

ASS. REC. BY:

REF: C72/

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/DWS/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 Rport: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 01 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: S14C 5389K Yr Regn: 10, 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: 825.679 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VFIABL15AUC 280057

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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 Pairlm

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 16/9/20 D.O.I. 18/9/2020

Survey held at ✓

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

FR LH door mirror

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

Date / Time	Action / Instruction
<u>1</u>	<u>11:20 @ 12:00</u>

Date/Time, File Pass to?  : Prell. Report  : Final Report

1) \_\_\_\_\_ 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 Assailed  
11 Sep @ 1200

AAD2009-093

**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 5389K**

Vehicle No.:  
Chassis No.:  
Vehicle Make: **18 SEP 2020**  
Vehicle Model:  
Date of Accident :  
Third Party Insurer :  
Date of Registration:

**SHC 5389K**  
VF1ABL15AUC280057  
RENAULT  
LATITUDE  
16.9.2020  
**CHINA TAIPING**  
21/10/2014

**PART**  
1 DOOR MIRROR ASSY LH

	LIST
\$	CM 1,483.40 ✓
<b>TOTAL</b>	<b>\$ 1,483.40</b>
10%	\$ 148.34
	<b>\$ 1,335.06</b>

**Special Nett**  
1 Front Door Sticker "Trans-Cab"  
1 Front Door Sticker "Classic"

\$	~ 80.00 X
\$	~ 80.00 X
<b>TOTAL</b>	<b>\$ 160.00</b>

**TOTAL PARTS \$ 1,495.06**

**LABOUR**

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

\$ 1,000.00 *601*

Putty and spray painting of the affected portion.

\$ 1,000.00 *601*

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

**TOTAL \$ 2,170.00**

**Over All Total \$ 3,665.06**

**LUMP SUM (REPAIR DAY)**

**18 days**

*1 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 17/09/2020 10:15  
Date Of Accident 16/09/2020 13:55  
Exact Location Of Accident EUNOS LINK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5389K  
**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 TER SE HEONG  
NRIC No SXXXX301E  
Date Of Birth 19/08/1947  
Occupation OUTDOOR  
Date Of Driving Pass 09/01/1968  
Driving Experience 52 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81868728  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address BLK 277 TOH GUAN ROAD  
 #16-171  
 Postcode 600277  
 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) 4  
 Passenger 1 NAME: : HEKMAN - 88493960  
 GENDER: : MALE  
 Passenger 2 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 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 16.09.2020 at about 1353hours, I was stationary on the second lane along Eunos Link when the traffic light was red. The traffic light turn green, I move forward, suddenly I felt an impact. Vehicle B (GBB315H) which was travelling on my left swerved into my lane and hit onto my taxi's left side portion and cause my taxi's left side mirror damage

**Attachment(s)**

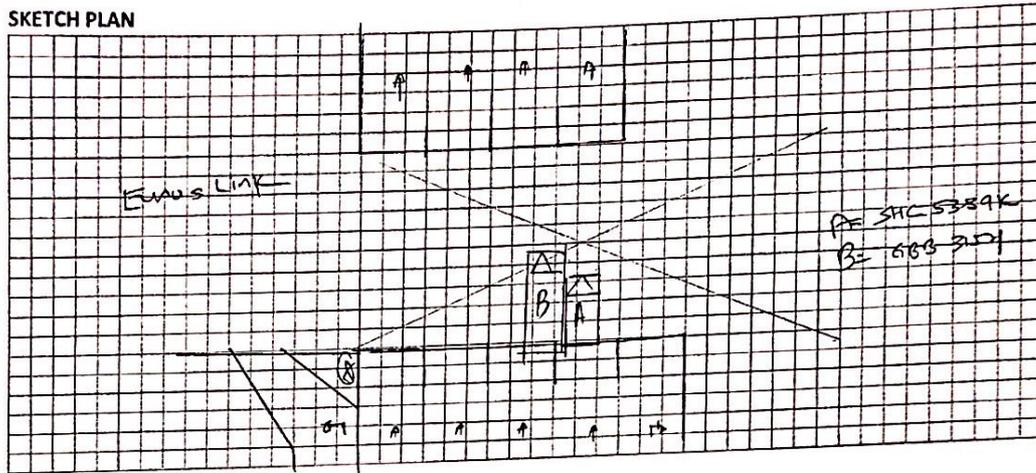
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBB315H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category GOODS VEHICLE  
 Name of Driver CHUE CHEE LEONG

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

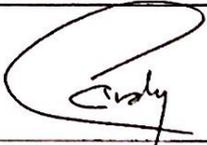
PLS see attach EIA Report

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.: