

ASS. REC. BY:

REF:

AIG/

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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 1 1/2 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: S14C 5862K Yr Regn: 03 15

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

Truck / Trailer or (A)Make: Renault Latitude c.c. 1995Colour M. White / Red AC: Insured / Std / NI / NASp. Reading 661666 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL 15AUC 281456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: ATL / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Sailun

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 31/10/20

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 4/11/2020

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

als Rear Frt N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

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

TOTAL

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

SHC5862K**AAD2011-008***Not Ashwin
L/By S*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

04 NOV 2020**SHC5862K**

VF1ABL15AUC281456

RENAULT

LATITUDE

31/10/2020

AIG

6/3/2015

PART

- 1 BUMPER COVER FRT
- 1 BUMPER SPOILER FRT
- 1 BUMPER RETAINER FRT LH
- 1 BUMPER BRACKET FRT LH (~~Headlamp Lower~~)
- 1 RADIATOR GRILLE
- 1 RADIATOR GRILLE FRAME
- 1 RADIATOR GRILLE BADGE "RENAULT"
- 1 FRAME FULL SUPPORT PANEL
- 1 BUMPER FOG LAMP GRILLE LH
- 1 BUMPER BEAM FRT
- 1 BUMPER BRACKET KIT FRT LH
- 1 HEADLAMP LH
- 1 FENDER PANEL FRT LH
- 1 FENDER BRACKET LOWER LH
- 1 FENDER BRACKET FRT LH
- 1 WHEELARCH FRT LH
- 1 AIR CLEANER BOX
- 1 AIR CLEANER HOSE
- 1 AIR CLEANER LOWER

LIST	
<i>Br</i>	747.20 ✓
\$ <i>Sh</i>	344.70
\$ <i>Sh</i>	101.40
\$ <i>Sh</i>	116.47
\$ <i>Sh</i>	969.90
\$ <i>Sh</i>	686.00
\$ <i>Sh</i>	225.36
\$ <i>n</i>	592.70
\$ <i>Sh</i>	207.21
\$ <i>n</i>	663.70
\$ <i>Sh</i>	101.40
\$ <i>ngcm</i>	743.60
\$ <i>n</i>	437.10
\$ <i>Sh</i>	11.80
\$ <i>Sh</i>	106.40
\$ <i>Sh</i>	191.40
\$ <i>Sh</i>	464.20
\$ <i>Sh</i>	175.85
\$ <i>Sh</i>	271.26

TOTAL	\$	7,157.65
10%	\$	715.77
	\$	6,441.89

Special Nett

- 1 BUMPER CLIP FRT \$ *n* 90.00 *66m*
- 1 BUMPER RETAINER CLIP FRT \$ *n* 75.00 *X*

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SHC5862K

1	WHEELARCH CLIP FRT	\$	<i>nn</i>	75.00	X
1	FENDER SCREW	\$	<i>nn</i>	60.00	X
1	FRT NUMBER PLATE WITH HOLDER	\$	<i>nn</i>	120.00	<i>45mm</i>
TOTAL		\$		240.00	

TOTAL PARTS \$ 6,681.89**LABOUR**

To rust-proofing and apply undercoat of the affected areas.	\$	<i>nn</i>	230.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	<i>nn</i>	170.00	X
Putty and spray painting of the affected portion.	\$		1,400.00	<i>220l</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		2,000.00	<i>200l</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i>	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	<i>20l</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i>	220.00	X
TOTAL	\$		4,360.00	
Over All Total	\$		11,041.89	

(PART-BY-PART) Repair Days~~20 Days~~*1 1/2 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

Acknowledged by Repairer

Signature:

Date:

MBHH20096576 / Ajax Mars Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 02/11/2020 18:40
SUBMITTED BY: Muhammad Faizal Bin Pabila

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	02/11/2020 18:40
Date Of Accident	31/10/2020 18:10
Exact Location Of Accident	JUNCTION OF SHENTON WAY AND RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5862K
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 2.0L DCI AUTO D/AB 4DR
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	NA

Driver

Name of Driver	KOH SIAK WAN
NRIC No	SXXXX795B
Date Of Birth	09/07/1951
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1968
Driving Experience	51 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87768398
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address NA
Postcode
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

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) 4

Passenger 1
NAME: : PASSENGER 1
GENDER: : FEMALE
Passenger 2
NAME: : PASSENGER 2
GENDER: : FEMALE
Passenger 3
NAME: : PASSENGER 3
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

I WAS TRAVELLING ALONG THE MENTIONED, I WAS IN THE MIDDLE LANE WHEN THIRD PARTY MAKE A LANE CHANGE AND COLLIDED ON THE MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

Attachment(s)

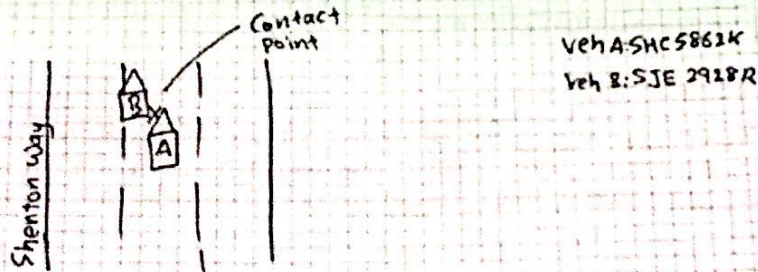
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: UPLOADED INTO AXA SYSTEM
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE2928R
Vehicle Make/Model/Colour MERCEDES BENZ / E 250CGI
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
VICTOR ANG

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