ASS. REC. BY: Kenneth | REF: AIG/

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: SHJ 7481A Yr Regn: 06/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Renault Latitude c.c 1995

Colour M.White / Red A/C: Insured / Std / NI / NA

Sp.Reading 538645 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AB1L15AUC 282205

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	9/12/20	D.O.I.	10/12/2020

Survey held at _____ ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

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

Survey Fee:	
Transportation: ___$ x RS___SI	
Postage	
Others	
TOTAL	

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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
SHF0748A

AAD2012-065

Not Authorised
L/Sup

Vehicle No.:		**SHF0748A**
Chassis No.:	10 DEC 2020	VF1ABL15AUC282205
Vehicle Make:		RENAULT
Vehicle Model:		LATITUDE
Date of Accident :		09/12/2020
Third Party Insurer :		**AIG**
Date of Registration:		30/06/2016

	PART		**LIST**
1	BUMPER COVER FRT	$	747.20
1	BUMPER SPOILER FRT	$	344.70
1	BUMPER BEAM FRT	$	663.70
1	BUMPER ABSORBER FRT	$	394.68
1	BUMPER BRACKET KIT FRT RH	$	101.40
1	BUMPER RETAINER FRT RH	$	101.40
1	BUMPER FOG LAMP GRILLE RH	$	207.21
1	HEADLAMP RH	$	743.60
1	FENDER PANEL FRT RH	$	437.10
1	FENDER BRACKET FRT RH	$	106.40
1	WHEELARCH FRT RH	$	191.40
1	WIPER RESERVOIR	$	179.60
		TOTAL	**$ 4,218.39**
		10%	**$ 421.84**
			$ 3,796.55

Special Nett

1	BUMPER CLIP FRT	$	90.00
1	BUMPER RETAINER CLIP FRT	$	75.00
1	WHEELARCH CLIP FRT	$	75.00
1	TYRE	$	300.00
1	TYRE RIM	$	350.00
1	FENDER SCREW	$	60.00
		TOTAL	**$ 240.00**
		TOTAL PARTS	**$ 4,036.55**

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AAD2012-065

SHF0748A

LABOUR

To rust-proofing and apply undercoat of the affected areas.	$	230.00	3o/
To transfer of door fittings, attachment and perform water seepage test.	$	170.00	X
Putty and spray painting of the affected portion.	$	1,400.00	4o/
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	2,000.00	4o/
To transfer of tire, rim and on wheel balancing.	$	170.00	X
To Check Electrical Lighting Concerned.	$	170.00	1o/
To check steering geometry and computer wheel alignment	$	220.00	X
TOTAL	**$**	**4,360.00**	
Over All Total	**$**	**8,396.55**	

(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:

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ACCIDENT STATEMENT (2000 characters)

I WAS TRAVELLING ALONG BISHAN STREET 22 AFTER JUNCTION OF BISHAN ROAD ON THE LEFT MOST LANE. THIRD PARTY FROM THE SECOND LANE CHANGE LANE INTO MY LANE AND COLLIDED ONTO THE RIGHT SIDE FRONT PORTION. ONLY TWO VEHICLES WERE INVOLV D WITHOUT ANY INJURIES.

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 - ANG QI HAO, VICTOR

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

9 December 2020 at 10:37 AM

Date/Time:

9 December 2020 at 10:37 AM

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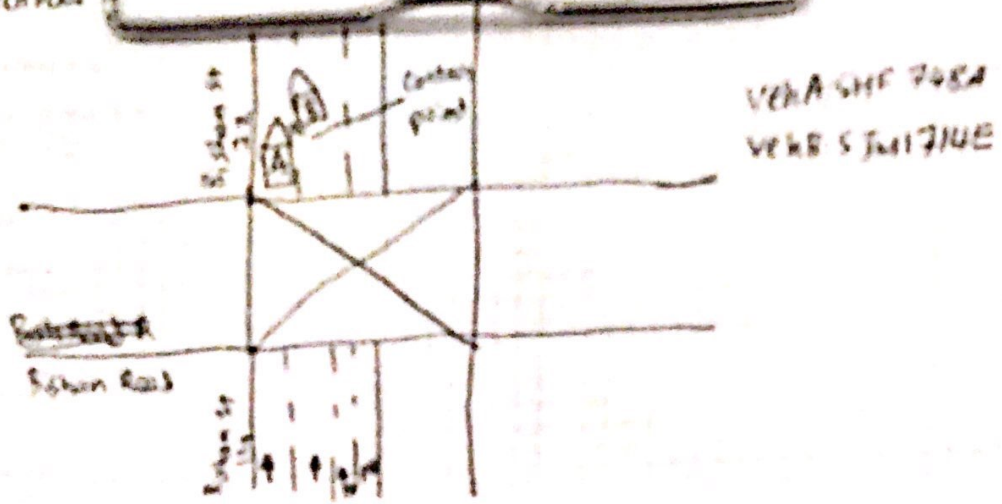
SKETCH PLAN



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 (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

Policyholder's Signature
Date & Time:

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

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

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