

ASS. REC. BY:

REF:

F02/

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 57797

Yr Regn:

07.15

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

Truck / Trailer or

Make:

Renault Latitude

c.c.

1895

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

626295

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 281634

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / 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

Pailun

Front

Rear

R/Bal.

D

mm

R/Bal.

9

mm

L/Bal.

D

mm

L/Bal.

9

mm

D.O.A.

14/11/20

D.O.I.

17/11/2020

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

61 Days @ 1600

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:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

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

SHC5779T

AAD2011-089

Not Notified
11 Sep 8/600

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration :

17 NOV 2020**SHC5779T**

VF1ABL15AUC281634

RENAULT

LATITUDE

14/11/2020

FCI

10/7/2015

		LIST	
PART			
1	1 BUMPER COVER REAR	\$	<i>Per</i> 561.70 ✓
2	1 BUMPER LOWER REAR	\$	<i>Per</i> 411.90 ✓
3	1 BUMPER BRACKET CTR REAR	\$	<i>Per</i> 98.10 X
4	1 BUMPER BRACKET SIDE RH REAR	\$	<i>Per</i> 82.10 X
5	1 BUMPER RETAINER RH REAR	\$	<i>Per</i> 59.80 X
7	1 BUMPER BRACKET SIDE LH REAR	\$	<i>Per</i> 80.80 X
8	1 BUMPER RETAINER LH REAR	\$	<i>Per</i> 54.20 X
10	1 BUMPER BEAM REAR	\$	<i>Per</i> 547.80 ✓
11	1 BUMPER BEAM BRACKET LH REAR	\$	<i>Per</i> 114.50
12	1 BUMPER BEAM BRACKET RH REAR	\$	<i>Per</i> 114.50
13	1 OUTER PANEL REAR (End Panel)	\$	<i>Per</i> 745.80
14	1 OUTER PANEL REAR (End Panel)TRIM	\$	<i>Per</i> 404.56
15	1 BOOT REAR	\$	<i>Per</i> 1,677.20
16	1 BOOT REFLECTOR LAMP LH	\$	<i>Per</i> 277.70
17	1 BOOT REFLECTOR LAMP RH	\$	<i>Per</i> 277.70
18	1 BOOT HINGE LH	\$	<i>Per</i> 254.20
19	1 BOOT HINGE RH	\$	<i>Per</i> 254.20
20	1 BOOT LOCK	\$	<i>Per</i> 246.60
21	1 BOOT LOCK CATCH	\$	<i>Per</i> 41.70
22	1 BOOT FINISHER	\$	<i>Per</i> 344.70
23	1 BOOT BADGE 'RENAULT'	\$	<i>Per</i> 82.40
24	1 BOOT BADGE	\$	<i>Per</i> 95.80
25	1 BOOT FINISHER	\$	<i>Per</i> 344.70
26	1 TAILLAMP RH	\$	<i>Per</i> 401.40
27	1 TAILLAMP LH	\$	<i>Per</i> 401.40
		\$	7,975.46
10%		\$	797.55

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Special Nett			
		\$	<u>7,177.91</u>
1 1SET PARKING AID		\$	<i>sm</i> 700.00 X
2 1 BOOT FINISHER NUT L70Y		\$	<i>nn</i> 60.00 X
3 1SET REAR BUMPER CLIP		\$	<i>nn</i> 66.00 ✓
4 1SET BUMPER BRACKET CTR CLIP		\$	<i>nn</i> 33.00 X
5 1SET BUMPER BRACKET SIDE CLIP RH RR		\$	<i>nn</i> 10.00 X
6 1SET BUMPER RETAINER RH CLIP RR		\$	<i>nn</i> 20.00 X
7 1SET BUMPER BRACKET SIDE CLIP LH RR		\$	<i>nn</i> 10.00 X
8 1SET BUMPER RETAINER CLIP LH RR		\$	<i>nn</i> 20.00 X
9 1SET BUMPER LOWER REAR RIVET		\$	<i>nn</i> 22.00 X
10 1SET BUMPER LOWER REAR CLIP		\$	<i>nn</i> 66.00 ✓
11 1 EXHAUST MOUNTING REAR		\$	<i>sm</i> 17.82 X
12 1 REAR NUMBER PLATE WITH HOLDER		\$	<i>sm</i> 120.00 X
13 1 REAR BOOT STICKER 'Trans-cab'		\$	<i>nn</i> 80.00 X
14 1 REAR BOOT STICKER '6555-3333'		\$	<i>nn</i> 80.00 X
TOTAL		\$	<u>1,304.82</u>
TOTAL PARTS		\$	<u>8,482.73</u>

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	<i>2200</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	<i>2000</i>
To Rust-Proofing Of The Affected Areas.	\$	<i>nn</i> 170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	<i>600</i>
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	<i>nn</i> 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X

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To check steering geometry and computer wheel alignment \$ *nn* 220.00 *X*

To Check Electrical Lighting Concerned. \$ 170.00 *10/*

TOTAL \$ 7,070.00

Over All Total \$ 22,730.65

(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	16/11/2020 12:46
Date Of Accident	14/11/2020 18:10
Exact Location Of Accident	SENGKANG HOSPITAL TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5779T
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	(LOCAL) +65-90610812
Alternative Phone No	OFFICE-90610812

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 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	NA

Driver

Name of Driver	PEE NGIAP HENG
NRIC No	SXXXX235J
Date Of Birth	08/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1977
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90610812
Fax Number	(LOCAL) +65-90610812
Contact Number	
EMail Address	NOEMAIL

ess
Postcode NA
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? 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) 1

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

I WAS DRIVING AT SENGKANG HOSPITAL TAXI STAND . SUDDENLY I FEEL AN IMPACT FROM REAR OF MY VEHICLE , I CAME OUT FROM MY VEHICLE AND I SAW VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . I WILL GO AND SEE A DOCTOR LATER .

Attachment(s)

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

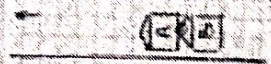
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC90D
Vehicle Make/Model/Colour HYUNDAI / AE IONIQ HEV 1.6 DCT
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

1954

St. John 14:18



REFER TO ATTACHED STATEMENT

REFER TO ATTACHED STATEMENT.

[illegible]

Internal Audit Staff are responsible for preparing and presenting the

REPORTING OFFICER

WONG HUI KEAT

Resolving Certain Perceived Injustices

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