ASS. REC. BY: Kenneth | REF: TMI/ CC3/TMI20013855/Kvd3

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: SMK 6509Z

Policy No. MS004226

Claims No. M2006134

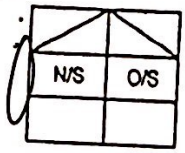
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SHO 11C Yr Regn: 05 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 467397 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV1ABL15AUC282636

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: 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 Sailun

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 11/12/20 D.O.I. 14/12/2020

Survey held at _____

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

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

Date / Time	Action / Instruction
18/12/20	L/Lmp $3750/- confirmed by email (Red 10,998.44, 74%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

2) 18/12/20-Typist

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Parking: _____

Others: _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 3750

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
SHD11C

AAD2012-088-

Not Authorised
C/Slip @ 3730/-

14 DEC 2020

	Vehicle No.:	**SHD11C**
	Chassis No.:	VF1ABL15AUC282636
	Vehicle Make:	RENAULT
	Vehicle Model:	LATITUDE
	Date of Accident :	11/12/2020
	Third Party Insurer :	**TOKIO**
	Date of Registration:	31/05/2016

	PART		**LIST**	
1	DOOR MIRROR LH	$	Sh 1,483.40	X
1	DOOR PANEL REAR LH	$	Bit/way 2,844.66	✓
1	DOOR REGULATOR REAR LH	$	Sh 450.60	
1	DOOR REGULATOR MOTOR REAR LH	$	Sh 758.10	
1	DOOR WEATHERSTRIP REAR LH	$	Sh 311.60	
1	DOOR PANEL FRT LH	$	R 2,844.66	
1	DOOR HANDLE OUTER FRT LH	$	Sh 169.50	
1	DOOR HANDLE MODULE FRT LH	$	Sh 133.40	
1	DOOR GRAB HANDLE FRT LH	$	Sh 146.90	
1	DOOR REGULATOR FRT LH	$	Sh 501.40	X
1	DOOR REGULATOR MOTOR FRT LH	$	Sh 758.10	
1	DOOR REGULATOR GUIDE FRT LH	$	Sh 69.00	
1	DOOR WEATHERSTRIP FRT LH	$	Sh 316.00	
1	DOOR LOCK FRT LH	$	R 453.80	
1	ROCKER PANEL OUTER LH	$	R 1,184.99	
1	FENDER PANEL REAR LH	$	R 1,933.20	
1	WHEELARCH REAR LH	$	Sh 275.40	
1	BUMPER COVER REAR	$	Bal/cm Sh 561.70	✓
1	BUMPER BRACKET SIDE LH REAR	$	Sh 80.80	X
		TOTAL	**$**	**10,942.71**
		10%	**$**	**1,094.27**
			$	**9,848.44**

Special Nett

1	TYRE	$	Sh 300.00	X
1	RIM	$	Sh 350.00	X
1	DOOR FINISHER CLIP KIT FRT RH	$	Sh 90.00	X
1	DOOR MOULDING CLIP L70Y	$	Sh 80.00	X

Trans-cab Auto Services Pte Ltd **AAD2012-**

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G

SHD11C

1	DOOR MOULDING SCREW L70Y	$	65.00 X
1	DOOR CASING CLIP	$	85.00 X
1	DOOR STICKER "TRANSCAB"	$	100.00 60SN
1	DOOR STICKER "CLASSIC"	$	100.00 15SN
1	DOOR STICKER "6555-3333"	$	100.00 60SN
1	BOOT STICKER 'TRANSCAB'	$	100.00 X
1	BOOT STICKER '65553333'	$	100.00 X
2	WINDSCREEN SEALANT	$	150.00 X
1	WINDSCREEN MOULDING	$	200.00 X
1	WINDSCREEN INNER SPONGE SEAL	$	130.00 X

TOTAL $ 620.00

TOTAL PARTS $ 10,468.44

LABOUR

To transfer of door fittings, attachment and perform water seepage test.	$	300.00 60l
To check steering geometry and computer wheel alignment	$	220.00 X
To remove and refit interior fittings, trimings, garnish, fittings and others, to enable repair.	$	380.00 X
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	1,400.00 50cl
To rust-proofing and apply undercoat of the affected areas.	$	240.00 30l
Putty and spray painting of the affected portion.	$	1,400.00 88cl
To transfer of tire, rim and on wheel balancing.	$	170.00 X
To Check Electrical Lighting Concerned.	$	170.00 20l

Trans-cab Auto Services Pte Ltd
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SHD11C

AAD2012-

TOTAL	**$**	**4,280.00**
Over All Total	**$**	**14,748.44**

LUMP SUM (REPAIR DAY) ~~20~~ **DAYS**
3days

For Official Use

Prepared By : _____
(Accident Dept)

Verify By : _____
(Accident Workshop)

Checked By : _____
(Finance Dept)

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:

SADA20CB000B | Axa Mars Pte Ltd
ENTRY DATE & TIME: 12/12/2020 00:00 (SGT)
SUBMITTED BY: Sabine
VERSION: 1 (12/12/2020 00:00 (SGT))

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 Submission	12/12/2020 00:00 (SGT)
Date of Accident	11/12/2020 12:39 (SGT)
Exact Location of Accident	Meyer Rd, Singapore
Additional Location Information	JUNCTION OF MEYER ROAD AND MARGATE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD11C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62888888
Alternative Phone No	+65-62888888

VEHICLE PARTICULARS

Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO DIAB 4DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2348706
Cover Note Number	-

DRIVER

Name of Driver	CHIAM LUM HWEE
NRIC No	SXXXX903F
Date Of Birth	03/10/1962
Occupation	Outdoor

Date Of Driving Pass	25/03/1985
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93857225
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG MEYER ROAD TOWARDS TANJONG KATONG ROAD
SUDDENLY VEHICLE B TURNING OUT FROM MY LEFT SIDE (MARGATE ROAD)
WITHOUT CHECKING AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE . I WILL
GO SEE A DOCTOR LATER .

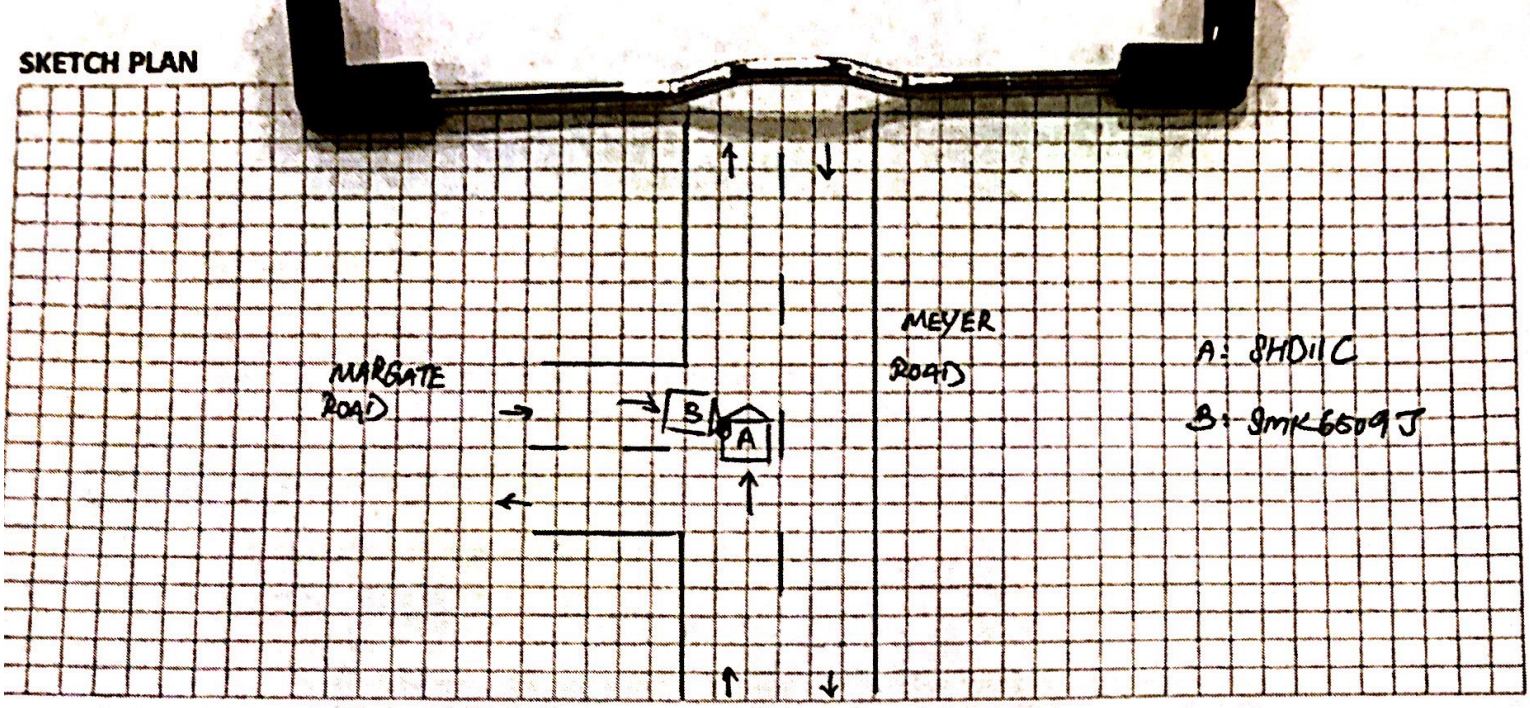
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK6509Z
Vehicle Manufacturer	Honda
Vehicle Model	HRV 1.5 LX CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GAO QUNYING
Passport No/FIN	GXXXX416L
Contact Number	(Phone) +65-97986699
Address	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.