

ASS. REC. BY:

REF:

GAZ/210088PS/Kt

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:

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:

1 1/2 days

Res.: Yes or No

Lum Sum:

1-B/20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S1TD 6045 Yr Regn: 11, 17

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

Truck / Trailer or

Make:

Renault Latitude c.c. 1995

Colour

n. white / R

A/C:

Insured / Std / NI / NA

Sp. Reading

274322

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VIF1ABL15AUC 283459

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

P

mm

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

15/1/21

D.O.I.

19/1/2021

Survey held at

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

O/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got BZ

8590/-

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

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

**SHD604S****AAD2012-086***Not Authorised*  
*... \$590k*

Vehicle No.:

Chassis No.:

**19 JAN 2021**

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SHD604S**

VF1ABL15AUC283459

RENAULT

LATITUDE

15/01/2021

**GREAT AMERICAN**

30/11/2017

**PART****LIST**

1 BUMPER COVER REAR

\$ 561.70 X

1 FENDER PANEL REAR RH

\$ 1,933.20 X

1 FENDER BRACKET LOWER RH

\$ 11.80 X

1 WHEELARCH REAR RH

\$ 275.40 X

**TOTAL \$ 2,782.10****10% \$ 278.21****\$ 2,503.89****Special Nett**

1 REAR BUMPER CLIP

\$ 65.00

1SET FENDER SCREW

\$ 60.00

1SET CLIP, FRONT FENDER LINER

\$ 65.00

2 WINDSCREEN SEALANT

\$ 150.00

1 WINDSCREEN MOULDING

\$ 200.00

1 WINDSCREEN INNER SPONGE SEAL

\$ 130.00

**TOTAL \$ 190.00****TOTAL PARTS \$ 2,693.89****LABOUR**

Towing fees

\$ 170.00 X

To transfer of door fittings, attachment and perform  
water seepage test.

\$ 300.00 X

To check steering geometry and computer wheel  
alignment

\$ 220.00 X

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**AAD2012-086****SHD604S**

To Remove And Refit Rear W/Screen Glass To  
Facilitate Bodywork Repair.

\$ *nn* 300.00 *X*

To remove and refit interior fittings, trimings,  
garnish, fittings and others, to enable repair.

\$ *nn* 380.00 *X*

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

\$ 1,400.00 *1501*

To rust-proofing and apply undercoat of the affected  
areas.

\$ *nn* 240.00 *X*

Putty and spray painting of the affected portion.

\$ 1,400.00 *4401*

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 *X*

To Check Electrical Lighting Concerned.

\$ *nn* 170.00 *X***TOTAL \$ 4,750.00****Over All Total \$ 7,443.89****LUMP SUM (REPAIR DAY)*****20 DAYS****1 1/2 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 Submission ..... 18/01/2021 13:25 (SGT)  
Date of Accident ..... 15/01/2021 14:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF BEDOK NORTH ROAD AND BEDOK NORTH AVE  
Country/State of Loss ..... 4  
Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD604S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS-CAB SERVICES PTE LTD  
Company Reg No ..... 2XXXXXX78K  
Email Address ..... Claims@transcab.com.sg  
Mobile Phone No ..... (Phone) +65-62866666  
Alternative Phone No ..... (Office) +65-62866666

#### VEHICLE PARTICULARS

Manufacturer ..... Renault  
Model ..... LATITUDE 2.0L DCI AUTO D/AB 4DR  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
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/P2413997  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHUA SWEE POH  
NRIC No ..... SXXXX657C  
Date Of Birth ..... 18/01/1967

|                                                              |                                 |
|--------------------------------------------------------------|---------------------------------|
| Occupation                                                   | Outdoor                         |
| Date Of Driving Pass                                         | 14/05/1988                      |
| Driving experience                                           | 32 YEARS AND 8 MONTHS           |
| Gender                                                       | Male                            |
| Mobile Number                                                | (Phone) +65-81575708            |
| Alt. Phone Number                                            | -                               |
| Email Address                                                | Claims@transcab.com.sg          |
| Address                                                      | HDB Senja Grand, 631 Senja Road |
| Address complement                                           | #05-222                         |
| Postcode                                                     | 670631                          |
| 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 - Change/cross lane |
| 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?                                                                | Yes |
| Was any injured conveyed to hospital by ambulance?                                                  | No  |
| Was any other material or property damaged?                                                         | Yes |
| Number of Passengers (Including Driver)                                                             | 4   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |      |
|--------|------|
| Name   | P1   |
| Gender | Male |

#### PASSENGER 2

|        |      |
|--------|------|
| Name   | P2   |
| Gender | Male |

#### PASSENGER 3

|        |      |
|--------|------|
| Name   | P3   |
| Gender | Male |

#### DETAILS OF POLICE ACTION

|                                           |                                           |
|-------------------------------------------|-------------------------------------------|
| Was the accident reported to the police?  | Yes                                       |
| Police Station Name                       | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address                    | No.1 Segar Road #01-05 Singapore 677738   |
| Was notice of intended Prosecution given? | No                                        |
| If yes, against whom?                     | -                                         |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT NO:T/20210115/2066

#### ATTACHMENT(S)

|                                               |     |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | No  |
| Was there any audio recorded?                 | No  |

 Accident report SA0A21110002

SKETCH PLAN

A: SHD6649

B: GBD667R

Beak North  
AVE 4

Beak North Road

A

B

REFER TO ATTACHED STATEMENT.

**I/We declare the foregoing particulars are true in every respect.**

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: