

ASS. REC. BY:

REF: AG 1Kenneth

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 01 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: S140 622Yr Regn: 12, 15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make: M 2220 c.c. 2164Colour: White A/C: Insured / Std / NI / NASp. Reading: 534911 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 212 0012B 222270

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 225 / 55 ZR6

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

TOYO / YOKO or Giti

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 17/11/20D.O.I. 23/11/2020Survey held at ✓

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

Rn O/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 Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____) S - RS. \$☐ : Interview (\$ _____) F. fees☐ : Tech Invs (\$ _____) O. fees☐ : Weekend (\$ _____)

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Singapore 569111

Co./GST Reg. No. 201019626G

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

SHD62E

AAD2011-096

Not Authorised
1/1 Sep 8

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

23 NOV 2020

SHD62E

WDD2120012B222270

MERCEDES BENZ

E 220 BLUETEC

17/11/2020

AIG

16/12/2015

	PART
1	1 Front Bumper
2	1 Front Bumper Reinforcement
3	1 Front Bumper Lower Grille Carrier
4	1 Front Bumper Inner Sponge Absorber
5	1 Front Bumper Side Support Bracket
6	1 Front Bumper Reinforcement Bracket
7	1 Front Bumper Fog Lamp Grille RH
8	1 Front Bumper Fog Lamp Grille Cover Area LH
9	1 Front Bumper Grille Cover Moulding LH
10	1 Front Headlamp RH
11	1 Headlamp Control Unit
12	1 Front Headlamp Panel RH

	LIST
\$	1,417.44
\$	569.72
\$	125.10
\$	147.37
\$	57.83
\$	305.34
\$	50.70
\$	33.48
\$	105.66
\$	3,501.15
\$	1,013.59
\$	275.80
TOTAL \$	7,603.18
10% \$	760.32
\$	6,842.86

	Special Nett
1	1SET FRONT BUMPER CLIP
2	1SET Front Bumper Inner Frame Clip LH
3	1SET Front Bumper Inner Frame Metal Clip LH
4	1 Front Bumper Center Air Grille Clip
5	1 Front Bumper Retainer Clip
6	1 Front Bumper Rivet
7	1 Front Bumper Fog Lamp Grille Clip

\$	100.00
\$	90.00
\$	60.00
\$	70.00
\$	80.00
\$	90.00
\$	65.00
TOTAL \$	555.00

AAD2011-096

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GRAND TOTAL \$ 7,397.86

LABOUR

To Transfer Of Bumper Fittings, Attachment And Perform Water Seepage Test.	\$	~ 170.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	8,500.00	10d
Putty And Spray Painting Of The Affected Portion.	\$	8,500.00	25d
To Remove And Refit Interior Fittings, Trimings, Garnish, Fittings And Other, to Enable Repair.	\$	~ 380.00	X
To Rust-Proofing Of The Affected Areas.	\$	~ 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	2d
To Transfer Of Bootlid Fittings, Attachments And Perform Water Seepage Test.	\$	~ 170.00	X
To rust-proofing of the affected areas.	\$	~ 170.00	X
To check steering geometry and computer wheel alignment	\$	~ 220.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	~ 380.00	X

TOTAL \$ 18,830.00

Over all total \$ 26,227.86

(LUMP SUM) Repair Days

25 DAYS
1 day

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	17/11/2020 11:01
Date Of Accident	17/11/2020 05:05
Exact Location Of Accident	682 HOUGANG AVE 4 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD62E
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXXX78K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220 BLUETEC
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	

Driver

Name of Driver	LIM CHONG HIAN
NRIC No	SXXXX571C
Date Of Birth	13/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1980
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97369829
Fax Number	
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 -
 -
 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: : FEMALE
 Passenger 2 NAME: : P2
 GENDER: : MALE

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 AT 682 HOUGANG AVE 4 CAR PARK . WHEN I TURNING TO THE CAR PARK ENTRANCE , SUDDENLY VEHICLE B DRIVING FROM MY RIGHT SIDE AND SCRATCHED ONTO RIGHT 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? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

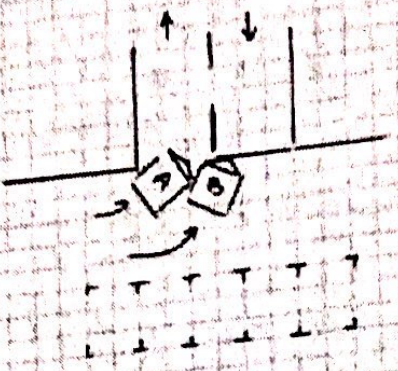
Vehicle Registration Number GBJ7621K
 Vehicle Make/Model/Colour TOYOTA / HIACE VAN TURBO 5DR
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number 81133737
 Address

SKETCH PLAN

6.30 Morning Ave 4

A: SHD62E

B: G637651K



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:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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