

ASS. REC. BY:

REF:

ERG/ 20011550/Kg f3

Kenneth

ASSIGNMENT

From:

Estimated Cost:

Date:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

CDMCG20001525

Sum Insured:

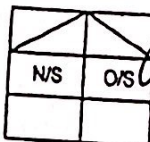
Excess:

(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 Report

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

28/10/20@2.58pm revised to ERGO via Merimen.

29/04/21@4.25pm confirmed with Wai Yin LS \$1200, 1 day (Red \$9547.18, 89%)

Date/Time, File Pass to?

11/30/04 Typist

Date/Time, File Return to?

☐: Prel. Report☐: Final Report

Days Of Repair:

1

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐: Site Insp (\$☐: Interview (\$☐: Tech Invs (\$☐: Weekend (\$

Report Format:

MER-TP

Lump Sum H.B.T. (\$

1200

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

SHD52J**AAD2010-098***Not Authored**1/1 Sep 8*

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

20 OCT 2020**SHD52J**

VF1ABL15AUC281563

RENAULT

LATITUDE

22/10/2020

ERGO

23/3/2015

PART		LIST	
1	BUMPER COVER FRT	\$	747.20
1	BUMPER BEAM FRT	\$	663.70
1	BUMPER SPOILER FRT	\$	344.70
1	BUMPER ABSORBER FRT	\$	394.68
1	BUMPER BRACKET FRT RH (Headlamp Lower)	\$	116.47
1	BUMPER RETAINER FRT RH	\$	101.40
1	BUMPER BRACKET KIT FRT RH	\$	101.40
1	BUMPER SUPPORT FRT	\$	10.70
1	HEADLAMP RH	\$	743.60
1	FENDER PANEL FRT RH	\$	437.10
1	WHEELARCH FRT RH	\$	191.40
1	DOOR MIRROR ASSY RH	\$	1,483.40
TOTAL		\$	5,335.75
10%		\$	533.58
		\$	4,802.18

Special Nett

1SET	BUMPER CLIP FRT	\$	90.00
1	BUMPER BRACKET CLIP FRT	\$	75.00
1	BUMPER SUPPORT CLIP FRT	\$	10.00
1SET	BUMPER RETAINER CLIP FRT	\$	70.00
1SET	WHEELARCH CLIP FRT	\$	80.00
TOTAL		\$	325.00

AAD2010-098

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SHD52J

TOTAL PARTS	\$	5,127.18
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LABOUR

To pull and jack out chassis frame and correct it to symmetrical position with the aid of hydraulic pneumatic jack.

\$	nn 380.00	X
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Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$	1,800.00	601
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To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$	nn 380.00	X
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To Check Electrical Lighting Concerned.

\$	170.00	201
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To rust-proofing and apply undercoat of the affected areas.

\$	4 250.00	X
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To check steering geometry and computer wheel alignment

\$	4 220.00	X
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To transfer of tire, rim and on wheel balancing.

\$	4 170.00	X
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To remove and refit battery, electrical wiring, fuse box and relay to enable repair.

\$	4 450.00	X
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Putty and spray painting of the affected portion.

\$	1,800.00	601
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TOTAL	\$	5,620.00
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Over All Total	\$	10,747.18
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Repair Days (LUMP SUM)**20 DAYS****1 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 a
- 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 CTA Records Management Centre established by the General Insurance Association of Singapore (GIAS) 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 as stated.

ACCIDENT STATEMENT

Date Of Report 22/10/2020 16:47
Date Of Accident 22/10/2020 15:15
Exact Location Of Accident BEDOK NORTH ROAD TOWARDS CHANGI
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD52J
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-62876666

Vehicle Particulars

Manufacturer RENAULT
Model LATITUDE-2.0 D DCI (A)
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

Driver

Name of Driver CHEN SIANG TEE
NRIC No SXXXX238B
Date Of Birth 25/03/1954
Occupation OUTDOOR
Date Of Driving Pass 17/08/1973
Driving Experience 47 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-87591278
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 899B WOODLANDS DRIVE 50
#11-278
Postcode 731899
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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) 2
Passenger 1 NAME: : UNKNOWN
GENDER: : FEMALE

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

ON 22/10/2020 AT ABOUT 1515HRS, I WAS TRAVELLING STRAIGHT ALONG THE THIRD LANE OF BEDOK NORTH ROAD TOWARDS CHANGI. SUDDENLY VEHICLE B(YN7487M) CAME FROM MY RIGHT AND COLLIDED ONTO THE RIGHT SIDE PORTION OF MY TAXI.

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 YN7487M
Vehicle Make/Model/Colour LORRY
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver YAN ZAIXING
NRIC/Passport Number GXXXX277K
Contact Number
Address
Postcode
Insurance Company Name

Baba K North Road towards Chang
A: SHD52J
B: YN7487M

Refer to GEA Report-

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

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

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