BEAM REAR
1	BUMPER BEAM BRACKET LH REAR
1	BUMPER BEAM BRACKET RH REAR
1	OUTER PANEL REAR (End Panel)
1	OUTER PANEL REAR (End Panel) TRIM
1	TAIL-LAMP
1	BOOT REAR
1	BOOT WEATHERSTRIP
1	BOOT REFLECTOR LAMP
1	BOOT BADGE 'RENAULT'
1	BOOT BADGE
1	EXHAUST CAP REAR

SHD 81A

VF1ABL15AUC283395

RENAULT

LATITUDE

10.8.2020

TOKIO MARINE

24/07/2017

	LIST	
\$	CM	561.70 ✓
\$	nd/ln	411.90 ✓
\$	Sh	98.10
\$	Sh	82.10
\$	Sh	59.80
\$	Sh	16.60
\$	Sh	80.80
\$	Sh	54.20
\$	R	547.80
\$	R	114.50
\$	R	114.50
\$	R	745.80
\$	Sh	404.56
\$	Sh	401.40
\$	R	1,677.20
\$	Sh	178.20
\$	Sh	277.70
\$	nn	82.40
\$	nn	95.80
\$	Sh	125.40
TOTAL	\$	6,130.46
10%	\$	613.05
	\$	5,517.41

Special Nett

1SET PARKING AID

1SET REAR BUMPER CLIP

1SET BUMPER BRACKET CTR CLIP

\$	Sh	700.00	X
\$	nn	75.00	—
\$	nn	55.00	X

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AAD2008-040

1SET BUMPER BRACKET SIDE CLIP RH RR	\$	nn	60.00	X
1SET BUMPER RETAINER RH CLIP RR	\$	nn	65.00	X
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	nn	60.00	X
1SET BUMPER RETAINER CLIP LH RR	\$	nn	65.00	X
1SET BUMPER LOWER REAR RIVET	\$	nn	69.00	X
1SET BUMPER LOWER REAR CLIP	\$	nn	75.00	X
1 BOOT STICKER "Trans-cab"	\$	nn	80.00	X
1 BOOT STICKER "6555-3333"	\$	nn	80.00	X
1 TAILLAMP CLIP	\$	nn	45.00	X
1 Rear Bumper Protector	\$	nn	170.00	3000
1 REAR LICENCE PLATE WITH HOLDER	\$	nn	120.00	X
1 REAR END PANEL TRIM CLIP	\$	nn	55.00	X
TOTAL	\$		1,774.00	

TOTAL PARTS \$ 7,291.41**LABOUR**

To transfer of bootlid fittings, attachments and perform water seepage test.	\$	nn	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	100
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	250.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn	380.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, 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	\$		2,000.00	2000
Putty and spray painting of the affected portion.	\$		2,000.00	2200

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SHD 81A**AAD2008-040**

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

\$ *nn* 170.00 *X*

To reinstall rear bumper parking sensor.

\$ 170.00 *601*

To repair and realign rear exhaust pipe.

\$ *nn* 170.00 *X***TOTAL** \$ **5,860.00****Over All Total** \$ **13,151.41****LUMP SUM (REPAIR DAY)**~~20 DAYS~~*2 days***For Official Use**Prepared By : _____
(Accident Dept)Verify By : _____
(Accident Workshop)Checked By : _____
(Finance Dept)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	11/08/2020 10:33
Date Of Accident	10/08/2020 14:15
Exact Location Of Accident	JURONG WEST AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD81A
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/P2348706
Cover Note Number	

Driver

Name of Driver	NG GUAN HUAT
NRIC No	SXXXX192H
Date Of Birth	10/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1981
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82865377
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 97 GEYLANG BAHRU
#02-3174
Postcode 330097
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
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) 3
Passenger 1 NAME: : UNKNOWN
GENDER: : MALE
Passenger 2 NAME: : UNKNOWN
GENDER: : MALE

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 10/08/2020 AT ABOUT 1415HRS, I WAS STATIONARY ALONG THE FIRST LANE OF JURONG WEST AVENUE 1 WAITING FOR THE TRAFFIC TO CLEAR ON THE OPPOSITE LANE BEFORE TURNING RIGHT TOWARDS THE CARPARK OF BLOCK 463. I THEN SUDDENLY FELT AN IMPACT FROM THE REAR OF MY TAXI. VEHICLE B(SLQ3891T) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO MY TAXI'S REAR PORTION.

Attachment(s)

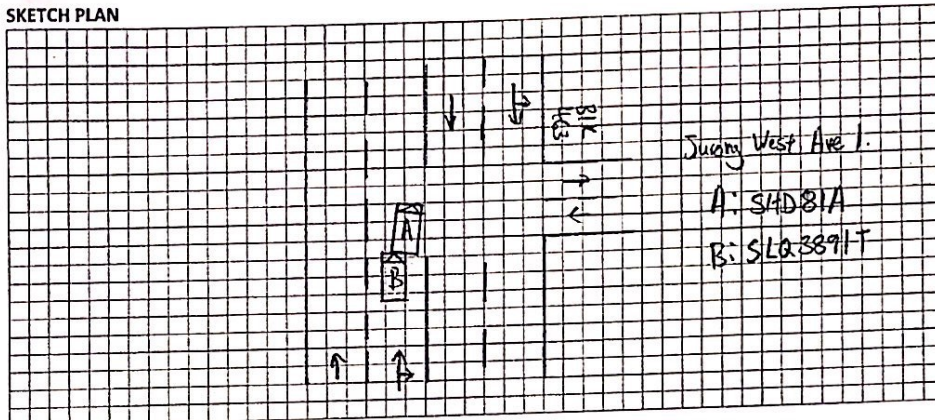
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE SIZE TOO LARGE
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ3891T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver KASMANI BIN JAMBARI
NRIC/Passport Number SXXXX248Z

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to G-IA Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

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