

ASS. REC. BY:

REF:

EQ / CC3/EQI20012190/Kvd3

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:

SLD 1922U

Policy No.

Claims No.

DM20HO01638-JG

Sum Insured:

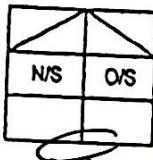
Excess:

(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:

02 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:

S140 419K Yr Regn: 12, 16

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

60.8868

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1 ABL 15 Aug 283417

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal.

9

mm

R/Bal.

2

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

3/11/20

D.O.I.

4/11/2020

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

TP

Lump Sum H.B.T: (\$ 2550)

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

SHD419K**AAD2011-023***Not Authored
1/1/2016*

Vehicle No.: **04 NOV 2020**
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :
 Date of Registration :

SHD419K
VF1ABL15AUC283417
RENAULT
LATITUDE
3/11/2020
EQ
9/12/2016

PART		LIST	
1	1 BUMPER COVER REAR	\$ Bu	561.70 ✓
2	1 BUMPER LOWER REAR	\$ Sn	411.90
3	1 BUMPER BRACKET CTR REAR	\$ Sn	98.10
4	1 BUMPER BRACKET SIDE RH REAR	\$ Sn	82.10
5	1 BUMPER RETAINER RH REAR	\$ Sn	59.80
7	1 BUMPER BRACKET SIDE LH REAR	\$ Sn	80.80
8	1 BUMPER RETAINER LH REAR	\$ Sn	54.20
10	1 BUMPER BEAM REAR	\$ N	547.80
11	1 BUMPER BEAM BRACKET LH REAR	\$ N	114.50
12	1 BUMPER BEAM BRACKET RH REAR	\$ N	114.50
13	1 OUTER PANEL REAR (End Panel)	\$ N	745.80
14	1 OUTER PANEL REAR (End Panel)TRIM	\$ Sn	404.56
15	1 BOOT REAR	\$ B	1,677.20 ✓
16	1 BOOT BADGE 'RENAULT'	\$ N	82.40 ✓
17	1 BOOT BADGE	\$ N	95.80 ✓
18	1 BOOT FINISHER	\$ Sn	344.70 X
19	2 LICENCE PLATE LAMP	\$ Sn	26.30 X
20	1 TAILLAMP RH	\$ Sn	401.40 X
21	1 TAILLAMP LH	\$ Sn	401.40 X
		\$	6,304.96
		10% \$	630.50
		\$	5,674.46

Specical Nett

1	1SET PARKING AID	\$	Sn 700.00 X
2	1 BOOT FINISHER NUT L70Y	\$	N 60.00 X
3	1SET REAR BUMPER CLIP	\$	N 66.00 ✓

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SHD419K

4 1SET BUMPER BRACKET CTR CLIP	\$	nn 33.00	
5 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	nn 10.00	
6 1SET BUMPER RETAINER RH CLIP RR	\$	nn 20.00	
7 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	nn 10.00	
8 1SET BUMPER RETAINER CLIP LH RR	\$	nn 20.00	
9 1SET BUMPER LOWER REAR RIVET	\$	nn 22.00	
10 1SET BUMPER LOWER REAR CLIP	\$	nn 66.00	
11 1 REAR NUMBER PLATE WITH HOLDER	\$	nn 120.00	
12 1 REAR BOOT STICKER 'Trans-cab'	\$	nn 80.00	305nn
13 1 REAR BOOT STICKER '6555-3333'	\$	nn 80.00	305nn
TOTAL	\$	1,287.00	
TOTAL PARTS	\$	6,961.46	

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	4401
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	3001
To Rust-Proofing Of The Affected Areas.	\$	170.00	301
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	801
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn 170.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	151

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SHD419K**AAD2011-023****TOTAL \$ 7,070.00****Over All Total \$ 19,705.93****(LUMP SUM)****Repair Days****~~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	03/11/2020 14:10
Date Of Accident	03/11/2020 06:15
Exact Location Of Accident	ALONG TAMPINES AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD419K
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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 2.0L DCI AUTO D/AB 4DR
Exact Purpose for which vehicle was being used at time of accident	HIRE & 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	N.A

Driver

Name of Driver	KEE CHER TEE
NRIC No	SXXXX576C
Date Of Birth	14/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1973
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90258486
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NA
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

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 SLD1922U
 Vehicle Make/Model/Colour TOYOTA / HARRIER 2.0 AT PREMIUM STYLE MAUVE 2WD / BLACK
 Details Of Properties N.A
 Vehicle Category PRIVATE CAR
 Name of Driver PEH JUN HAO
 NRIC/Passport Number SXXXX746E
 Contact Number 98753269
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

Sketch Plan #3 Pg. 1

