

ASS. REC. BY:

REF:

TMI/ CC3/TMI20011552/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 Tans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. MT105117Claims No. M2005205

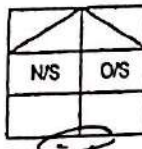
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHD 2027 Yr Regn: 10, 15Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Perault lastade c.c. 1995Colour M. white / blue A/C: Insured / Std / NI / NASp. Reading 603455 T/Radio: Insured / Std / NI / NA

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

C/No: VFIABLISAUC 282365Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Sailun

Front

Rear

R/Bal. 0 mmR/Bal. 4 mmL/Bal. 0 mmL/Bal. 4 mmD.O.A. 19/10/20D.O.A. 21/10/2020Survey 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

22/10/20@10.55am Email GIA report &amp; estimate and revised to TMI.

11/11/20@4.50pm confirmed with Wai Yin LS \$1600, 2 days (Red \$15886.49, 91%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 12/11 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

\$ - RS. \$

Fees:

Others:

TOTAL

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)Report Format: MER-TPLump Sum / T.B. (\$) 1600

**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

**SHD202T**

AAD2010-081

*Not Notarised**11/10/20*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

21 OCT 2020

**SHD202T**

VF1ABL15AUC282365

RENAULT

LATITUDE

19/10/2020

**TOKIO**

02/10/2015

	PART
1	1 BUMPER COVER REAR
2	1 BUMPER LOWER REAR
3	1 BUMPER BRACKET CTR REAR
4	1 BUMPER BRACKET SIDE RH REAR
5	1 BUMPER RETAINER RH REAR
7	1 BUMPER BRACKET SIDE LH REAR
8	1 BUMPER RETAINER LH REAR
10	1 BUMPER BEAM REAR
11	1 BUMPER BEAM BRACKET LH REAR
12	1 BUMPER BEAM BRACKET RH REAR
13	1 BUMPER REFLECTOR RH
14	1 OUTER PANEL REAR (End Panel)
15	1 OUTER PANEL REAR (End Panel)TRIM
16	1 BOOT REAR
17	1 BOOT BADGE 'RENAULT'
18	1 BOOT BADGE
19	1 TAILLAMP RH

	LIST	
\$	Bu	561.70 ✓
\$	Adl/ht	411.90 ✓
\$	Sm	98.10 X
\$	Sm	82.10 X
\$	Sm	59.80 X
\$	Sm	80.80 X
\$	Sm	54.20 X
\$	Bu	547.80 ✓
\$	R	114.50
\$	R	114.50
\$	Sm	16.60
\$	R	745.80
\$	Sm	404.56
\$	R	1,677.20
\$	nn	82.40
\$	nn	95.80
\$	Sm	401.40
\$		5,549.16
10% \$		554.92
\$		<u>4,994.24</u>

**Special Net**

1	1SET PARKING AID
2	1SET REAR BUMPER CLIP
3	1SET BUMPER BRACKET CTR CLIP
4	1SET BUMPER BRACKET SIDE CLIP RH RR
5	1SET BUMPER RETAINER RH CLIP RR
6	1SET BUMPER BRACKET SIDE CLIP LH RR

\$	Sm	700.00 X
\$	R	66.00 ✓
\$	nn	33.00 X
\$	nn	10.00 X
\$	nn	20.00 X
\$	nn	10.00 X



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**SHD202T**

7 1SET BUMPER RETAINER CLIP LH RR	\$	na	20.00	X
8 1SET BUMPER LOWER REAR RIVET	\$	na	22.00	X
9 1SET BUMPER LOWER REAR CLIP	\$	na	66.00	✓
10 1 REAR NUMBER PLATE WITH HOLDER	\$	Ph	120.00	X
14 1 REAR BOOT STICKER 'Trans-cab'	\$	na	80.00	X
15 1 REAR BOOT STICKER '6555-3333'	\$	na	80.00	X
<b>TOTAL</b>	<b>\$</b>		<b>428.00</b>	
<b>TOTAL PARTS</b>	<b>\$</b>		<b>5,422.24</b>	

**LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$		3,000.00	220/
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		3,000.00	200/
To Rust-Proofing Of The Affected Areas.	\$	na	170.00	X
To reinstall rear bumper parking sensor.	\$		170.00	60/
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	na	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	✓	170.00	X
To check steering geometry and computer wheel alignment	\$	✓	220.00	X
To Check Electrical Lighting Concerned.	\$	✓	170.00	X
<b>TOTAL</b>	<b>\$</b>		<b>7,070.00</b>	
<b>Over All Total</b>	<b>\$</b>		<b>17,486.49</b>	

AAD2010-081

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No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD202T

(LUMP SUM)  
Repair Days

18 DAYS  
2 day

**For Official Use**

Prepared By : \_\_\_\_\_  
(Accident Dept)

Verify By : \_\_\_\_\_  
(Accident Workshop)

Checked By : \_\_\_\_\_  
(Finance Dept)

LKK A to 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 20/10/2020 13:31  
Date Of Accident 19/10/2020 20:25  
Exact Location Of Accident FERNVALE LINK X SENGKANG WEST AVENUE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD202T  
**Insured/Policyholder**  
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD  
Co Reg No 2XXXXX878K  
Email Address CLAIMS@TRANSCAB.COM.SG  
Mobile Phone No OFFICE-62876666  
Alternative Phone No

### 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 LEE CHER YEOW  
NRIC No SXXXX653I  
Date Of Birth 18/09/1966  
Occupation OUTDOOR  
Date Of Driving Pass 13/09/1988  
Driving Experience 32 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number +65-97345046  
Fax Number  
Contact Number  
Email Address NOEMAIL



Address	APT BLK 980B BUANGKOK CRESCENT #07-81
Postcode	532980
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	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
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 19/10/2020 AT ABOUT 2025HRS, I WAS STATIONARY ON THE THIRD LANE OF FERNVALE LINK TRAFFIC LIGHT, JUNCTION TO SENGKANG WEST AVENUE DUE TO RED LIGHT. I SUDDENLY FELT AN IMPACT FROM THE REAR OF MY TAXI. VEHICLE B(GBG3822T) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF MY TAXI.

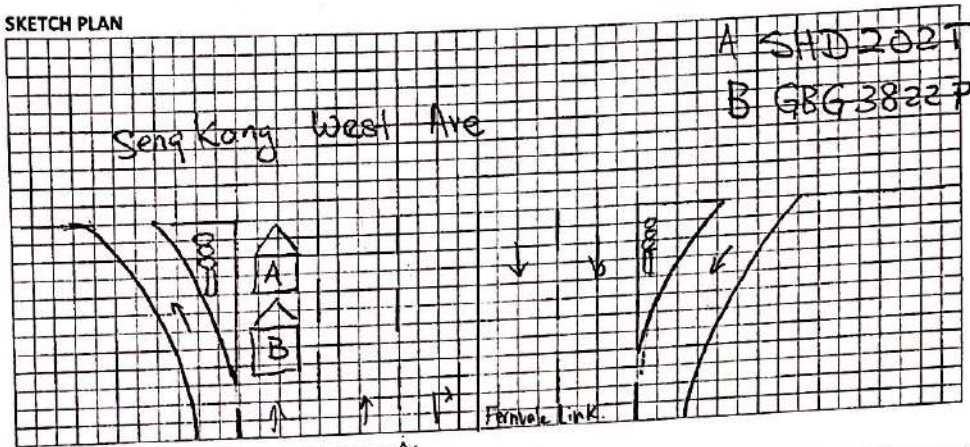
#### Attachment(s)

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	GBG3822P
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAW YONG SOON
NRIC/Passport Number	
Contact Number	98323621

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA 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.:

GIA/RIAC SketchPlanForm\_V3

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