

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

SAILUN

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/-

RED: 6853.89;92%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1.5

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

F. P. S.

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

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

- 1 BUMPER COVER REAR
- 1 FENDER PANEL REAR RH
- 1 FENDER BRACKET LOWER RH
- 1 WHEELARCH REAR RH

LIST

\$	<i>12</i>	561.70	<i>X</i>
\$	<i>12</i>	1,933.20	<i>X</i>
\$	<i>12</i>	11.80	<i>X</i>
\$	<i>12</i>	275.40	<i>X</i>

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

- 1 REAR BUMPER CLIP
- 1SET FENDER SCREW
- 1SET CLIP, FRONT FENDER LINER
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	<i>nn</i>	65.00	
\$	<i>nn</i>	60.00	
\$	<i>nn</i>	65.00	
\$	<i>nn</i>	150.00	
\$	<i>nn</i>	200.00	
\$	<i>nn</i>	130.00	

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

Towing fees

\$ *nn* 170.00 *X*

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

\$ *nn* 300.00 *X*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 *X*

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SHD604S

AAD2012-086

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
4
Country/State of Loss 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

AVS 4

Beak North Road

1

1

1

A

B

[illegible]

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

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