ASS. REC. BY:	
Kenneth	CC3/TMI20012878/Kqf3
	SSIGNMENT
Estimated Cost:	Veh No: S/40 582 X Yr Regn: 03, 17
OD VIPIWS I TP RES I OD RES I EVALINY I MY	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover /
To Inspect Vehicle No:	Truck / Traller or (A)
	Make: Renault Lotitude cc 1985
of Trans Cab	Colour White / Red AC: Insured / Std / NI / NA
Insured:	Sp.Reading 500602 T/Radio: Insured / Std / NI / NA
Policy No. MW009194	Eng/No:
Claims No. M2005737	Gen. Cond: Q60d/Fatr/Poor/Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingree / Jammed / Leaked / Burnt or
Make of Veh:	Modi: All S/Rim / STD A/Rim or
	Tyre Size: F: 215/60R16
(Policy Condition)	R;
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or Sailun
Bal. or Market Value:	Front O Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bai. d mm R/Bai. Z mm
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: O3 days Res.: Yes or No	UBal. F mm UBal. F mm
Odys Nos 188 of No	D.O.A. 19/11/20 D.O.I. 20/11/2020
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
24/44/22 5 1 2 2 2	
24/11/20@11.26am Email GIA report & estima	
03/12/20@2.37pm confirmed with Wai Yin LS	\$5200, 3 days. (Red \$16501.07,76%)
Onte/Time, File Pass to? Prell. Report Days	
,03/12 Typis =	s Of Repair: 3
Cuto/Time, File Return to?	urvey No. of Trip: Survey Fee:
Add Fee:	Transportative.
	Site Insp (\$ ) s+Rs_si
Report Format: MER-TP	Interview (\$ ) Fire
Lump Sum / I.B.I. (5	Tech Invs (\$ ) Offers
.0200.	Weekend (\$
u	TOTAL
	· ·

NOT Notherike

# 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

SHD582X

Vehicle No.:	2 0 NOV 2020	SHD582X
Chassis No.:	2 0 MG 4 2020	VF1ABL15AUC283453
Vehicle Make:		RENAULT
Vehicle Model:		LATITUDE
Date of Accident :		19/11/2020
Third Party Insurer:		Tokio
Date of Registration:		01/03/2017

	Date of Registration.	VC.CC.*!	
	PART		LIST
1	BUMPER COVER FRT	\$	Bull 747.20
1	BUMPER BEAM FRT	\$	A 663.70 Y
1	BUMPER SPOILER FRT	\$	344.70 X
1	BUMPER ABSORBER FRT	\$	394.68 x
1	BUMPER BRACKET FRT LH (Headlamp Lower)	\$	116.47 x
1	BUMPER BRACKET FRT RH (Headlamp Lower)	\$	116.47 ⊀
1	BUMPER RETAINER FRT LH	\$	101.40 A
1	BUMPER RETAINER FRT RH	\$	Dry 101.40
1	BUMPER SUPPORT FRT	\$	10.70 X
1	BUMPER GRILLE LOWER FRT	\$	147.00 1
1	BUMPER FOG LAMP GRILLE LH	\$	Sh 207.21 ⊀
1	BUMPER FOG LAMP GRILLE RH	\$	∫~ 207.21 X
1	BONNET LOCK	\$	b, y 152.80
1	BONNET HINGE LH	\$	₹ 237.40 🖌
1	BONNET HINGE RH	\$	N 237.40 ⊀
1	HEADLAMP LH	\$	743.60 —
1	HEADLAMP RH	\$	743.60
1	HEADLAMP PANEL FRT LH	\$	34 # 128.30 X
1	HEADLAMP PANEL FRT RH	\$	<b>128.30 </b> ⊀
1	RADIATOR GRILLE FRAME	\$	Cm 686.00
1	FRAME FULL SUPPORT PANEL	\$	592.70 x
1	FRAME FULL SUPPORT BRACKET	\$	R 41.60 —
1	RADIATOR GRILLE	\$	mir 969.90 -
1	RADIATOR GRILLE BADGE "RENAULT"	\$	mi/ 225.36
1	HORN	\$	<sup>8</sup> 5 449.90 ★
1	HORN BRACKET	\$	۶۲ 21.90 X
1	A/C CONDENSER	\$	(L 1,537.80 X
1	BOANET BT \$ 1312.70	450	

## 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

#### SHD582X

כטו	02A		r.		
1	BUMPER UNDERTRAY FRT		\$ h	292.50	X
1	SUBFRAME OUTER FRT		\$	1,094.20	
1	STEERING PUMP ELECTRIC		\$ Sh	2,026.70	×
1	AUTO COMPUTER		\$ Sm	1,287.30	×
1	SUBFRAME OUTER FRT		\$ Sm	1,094.20	_X
	TOTAL	\$ 15	,849.60		
		10%	\$ 1,584.96		
			\$ 14	,264.64	-

Special Nett

	Special Nett		1-	
1SET	BUMPER CLIP FRT	\$	M	90.00 0652
1	BUMPER BRACKET CLIP FRT	\$	n	75.00
1	BUMPER SUPPORT CLIP FRT	\$	~~	10.00
1SET	RADIATOR GRILLE SCREW	\$	nn	55.00
1SET	RADIATOR GRILLE FRAME CLIP L70Y	\$	~~	60.00 Ly
	BUMPER RETAINER CLIP FRT	\$	ma	70.00
1SET	BUMPER GRILLE LOWER CLIP	\$	NN	70.00
1	BUMPER FOG LAMP GRILLE CLIP	\$	NA	65.00
1	BUMPER SPOILER CLIP	\$	nn	60.00
	LICENCE PLATE WITH HOLDER	\$	nu sa	80.00 \$ 455m

TOTAL	\$ 635.00
TOTAL PARTS	\$ 14,899.64

\$

#### **LABOUR**

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

\$ ~~ 380.00 X

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

1,800.00 5001

## 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

## SHD582X

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$ NN	380.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To rust-proofing and apply undercoat of the affected areas.	\$	250.00	301
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To remove and refit battery, electrical wiring, fuse box and relay to enable repair.	\$	450.00	X
Putty and spray painting of the affected portion.	\$ , 1	.,800.00	6001
TOTAL	\$ 5,	620.00	•
Over All Total	\$ 20,	519.64	•

Repair Days (LUMP SUM)

20 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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

Date:

For Official Use

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
   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 witholding of material facts may allow insurance companies to reguldate policy lightlish.
- 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.

- 1. 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.

Date Of Report Date Of Accident 19/11/2020 07:10 Exact Location Of Accident ALONG BUKIT TIMAH ROAD NEAR ESSO PETROL KIOSK SINCAPORE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Corey No Noble Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Type Of Coverage The Policy Number Cover Note Number  Name of Driver Shame of	aroresaru.	ACCIDENT STATEMENT
Date Of Accident Exact Location Of Accident Exact Location Of Accident Country/State of Loss    DETAILS OF OWN VEHICLE	Date Of Report	
Date Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE SINGAPORE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Email Address Mahulacturer Manufacturer Manufacturer Madel Exact Purpose for which vehicle was being used at time of accident to be taken Vehicle Category Vehicle Category Vehicle Category Insurance Company AXA INSURANCE PTE LTD NO		19/11/2020 07:10
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  Co Reg No  Email Address  CLAIMS@TRANSCAB.COM.SG  Mobile Phone No  Alternative Phone No  Vehicle Particulars  Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  TAXI  Insurance Company  Name of Insurance Company  Type Of Coverage  THIRD PARTY  Type Of Coverage  THIRD PARTY  Type Of Coverage  THIRD PARTY  TYPE  Version  THIRD PARTY  TH		ALONG BUKIT TIMAH ROAD NEAR ESSO PETROL KIOSK
Vehicle Registration Number Insured/Policyholder Name of Registered Owner Co Reg No Alternative Phone No Alternati		
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner Co Reg No Email Address CLAIMS@TRANSCAB.COM.SG  Mobile Phone No Alternative Phone No OFFICE-62866666  Vehicle Particulars  Manufacturer Manufacturer Manufacturer Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Type Of Coverage Telect Policy Policy Number Cover Note Number  NA Driver  Name of Driver Saction Sa	Country/State of Loss	
Insured/Policyholder  Name Of Registered Owner Co Reg No Email Address Chalms@TRANSCAB.COM.SG  Mobile Phone No Alternative Phone No Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company  Name of Insurance Company Vexibility Policy Number Cover Note Number  No	学为文献 2175 11 41 亿 61 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Name Of Registered Owner Co Reg No C	THE RESIDENCE OF THE PARTY OF T	
Co Reg No 2XXXXX878K Email Address CLAIMS@TRANSCAB.COM.SG Mobile Phone No Alternative Phone No OFFICE-62866666  Vehicle Particulars Manufacturer RENAULT LATITUDE 2.0L DCI AUTO D/AB 4DR  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY TAXI Insurance Company Name of Insurance Company AXA INSURANCE PTE LTD Tipse Of Coverage THIRD PARTY Fleet Policy YES Policy Number VFX/P2348706 Cover Note Number N.A  Driver Name of Driver ZHENG JIAXIANG NAME OF Driver ZHENG JIAXIANG NAME OF Driver JIAXIANG SXXXX651H Older Of Birth Ol/01/1963 Occupation OUTDOOR JOINING PARS 11/11/1993 Oriving Experience 7 YEARS AND 0 MONTHS Gender MALE Mobile Number  LOCAL ) +65-96686933	Marie Land Control of the Control of	TRANS-CAB SERVICES PTE LTD
Email Address Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company AXA INSURANCE PTE LTD THIRD PARTY THIRD PARTY THIRD PARTY YES Policy Number Cover Note Number N.A  Driver Name of Driver Name of Driver SXXXX651H Otto Girth Otto Gi		
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Alternative Phone No  Vehicle Particulars  Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Nome of Insurance Company  Policy Number  Cover Note Number  Driver  NA  Date of Driver  NA  Date of Birth  Decupation  Diving Experience  Jender  MALE  Model  ARNAULT  LATITUDE 2.0L DCI AUTO D/AB 4DR  HIRE & REWARD  NO  TO  NO  THIRD PARTY  TAXI  NO  AXA INSURANCE PTE LTD  THIRD PARTY  YES  YES  YES  Policy Number  VFX/P2348706  N.A  Driver  NA  Driver  Driver  Driver  AXA INSURANCE PTE LTD  THIRD PARTY  YES  YES  Policy Number  Out JAXIANG  SXXXX651H  Ol/10/1963  Out DOOR  Date of Driving Pass  Driving Experience  AMALE  Mobile Number  Contact Number  Contact Number	A CONTRACTOR OF THE CONTRACTOR	OD AMONG THE STATE OF THE STATE
Vehicle Particulars  Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  YES  Policy Number  Cover Note Number  N.A  Priver  Name of Driver  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insuran		OFFICE-62866666
Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY Type Of Loverage THIRD PARTY Type Of Coverage THIRD PARTY TAXI  TAXI  THIRD PARTY TAXI  TO Cover Note Number  THIRD PARTY TAXI  TO Cover Note Number Third Party TAXI  THIR	THE RESERVE THE PROPERTY OF TH	
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Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  THIRD PARTY  TYPE Of Coverage  THIRD PARTY  THE PARTY	Manufacturer	
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Cover Note Number  Driver  Name of Driver  Name of Driver  NRIC No  Date Of Birth  Decupation  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  Contact Number  Contact Number  Contact Number	Fleet Policy	YES
Driver  Name of Driver  NRIC No  Date Of Birth  Decupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  Contact Number	Policy Number	VFX/P2348706
Name of Driver	Cover Note Number	N.A
NRIC No         SXXXX651H           Date Of Birth         01/01/1963           Decupation         OUTDOOR           Date Of Driving Pass         11/11/1993           Driving Experience         27 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96686933           Fax Number         Contact Number	Driver	
Octopation OUTDOOR Date Of Birth OUTDOOR Date Of Driving Pass 11/11/1993 Driving Experience 27 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-96686933 Fax Number Contact Number	Name of Driver	ZHENG JIAXIANG
Occupation OUTDOOR Date Of Driving Pass 11/11/1993 Driving Experience 27 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-96686933 Fax Number Contact Number	NRIC No	SXXXX651H
Date Of Driving Pass  Driving Experience  27 YEARS AND 0 MONTHS  Gender  MALE  Mobile Number  Contact Number  Contact Number	Date Of Birth	01/01/1963
Date Of Driving Pass  11/11/1993  27 YEARS AND 0 MONTHS  Gender  MALE  Mobile Number  Contact Number  Contact Number	Occupation	OUTDOOR
## MALE   Mobile Number	Date Of Driving Pass	11/11/1993
Gender         MALE           Mobile Number         (LOCAL) +65-96686933           Fax Number         Contact Number	Driving Experience	27 YEARS AND 0 MONTHS
Fax Number Contact Number	Gender	MALE
Fax Number Contact Number	Mobile Number	(LOCAL) +65-96686933
Contact Number	Fax Number	A Common
	Contact Number	
	EMail Address	NOEMAIL

Page 1 of 15

Address

Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

some secondaria, lens lett

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE

Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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 THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME LEFT LANE. WHEN I WAS ABOUT TO REACH THE ENTRANCE OF ONE ESSO PETROL KIOSK, WITH THE INTENTION TO GO STRAIGHT, SUDDENLY VEHICLE B, COMING FROM THE REAR ON THE SECOND LANE FROM THE LEFT, CUT INTO MY LANE, AND MADE SUDDEN LEFT TURN INTO THE ESSO PETROL KIOSK AND SEEING THAT I TRIED TO AVOID THE ACCIDENT, BUT TOO LATE AS VEHICLE B WAS DIRECTLY IN MY PATH, AND THE FRONT PORTION OF MY VEHICLE HIT AGAINST THE LEFT REAR SIDE OF VEHICLE B. THE DRIVER THAN CAME DOWN TO APOLOGISE TO ME FOR CAUSING THIS ACCIDENT, NO ONE WAS INJURED. STATEMENT WAS READ AND EXPLAINED TO ME AND I ACKNOWLEDGED IT.

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO UPLOADED

Was there any audio recorded?

NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW878H

Vehicle Make/Model/Colour

HONDA / HRV 1.5 LX CVT ABS D/AIRBAG 2WD / DARK BLUE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

PATTISELANNO LENARD RAYMOND

NRIC/Passport Number

SXXXX867G

Contact Number

97100476

Address Postcode

Page 2 of 15

	Sketch Plan	#2	
	-		
SKETCH PLAN			
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AS CHD 582	X A		4
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B6 SKW8781	, B	A	
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DECLARATION	Property of the second	4 1427	
)/We declare the foregoing partic	X and	VERIFY BY AJAX MARS ( REPORTING OFFICE HASHIM BIN KAMAI	R
Foicyholders Signature Date & Time:	Briver's Senature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Sign Name NRC/FIN No.	the state of the s

Page 5 of 15