

ASS. REC. BY:

REF: FCZ/

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 5602 U Yr Regn: 09, 14

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

Truck / Trailer or A2Make: Renault Latitude c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 744431 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VIFIABL 15AUC 279407Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: MT / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or SailorFront 9 mm Rear 9 mmR/Bal. 9 mm L/Bal. 9 mmL/Bal. 9 mm D.O.A. 9/11/20 D.O.I. 10/11/2020

Survey held at \_\_\_\_\_

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

FR N/S

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

Date / Time Action / Instruction

61 Rm & 1800h

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. SI

P. m/s

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

**SHC5602U****AAD2011-055***Not Authorised*  
*61 Sep @ 1800h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**10 NOV 2020****SHC5602U**

VF1ABL15AUC279407

RENAULT

LATITUDE

09/11/2020

**FCI**

30/09/2014

		<b>LIST</b>	
<b>PART</b>			
1	BUMPER COVER FRT	\$ <i>Bu/1m</i>	747.20 ✓
1	BUMPER SPOILER FRT	\$ <i>cm</i>	344.70 ✓
1	BUMPER RETAINER FRT LH	\$ <i>DI</i>	101.40 ✓
1	BUMPER FOG LAMP GRILLE LH	\$ <i>SL</i>	207.21 X
1	BUMPER BEAM FRT	\$ <i>R</i>	663.70 X
1	BUMPER BRACKET KIT FRT LH	\$ <i>SL</i>	101.40 X
1	HEADLAMP LH	\$ <i>W</i>	743.60 ✓
1	FENDER PANEL FRT LH	\$ <i>R</i>	437.10 X
1	FENDER BRACKET FRT LH	\$ <i>R</i>	106.40 X
1	AIR CLEANER BOX	\$ <i>SL</i>	464.20 X
1	AIR CLEANER HOSE	\$ <i>SL</i>	175.85 X
1	AIR CLEANER LOWER	\$ <i>SL</i>	271.26 X

<b>TOTAL</b>	\$	<b>4,364.02</b>
<b>10%</b>	\$	<b>436.40</b>
	\$	<b>3,927.62</b>

**Special Nett**

1	BUMPER CLIP FRT	\$ <i>na</i>	90.00 <i>665m</i>
1	BUMPER RETAINER CLIP FRT	\$ <i>na</i>	75.00 X
1	FENDER SCREW	\$ <i>na</i>	60.00 X

<b>TOTAL</b>	\$	<b>165.00</b>
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<b>TOTAL PARTS</b>	\$	<b>4,092.62</b>
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**LABOUR**



AAD2011-055

**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

SHC5602U

To rust-proofing and apply undercoat of the affected areas.	\$	nn 230.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	nn 170.00	X
Putty and spray painting of the affected portion.	\$	1,400.00	2201
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	2001
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
<b>TOTAL</b>	<b>\$</b>	<b>4,360.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>8,452.62</b>	

(PART-BY-PART) Repair Days

~~20 Days~~  
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:

## 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	09/11/2020 19:23
Date Of Accident	09/11/2020 14:40
Exact Location Of Accident	SINGPOST CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5602U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	(LOCAL) +65-97623685
Alternative Phone No	OFFICE-97623685

### 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	GOH TECK HUAT
NRIC No	SXXXX529D
Date Of Birth	21/01/1952
Occupation	INDOOR
Date Of Driving Pass	03/07/1969
Driving Experience	51 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97623685
Fax Number	(LOCAL) +65-97623685
Contact Number	
Email 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 -  
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) 3  
Passenger 1 NAME: : P1  
GENDER: : MALE  
Passenger 2 NAME: : P2  
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 DRIVING ALONG EUNOS ROAD 8 TOWARDS SINGPOST CENTRE . WHEN I TURNING LEFT INTO DROP OFF POINT , SUDDENLY VEHICLE B DRIVING OUT FROM MY LEFT SIDE WITHOUT STOP AT STOP LANE AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE . NO INJURIES INVOLVED .

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6959D  
Vehicle Make/Model/Colour HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number



# Sketch Plan #2

**SKETCH PLAN**

A: SUCCESSION  
B: SHOOTING

ELONG ROAD

SHOOTING CENTRE

STOP LINE

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**  
REFER TO ATTACHED STATEMENT.

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

**VERIFY BY AJAX MARS (ARQ)**  
**REPORTING OFFICER**  
WONG JUN KEAT

Reporting Centre Personnel's Signature  
Name: MRQ/IN No.: 2

Policeholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policeholder)  
Date & Time:

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG EUNOS ROAD 8 TOWARDS SINGPOST CENTRE . WHEN I TURNING LEFT INTO DROP OFF POINT , SUDDENLY VEHICLE B DRIVING OUT FROM MY LEFT SIDE WITHOUT STOP AT STOP LANE AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE . NO INJURIES INVOLVED .

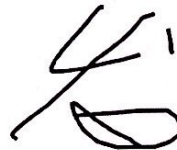
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 November 2020 at 5:03 PM

Date/Time:

9 November 2020 at 5:03 PM