

ASS. REC. BY:

REF: EQ /

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: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

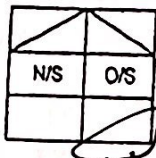
Excess: _____

(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: 08 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: S1TD 4990Yr Regn: 11, 17

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

Truck / Trailer or

Make: RenaultModel: Latitude c.c. 1995Colour: M. white / Red A/C: Insured / Std / NI / NASp. Reading: 538963 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABL 15AUC 283457Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: III / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 3/12/20D.O.I. 4/12/2020

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?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - R/S. \$ _____

Fees \$ _____

Others \$ _____

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

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

SHD499D**AAD2012-037***Not Authorised*
1/1 Sep 8

Vehicle No.:

Chassis No.:

04 DEC 2020

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD499D

VF1ABL15AUC283457

RENAULT

LATITUDE

03/12/2020

17/11/2017

EQ

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 LH
14	1 BUMPER REFLECTOR RH
15	1 OUTER PANEL REAR (End Panel)
16	1 OUTER PANEL REAR (End Panel)TRIM
17	1 BOOT REAR
18	1 BOOT WEATHERSTRIP
19	1 BOOT REFLECTOR LAMP LH
20	1 BOOT REFLECTOR LAMP RH
21	1 BOOT HINGE LH
22	1 BOOT HINGE RH
23	1 BOOT LOCK
24	1 BOOT LOCK CATCH
25	1 BOOT FINISHER
26	1 BOOT BADGE 'RENAULT'
27	1 BOOT BADGE
28	1 BOOT FINISHER
29	1 TAILLAMP RH
30	1 TAILLAMP LH

LIST	
\$	<i>B</i> 561.70 ✓
\$	<i>na / na</i> 411.90 ✓
\$	<i>sn</i> 98.10 X
\$	<i>cm</i> 82.10 ✓
\$	<i>di</i> 59.80 ✓
\$	<i>sn</i> 80.80 X
\$	<i>sn</i> 54.20 X
\$	<i>B</i> 547.80 ✓
\$	<i>R</i> 114.50 X
\$	<i>R</i> 114.50 X
\$	<i>sn</i> 16.60 X
\$	<i>sn</i> 16.60 ✓
\$	<i>B</i> 745.80 ✓
\$	<i>cm</i> 404.56 ✓
\$	<i>R</i> 1,677.20 X
\$	<i>na / na</i> 178.20 <i>50/na</i>
\$	<i>sn</i> 277.70
\$	<i>sn</i> 277.70
\$	<i>R</i> 254.20
\$	<i>R</i> 254.20
\$	<i>R</i> 246.60
\$	<i>R</i> 41.70
\$	<i>sn</i> 344.70
\$	<i>na</i> 82.40
\$	<i>na</i> 95.80
\$	<i>sn</i> 344.70
\$	<i>B</i> 401.40 ✓
\$	<i>sn</i> 401.40 X

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SHD499D

31	1 FENDER PANEL REAR RH	\$	R ₁ 1,933.20 ✓
32	1 WHEELARCH REAR RH	\$	CR ₁ 275.40 X
33	1 SPARE TYRE BOARD	\$	S ₂ 680.90 X
34	1 SPARE WHEEL PANEL	\$	R 1,229.40 X
35	1 SPARE WHEEL PANEL BRACKET LH L70Y	\$	K 70.60 X
36	1 SPARE WHEEL PANEL BRACKET RH L70Y	\$	L 69.20 X

\$	8,186.86
10% \$	818.69
\$	<u>7,368.17</u>

Specical Nett

1	1SET PARKING AID	\$	nd/lt 700.00 400sn
2	1 BOOT FINISHER NUT L70Y	\$	na 60.00 X
3	1SET REAR BUMPER CLIP	\$	na 66.00 ✓
4	1SET BUMPER BRACKET CTR CLIP	\$	na 33.00 X
5	1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na 10.00 X
6	1SET BUMPER RETAINER RH CLIP RR	\$	na 20.00 X
7	1SET BUMPER BRACKET SIDE CLIP LH RR	\$	na 10.00 X
8	1SET BUMPER RETAINER CLIP LH RR	\$	na 20.00 X
9	1SET BUMPER LOWER REAR RIVET	\$	na 22.00 X
10	1SET BUMPER LOWER REAR CLIP	\$	na 66.00 ✓
11	1SET WHEELARCH CLIP	\$	na 60.00 ✓
12	1SET FENDER CLIP	\$	na 35.00 X
13	1 EXHAUST MOUNTING REAR	\$	S ₂ 17.82 X
14	1 REAR NUMBER PLATE WITH HOLDER	\$	S ₂ 120.00 X
15	1 REAR BOOT STICKER 'Trans-cab'	\$	na 80.00 X
16	1 REAR BOOT STICKER '6555-3333'	\$	na 80.00 X
17	2 WINDSCREEN SEALANT	\$	na 150.00 40sn
18	1 WINDSCREEN MOULDING	\$	na 200.00 X
19	1 WINDSCREEN INNER SPONGE SEAL	\$	na 130.00 30sn
TOTAL		\$	<u>1,399.82</u>
TOTAL PARTS		\$	<u>8,767.99</u>

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00 66cl
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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	1200
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	120
To Rust-Proofing Of The Affected Areas.	\$	170.00	60
To reinstall rear bumper parking sensor.	\$	170.00	60
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	100
To check steering geometry and computer wheel alignment	\$	220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	20

TOTAL \$ 7,370.00**Over All Total \$ 23,506.17****(LUMP SUM)
Repair Days****20 DAYS***8 days*

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

For Official Use

Acknowledged by Repairer

Signature:

Date:

Prepared By : _____
(Accident Dept)

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 Submission 03/12/2020 23:47 (SGT)
Date of Accident 03/12/2020 13:20 (SGT)
Exact Location of Accident 158 Lor 1 Toa Payoh, Toa Payoh Int, Block 158, Singapore 310158
Additional Location Information ALONG LOR 1 TOA PAYOH AFTER JUNCTION LOR 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD499D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 2XXXXX878K
Email Address Claims@transcab.com.sg
Mobile Phone No (Phone) +65-62866666
Alternative Phone No (Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer Renault
Model Latitude
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2348706
Cover Note Number NA

DRIVER

Name of Driver LIANG CHWEE CHOON
NRIC No SXXXX697H
Date Of Birth 17/02/1952
Occupation Outdoor

Date Of Driving Pass	06/02/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97322920
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG LOR 6 TOA PAYOH TOWARDS LOR 1 TOA PAYOH . AFTER CROSS JUNCTION OF LOR 2 TOA PAYOH , I OPENED MY DOUBLE SIGNAL AND STATIONARY AT SIDE OF THE ROAD TO CHECK MY GPS . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED .

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	GBG6914M
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHANG BOON CHYE
NRIC No	SXXXX654B
Contact Number	(Phone) +65-90292989
Address	-

1. 100-100

2. 100-100

3. 100-100

4. 100-100

REPORT TO ATTORNEY GENERAL

• The degree to which particular jet streams may change

100

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.: