

ASS. REC. BY:

REF: TU /

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. _____

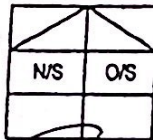
Sum Insured: _____

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: 02 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: SHC 567813Yr Regn: 11 / 14

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

Truck / Trailer or _____

Make: Renault Latitudec.c. 1995Colour M. White / Red

A/C: _____

Insured / Std / NI / NA

Sp. Reading 628101

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1 ABL 15 AUC279839Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: M11 / 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 Giti

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 22/10/20D.O.I. 26/10/2020

Survey held at _____

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

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 - 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

SHC5678B**AAD2010-101***Not Authorised**1/1 Sep 8*

Vehicle No.:

Chassis No.:

Vehicle Make:

26 OCT 2020

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHC5678B

VF1ABL15AUC279839

RENAULT

LATITUDE

22/10/2020

III

4/11/2014

	PART		LIST	
		\$	CM 561.70	✓
		\$	NC 411.90	✓
1	1 BUMPER COVER REAR	\$	SL 98.10	} X
2	1 BUMPER LOWER REAR	\$	SL 82.10	
3	1 BUMPER BRACKET CTR REAR	\$	SL 59.80	
4	1 BUMPER BRACKET SIDE RH REAR	\$	SL 80.80	
5	1 BUMPER RETAINER RH REAR	\$	SL 54.20	
7	1 BUMPER BRACKET SIDE LH REAR	\$	SL 547.80	
8	1 BUMPER RETAINER LH REAR	\$	NC 114.50	
10	1 BUMPER BEAM REAR	\$	NC 114.50	
11	1 BUMPER BEAM BRACKET LH REAR	\$	NC 745.80	
12	1 BUMPER BEAM BRACKET RH REAR	\$	SL 404.56	
13	1 OUTER PANEL REAR (End Panel)	\$	NC 1,677.20	
14	1 OUTER PANEL REAR (End Panel)TRIM	\$	SL 16.60	
15	1 BOOT REAR	\$		
16	1 BUMPER REFLECTOR LH	\$		
		\$	4,969.56	
		10% \$	496.96	
		\$	4,472.60	

Specical Nett

1	1SET PARKING AID	\$	SL 700.00	X
2	1SET REAR BUMPER CLIP	\$	NC 66.00	✓
3	1SET BUMPER BRACKET CTR CLIP	\$	NC 33.00	✓
4	1SET BUMPER BRACKET SIDE CLIP RH RR	\$	NC 10.00	X
5	1SET BUMPER RETAINER RH CLIP RR	\$	NC 20.00	X
6	1SET BUMPER BRACKET SIDE CLIP LH RR	\$	NC 10.00	X
7	1SET BUMPER RETAINER CLIP LH RR	\$	NC 20.00	X
8	1SET BUMPER LOWER REAR RIVET	\$	NC 22.00	X

Trans-cab Auto Services Pte Ltd

AAD2010-101

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHC5678B

- 9 1SET BUMPER LOWER REAR CLIP
10 1 EXHAUST MOUNTING REAR
14 1 REAR BOOT STICKER 'Trans-cab'
15 1 REAR BOOT STICKER '6555-3333'

	\$	<i>nn</i>	66.00	✓
	\$	<i>nn</i>	17.82	X
	\$	<i>nn</i>	80.00	X
	\$	<i>nn</i>	80.00	X
TOTAL	\$		1,124.82	
TOTAL PARTS	\$		5,597.42	

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$		3,000.00	<i>220/</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		3,000.00	<i>200/</i>
To Rust-Proofing Of The Affected Areas.	\$	<i>nn</i>	170.00	X
To reinstall rear bumper parking sensor.	\$		170.00	<i>60/</i>
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	<i>nn</i>	170.00	X
To repair and realign rear exhaust pipe.	\$	<i>nn</i>	170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	<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
To transfer of rear windscreen fittings and conduct water seepage test.	\$	<i>nn</i>	170.00	X
To check steering geometry and computer wheel alignment	\$	<i>nn</i>	220.00	X

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

SHC5678B

AAD2010-101

To Check Electrical Lighting Concerned.

\$

~ 170.00 X

TOTAL \$

7,580.00

Over All Total \$

13,177.42

(LUMP SUM)

Repair Days

~~10~~ DAYS

2 day

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	23/10/2020 14:39
Date Of Accident	22/10/2020 19:15
Exact Location Of Accident	THE INTERLACE CONDOMINIUM, DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5678B
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-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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	ONG KIM LENG
NRIC No	SXXXX808G
Date Of Birth	19/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1985
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97539126
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	86 LOYANG RISE
Postcode	507515
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	-
	-
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

On 22.10.2020 at about 1915hours, I was stationary on the extreme right lane along THE INTERLACE CONDOMINIUM, Depot Road exit when the traffic light was red. While stationary, suddenly I felt an impact. Vehicle B (SHC8184P) hit onto my taxi's rear portion

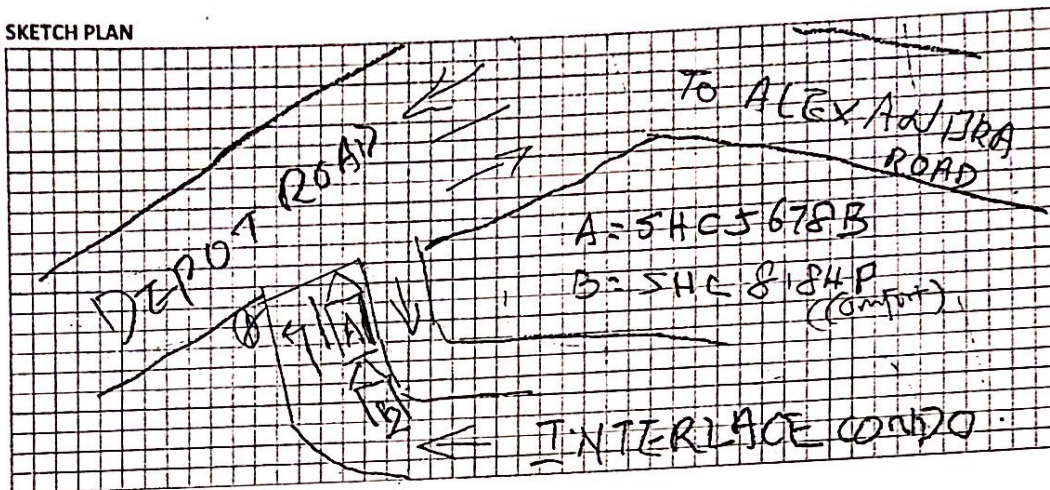
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8184P
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SAMAD BIN JANTAN
NRIC/Passport Number	SXXXX020F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach AIA Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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