

ASS. REC. BY:

REF:

A/G/

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:

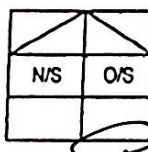
Excess:

(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:

S/H/C 53493 Yr Regn: 09, 14

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

Truck / Trailer or

Make:

Renault Latitude c.c 1995

Colour:

M. White / Red

AC:

Insured / Std / NI / NA

Sp. Reading

552279

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABZ 15AUC 279366

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Pailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/8/20

D.O.I.

31/8/2020

Survey held at

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

Rear o/s

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

Fuel:

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

Not Notified
11 Sep 8

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 5349B

AAD2008-121

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

31 AUG 2020

SHC 5349B

VF1ABL15AUC279366

RENAULT

LATITUDE

28.8.2020

30/9/2014

	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 BEAM REAR
1	BUMPER BEAM BRACKET RH REAR
1	BOOT REAR
1	BOOT FINISHER
1	BOOT WEATHERSTRIP
1	BOOT REFLECTOR LAMP RH
1	BOOT BADGE 'RENAULT'
1	BOOT BADGE
1	BOOT HINGE
1	TAILLAMP RH
1	OUTER PANEL REAR (End Panel)
1	OUTER PANEL REAR (End Panel) TRIM
1	FENDER PANEL REAR RH
1	WHEELARCH REAR RH
1	FENDER PANEL INNER TRIM REAR RH

	LIST	
\$	BUL/CM	561.70 ✓
\$	DIT	411.90 ✓
\$	SL	98.10 X
\$	SL	82.10 X
\$	DIT	59.80 ✓
\$	BRU	16.60 ✓
\$	R	547.80 ✓
\$	R	114.50 X
\$	R	1,677.20 X
\$	SL	344.70 X
\$	SL	178.20 X
\$	SL	277.70 X
\$	SL	82.40 ✓
\$	SL	95.80 ✓
\$	R	254.20 X
\$	SL	401.40 X
\$	R	745.80 X
\$	SL	404.56 X
\$	BRU	1,933.20 ✓
\$	SL	275.40 X
\$	SL	671.45 X
TOTAL \$		9,234.51
10% \$		923.45
\$		8,311.06

Special Nett

Trans-cab Auto Services Pte Ltd

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SHC 5349B**AAD2008-121**

1SET PARKING AID	\$	Sm	700.00	X
1SET REAR BUMPER CLIP	\$	na	75.00	✓
1SET BUMPER BRACKET CTR CLIP	\$	na	65.00	X
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na	65.00	X
1SET BUMPER RETAINER RH CLIP RR	\$	na	60.00	X
1SET BUMPER LOWER REAR RIVET	\$	na na	70.00	X
1SET BUMPER LOWER REAR CLIP	\$	na	75.00	✓
2 SEAM SEALANT	\$	na	180.00	X
1SET BOOT FINISHER CLIP	\$	na	55.00	X
1 BOOT STICKER "Trans-cab"	\$	na	80.00	30sm
1 BOOT STICKER "6555-3333"	\$	na	80.00	30sm
1 RENAULT TYRE RIM (ROUE 7J 16H)	\$	Sm	385.00	X
1 RENAULT TYRE 215/60/16	\$	Sm	330.00	X
1 TAILLAMP CLIP	\$	na	40.00	X
1 Rear Bumper Protector	\$	na	190.00	30sm
1SET Rear licence plate with holder	\$	Sm	140.00	X
1SET END PANEL TRIM CLIP	\$	na	60.00	X
1SET FENDER PANEL INNER TRIM CLIP	\$	na	60.00	X
1SET WHEELARCH RR CLIP	\$	na	65.00	X
1 WINDSCREEN MOULDING	\$	na	200.00	X
2 REAR WINDSCREEN SEALANT	\$	na	150.00	40sm
1 REAR WINDSCREEN INNER SPONGE SEAL	\$	na	130.00	30sm
TOTAL	\$		3,255.00	

TOTAL PARTS \$ 11,566.06**LABOUR**

To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na	380.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	na	170.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,600.00	660L

AAD2008-121

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SHC 5349B

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

\$ 1,600.00 *700/*

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

\$ *nn* 170.00 X

To Rust-Proofing and apply undercoat Of The Affected
Areas.

\$ 250.00 *30/*

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 X

To reinstall rear bumper parking sensor.

\$ 170.00 *60/*

To Check Electrical Lighting Concerned.

\$ 170.00 *20/*

To remove and refit interior fittings, trimings, garnish,
fittings and other, to enable repair.

\$ 380.00

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

\$ 170.00

} 100/

To Remove And Refit Rear W/Screen Glass To
Facilitate Bodywork Repair.

\$ 170.00 *120/*

To check steering geometry and computer wheel
alignment

\$ *nn* 220.00 X

TOTAL \$ **5,620.00**

Over All Total \$ **17,186.06**

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

(LUMP SUM) Repair Days

20 DAYS

5 days

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 GI 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 28/08/2020 10:05
Date Of Accident 28/08/2020 07:10
Exact Location Of Accident WOODLANDS AVENUE 5 SLIP ROAD TOWARDS WOODLANDS AVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5349B
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/P2348706
Cover Note Number

Driver

Name of Driver LAM SEN FOONG
NRIC No SXXXX182B
Date Of Birth 21/05/1958
Occupation OUTDOOR
Date Of Driving Pass 26/09/1978
Driving Experience 41 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97673312
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 272B SENGKANG CENTRAL
#07-323
Postcode 542272
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 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? YES
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: : 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 28.08.2020 at about 0710hours, I was travelling along Woodlands Avenue 5 slip road towards Woodlands Avenue 3 when I made a stop to check for oncoming vehicle, suddenly I felt an impact. Vehicle B (SJB9206K) hit onto my taxi's rear portion.

Attachment(s)

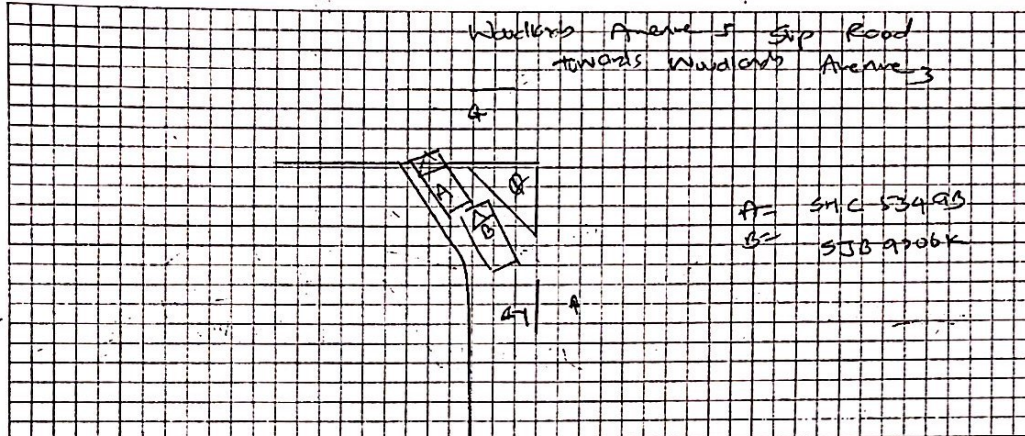
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJB9206K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver YAP SOON BEE
NRIC/Passport Number SXXXX403E
Contact Number 88189096
Address
Postcode
Insurance Company Name

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls see attach police 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

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