

ASS. REC. BY:

REF:

TMI / CC3/TMI20012878/Kqf3

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s: Tans Cab
 of _____
 Insured: _____
 Policy No. MW009194
 Claims No. M2005737
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/HO 582 X Yr Regn: 03, 17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (A)
 Make: Renault Lotus c.c. 1995
 Colour: White / Red AC: Insured / Std / NI / NA
 Sp. Reading: 500602 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VF1ABL 15AUC 28 3453
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: N/A S/Rlm / STD A/Rlm or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Pailun
 Front: _____ Rear: _____
 R/Bal. 2 mm R/Bal. 7 mm
 L/Bal. 8 mm L/Bal. 7 mm
 D.O.A. 19/11/20 D.O.I. 20/11/2020
 Survey held at _____
 Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or

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

24/11/20@11.26am Email GIA report & estimate and revised to TMI.
 03/12/20@2.37pm confirmed with Wai Yin LS \$5200, 3 days. (Red \$16501.07, 76%)

Date/Time, File Pass to? ☐ : Prell. Report
 03/12 Typist ☐ : Final Report
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: _____

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

Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 F: \$ _____
 O: \$ _____
 TOTAL: _____

Report Format: MER-TP
 Lump Sum / L.D.I. 5200

Not Authored

L/Imp &

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.:

20 NOV 2020

Chassis No.:

SHD582X

VF1ABL15AUC283453

Vehicle Make:

RENAULT

Vehicle Model:

LATITUDE

Date of Accident :

19/11/2020

Third Party Insurer :

Tokio

Date of Registration:

01/03/2017

PART	LIST	
1 BUMPER COVER FRT	\$ Bui/Di	747.20 ✓
1 BUMPER BEAM FRT	\$ R	663.70 ✓
1 BUMPER SPOILER FRT	\$ S	344.70 X
1 BUMPER ABSORBER FRT	\$ S	394.68 X
1 BUMPER BRACKET FRT LH (Headlamp Lower)	\$ S	116.47 X
1 BUMPER BRACKET FRT RH (Headlamp Lower)	\$ S	116.47 X
1 BUMPER RETAINER FRT LH	\$ S	101.40 A
1 BUMPER RETAINER FRT RH	\$ Dr	101.40 ✓
1 BUMPER SUPPORT FRT	\$ S	10.70 X
1 BUMPER GRILLE LOWER FRT	\$ S	147.00 X
1 BUMPER FOG LAMP GRILLE LH	\$ S	207.21 X
1 BUMPER FOG LAMP GRILLE RH	\$ S	207.21 X
1 BONNET LOCK	\$ b/y	152.80 ✓
1 BONNET HINGE LH	\$ R	237.40 ✓
1 BONNET HINGE RH	\$ R	237.40 X
1 HEADLAMP LH	\$ m/c m	743.60 ✓
1 HEADLAMP RH	\$ "	743.60 ✓
1 HEADLAMP PANEL FRT LH	\$ Bt R	128.30 X
1 HEADLAMP PANEL FRT RH	\$ R	128.30 X
1 RADIATOR GRILLE FRAME	\$ C m	686.00 ✓
1 FRAME FULL SUPPORT PANEL	\$ S	592.70 X
1 FRAME FULL SUPPORT BRACKET	\$ R	41.60 ✓
1 RADIATOR GRILLE	\$ m/r	969.90 ✓
1 RADIATOR GRILLE BADGE "RENAULT"	\$ m/r	225.36 ✓
1 HORN	\$ S	449.90 X
1 HORN BRACKET	\$ S	21.90 X
1 A/C CONDENSER	\$ S	1,537.80 X
1 Bonnet	Bt ✓	\$ 1312.70

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

1	BUMPER UNDERTRAY FRT	\$	Sh	292.50	X
1	SUBFRAME OUTER FRT	\$	Sh	1,094.20	X
1	STEERING PUMP ELECTRIC	\$	Sh	2,026.70	X
1	AUTO COMPUTER	\$	Sh	1,287.30	X
1	SUBFRAME OUTER FRT	\$	Sh	1,094.20	X

TOTAL \$ 15,849.60**10% \$ 1,584.96****\$ 14,264.64****Special Nett**

1SET	BUMPER CLIP FRT	\$	nn	90.00	665n
1	BUMPER BRACKET CLIP FRT	\$	nn	75.00	
1	BUMPER SUPPORT CLIP FRT	\$	nn	10.00	
1SET	RADIATOR GRILLE SCREW	\$	nn	55.00	
1SET	RADIATOR GRILLE FRAME CLIP L70Y	\$	nn	60.00	
1SET	BUMPER RETAINER CLIP FRT	\$	nn	70.00	
1SET	BUMPER GRILLE LOWER CLIP	\$	nn	70.00	
1	BUMPER FOG LAMP GRILLE CLIP	\$	nn	65.00	
1	BUMPER SPOILER CLIP	\$	nn	60.00	
1	LICENCE PLATE WITH HOLDER	\$	nn	80.00	455n

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.

\$ nn 380.00 X

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

\$ 1,800.00 500l

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.	\$	<i>nn</i> 380.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>201</i>
To rust-proofing and apply undercoat of the affected areas.	\$	250.00	<i>301</i>
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	<i>6001</i>

TOTAL \$ 5,620.00**Over All Total \$ 20,519.64****Repair Days (LUMP SUM)****~~20 DAYS~~*****3 days*****For Official Use**

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	19/11/2020 11:44
Date Of Accident	19/11/2020 07:10
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD NEAR ESSO PETROL KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD582X
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 2.0L DCI AUTO D/AB 4DR
Exact Purpose for which vehicle was being used at time of accident	HIRE & 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	N.A

Driver

Name of Driver	ZHENG JIAXIANG
NRIC No	SXXXX651H
Date Of Birth	01/01/1963
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	
EMail Address	NOEMAIL

Address NA
 Postcode
 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 - CHANGE/CROSS LANE
 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?
 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 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 THEN 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.

Attachment(s)

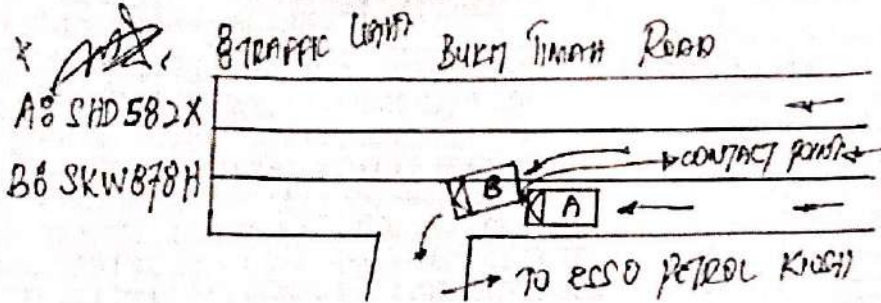
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: VIDEO UPLOADED
 Was there any audio recorded? NO

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 N.A
 Vehicle Category PRIVATE CAR
 Name of Driver PATTISELANNO LENARD RAYMOND
 NRIC/Passport Number SXXXX867G
 Contact Number 97100476
 Address
 Postcode

Sketch Plan #2

SKETCH PLAN



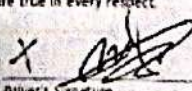
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
Name:
NIC/PIN No.: