

ASS. REC. BY:

REF:

Tm/

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: 1.4.126 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

81045/2

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Veh No:

SHF 785J

Yr Regn:

061 16

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

Truck / Traller or

Make:

Renault Latitude c.c 1985

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

429905

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL 15AUC 283341

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Seilun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

29/8/20

D.O.I.

2/9/2020

Survey held at

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

C/S RM body

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

Report Format :

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

Not Authorized
LTamp 810451

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

SHF 7855

AAD2008-128

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

02 SEP 2020

SHF 7855

VF1ABL15AUC283341

RENAULT

LATITUDE

29.8.2020

TOKIO MARINE

30/6/2016

PART		LIST	
1	BUMPER COVER FRT	\$	747.20
1	BUMPER SPOILER FRT	\$	344.70
1	BUMPER ABSORBER FRT	\$	394.68
1	BUMPER RETAINER FRT RH	\$	101.40
1	BUMPER UNDERTRAY FRT	\$	292.50
1	BUMPER GRILLE LOWER FRT	\$	147.00
1	BUMPER FOG LAMP GRILLE RH	\$	207.21
1	BUMPER BEAM FRT	\$	663.70
1	HEADLAMP RH	\$	743.60
1	HEADLAMP PANEL FRT RH	\$	128.30
1	FENDER PANEL FRT RH	\$	437.10
1	WHEELARCH FRT RH	\$	191.40
1	RADIATOR GRILLE	\$	969.90
1	RADIATOR GRILLE BADGE 'RENAULT'	\$	225.36
1	RADIATOR GRILLE FRAME	\$	686.00
1	FRAME FULL SUPPORT PANEL	\$	592.70
1	BONNET	\$	1,312.70
1	WIPER RESERVOIR MOTOR	\$	82.60
1	WIPER RESERVOIR	\$	179.60
1	DOOR PANEL FRT RH	\$	2,844.66
1	DOOR MIRROR ASSY RH	\$	1,483.40
1	ROCKER PANEL OUTER RH	\$	1,184.99
TOTAL		\$	13,960.70
10%		\$	1,396.07
		\$	12,564.63

X

Special Nett

1 BUMPER CLIP FRT \$ 75.00 X

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SHF 785S

1	BUMPER RETAINER CLIP FRT RH	\$	na	60.00	}	X	
1	BUMPER GRILLE LOWER CLIP	\$	na	75.00			
1	BUMPER FOG LAMP GRILLE COVER CLIP	\$	na	60.00			
1	BUMPER SPOILER CLIP	\$	na	55.00			
1SET	FRAME FULL SUPPORT PANEL CLIP	\$	na	70.00			
2	FRAME FULL SUPPORT PANEL NUT	\$	na	45.00			
2	FRAME FULL SUPPORT PANEL STUD	\$	na	50.00			
1	WHEELARCH CLIP FRT RH	\$	na	65.00			
1	FRONT RENAULT TYRE	\$	sn	300.00			
1SET	Front licence plate with holder	\$	sn	120.00			
1	FRONT RENAULT TYRE RIM	\$	sn	380.00	}		
1SET	RADIATOR GRILLE SCREW	\$	na	55.00			
1SET	RADIATOR GRILLE FRAME CLIP	\$	na	60.00			
1	FRONT DOOR STICKER "Trans-Cab"	\$	rec	80.00			60\$na
1	FRONT DOOR STICKER "Classic"	\$	rec	80.00			15\$na
1	ROCKER PANEL CLIP	\$	na	60.00			X
TOTAL		\$		1,690.00			

TOTAL PARTS \$ **14,254.63****LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 1,400.00 3000

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

\$ na 170.00 X

To check steering geometry and computer wheel alignment

\$ 4 220.00 X

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

\$ 7 170.00 X

To transfer of tire, rim and on wheel balancing.

\$ 4 170.00 X

Putty and spray painting of the affected portion.

\$ 1,400.00 6600

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SHF 785S

AAD2008-128

To rust-proofing and apply undercoat of the affected areas.	\$	250.00	X
To Check Electrical Lighting Concerned.	\$	170.00	10/
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
TOTAL	\$	4,500.00	
Over All Total	\$	18,754.63	

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	31/08/2020 14:04
Date Of Accident	29/08/2020 19:45
Exact Location Of Accident	SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF785S
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	WAN WENG CHOR
NRIC No	SXXXX233I
Date Of Birth	27/04/1949
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1972
Driving Experience	47 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96159611
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 38 TELOK BLANGAH RISE
#01-329
Postcode 090038
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 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) 5
Passenger 1 NAME: : UNKNOWN
GENDER: : MALE
Passenger 2 NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 3 NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 4 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 29.08.2020 at about 1944 hours, I was travelling straight on the second lane along Serangoon Central. Suddenly I felt an impact. Vehicle B (SMG6462U) 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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMG6462U
Vehicle Make/Model/Colour
Details Of Properties

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach GU 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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