

ASS. REC. BY:

REF:

TMI/

CC3/TMI20009622/Kqf3

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. _____

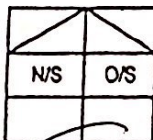
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SHC 5566R 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

A/C: Insured / Std / NI / NA

Sp. Reading

468918

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VF1ABL15AUC 279249

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Pirelli 215/60R16

R: Giti

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

TOYO / YOKO or _____

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

5/9/20

D.O.I.

8/9/2020

Survey held at _____

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

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

Date / Time

Action / Instruction

09/09/20 @ 3.26pm Email GIA & estimate and revised to TMI.

Date/Time, File Pass to?

☐

: Prel. 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 (\$ _____)

TOTAL

Report Format :

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

Not Authorized
L/Smp &

AAD2009-036

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 5566R

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

00 SEP 2020

SHC 5566R

VF1ABL15AUC279249

RENAULT

LATITUDE

5.9.2020

TOKIO MARINE

15/09/2014

		LIST	
		PART	
1	BUMPER COVER REAR	\$	Bu 561.70 ✓
1	BUMPER LOWER REAR	\$	Buildit 411.90 ✓
1	BUMPER BRACKET CTR REAR	\$	Sn 98.10 X
1	BUMPER BRACKET SIDE RH REAR	\$	Sn 82.10 X
1	BUMPER RETAINER RH REAR	\$	Sn 59.80 X
1	BUMPER REFLECTOR RH	\$	mir 16.60 ✓
1	BUMPER RETAINER LH REAR	\$	Sn 54.20 X
1	BUMPER REFLECTOR LH	\$	Sn 16.60 ✓
1	BUMPER BEAM REAR	\$	Ry 547.80 ✓
1	BUMPER BEAM BRACKET RH REAR	\$	Ry 114.50 ✓
1	BUMPER BEAM BRACKET LH REAR	\$	R 114.50 X
1	BOOT REAR	\$	Ry 1,677.20 ✓
1	BOOT FINISHER	\$	Sn 344.70 X
1	BOOT WEATHERSTRIP	\$	GM 178.20 508sn
1	BOOT REFLECTOR LAMP LH	\$	CM 277.70 ✓
1	BOOT REFLECTOR LAMP RH	\$	Sn 277.70 X
1	BOOT BADGE 'RENAULT'	\$	Ry 82.40 ✓
1	BOOT BADGE	\$	Ry 95.80 ✓
1	BOOT STRUT	\$	Sn 145.10 } X
1	BOOT HINGE LH	\$	R 254.20 }
1	BOOT HINGE RH	\$	R 254.20 }
1	BOOT LOCK	\$	R 246.60 }
1	BOOT SWITCH	\$	Sn 113.00 }
1	BOOT TRIM BOARD	\$	Sn 611.00 }
1	TAILLAMP RH	\$	Sn 401.40 }
1	TAILLAMP LH	\$	See 401.40 }

AAD2009-036

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SHC 5566R

- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel) TRIM
- 1 SPARE WHEEL PANEL (Luggage Floor Panel)
- 1 SPARE TYRE BOARD
- 1 EXHAUST REAR
- 1 EXHAUST CAP REAR
- 1 FENDER PANEL REAR RH
- 1 WHEELARCH REAR RH
- 1 FENDER PANEL INNER TRIM REAR RH

\$	R ₁	745.80	✓
\$	Sn	404.56	
\$	R	1,229.40	
\$	Sn	680.90	
\$	R	5,263.60	
\$	R	125.40	
\$	R	1,933.20	
\$	Sn	275.40	
\$	Sn	671.45	
TOTAL	\$	18,768.11	
10%	\$	1,876.81	
	\$	16,891.30	

Special Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1SET BUMPER BRACKET CTR CLIP
- 1SET BUMPER BRACKET SIDE CLIP RR
- 1SET BUMPER RETAINER CLIP RR
- 1SET BUMPER LOWER REAR RIVET
- 1SET BUMPER LOWER REAR CLIP
- 2 SEAM SEALANT
- 1SET BOOT FINISHER CLIP
- 1 BOOT STICKER "Trans-cab"
- 1 BOOT STICKER "6555-3333"
- 1 RENAULT TYRE RIM (ROUE 7J 16H)
- 1 RENAULT TYRE 215/60/16
- 1SET TAILLAMP CLIP
- 1 Rear Bumper Protector
- 1SET Rear licence plate with holder
- 1SET FENDER PANEL INNER TRIM CLIP
- 1SET WHEELARCH RR CLIP
- 1 WINDSCREEN MOULDING
- 2 REAR WINDSCREEN SEALANT

\$	Sn	700.00	X
\$	nn	75.00	✓
\$	nn	60.00	X
\$	nn	70.00	X
\$	nn	65.00	X
\$	nn	70.00	X
\$	nn	75.00	✓
\$	nn	190.00	X
\$	nn	55.00	X
\$	nn	80.00	305n
\$	nn	80.00	305n
\$	Sn	385.00	
\$	Sn	330.00	
\$	nn	50.00	
\$	nn	180.00	
\$	nn	140.00	
\$	nn	60.00	
\$	nn	65.00	
\$	nn	200.00	
\$	nn	150.00	

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SHC 5566R**AAD2009-036**

1	REAR WINDSCREEN INNER SPONGE SEAL	\$	<i>nn</i>	130.00	X
1	EXHAUST MOUNTING	\$	<i>sn</i>	65.00	✓
1	EXHAUST BRACKET REAR	\$	<i>n</i>	55.00	X
TOTAL		\$		3,330.00	
TOTAL PARTS		\$		20,221.30	

LABOUR

To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>nn</i>	380.00	X
To remove and refit bootlid fittings, attachments and perform water seepage test.	\$		170.00	<i>bol</i>
To repair and realign rear exhaust pipe.	\$	<i>nn</i>	170.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,600.00	<i>bol</i>
To transfer of rear luggage floor panel fittings, attachment and perform water seepage test.	\$		380.00	<i>bol</i>
To remove and refit rear bumper fittings, attachment and perform water seepage test.	\$	<i>nn</i>	170.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$		250.00	<i>bol</i>
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>nn</i>	170.00	X
To remove and refit rear fender panel fittings, attachment and perform water seepage test.	\$	<i>nn</i>	170.00	X

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Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	6601
To transfer of tire, rim and on wheel balancing.	\$	170.00	nn X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	4 X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00	4 X
To Check Electrical Lighting Concerned.	\$	170.00	201
To reinstall rear bumper parking sensor.	\$	170.00	601
To check steering geometry and computer wheel alignment	\$	220.00	4 X

TOTAL \$ 6,340.00**Over All Total \$ 26,561.30****(LUMP SUM) Repair Days****20 DAYS**
5 day,

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	07/09/2020 11:02
Date Of Accident	05/09/2020 11:45
Exact Location Of Accident	TAMPINES AVENUE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5566R
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	LIM CHER KHIANG
NRIC No	SXXXX040H
Date Of Birth	26/08/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1957
Driving Experience	63 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97392869
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 565 HOUGANG STREET 51
#04-480
Postcode 530565
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 - HEAD TO REAR
Weather Conditions RAINING
Road Surface WET

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: : MALE
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 05.09.2020 at about 1145hours, I was stationary on the extreme left lane along Tampines Avenue 9 when the traffic light was red. While stationary, suddenly I felt an impact. Vehicle B (GBJ9960T) hit onto my taxi's rear portion

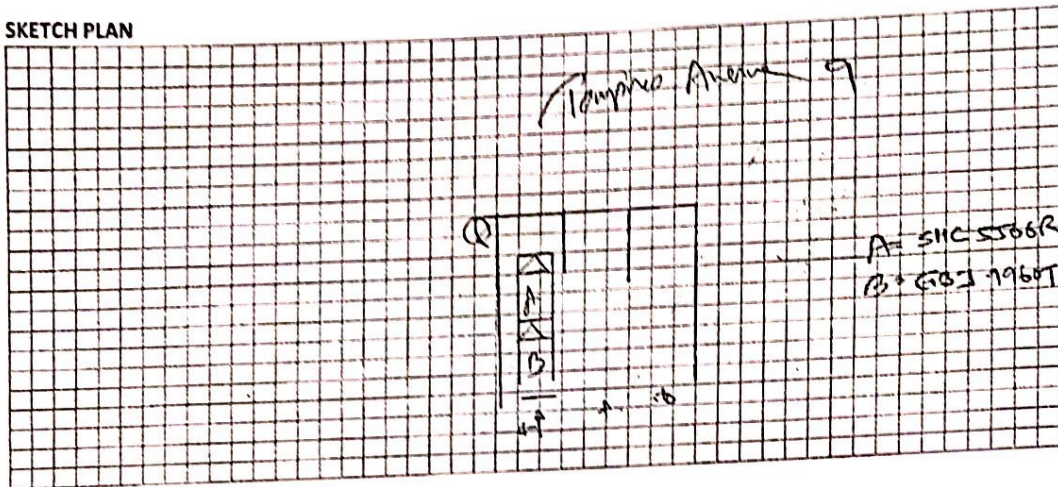
Attachment(s)

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 GBJ9960T
Vehicle Make/Model/Colour
Details Of Properties

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see other GA 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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