

ASS. REC. BY:

REF:

EQ/CC3/EQI20014023/Kvd3

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s

Trans Cab

of \_\_\_\_\_

Insured: SLJ 8548P

Policy No. \_\_\_\_\_

Claims No. DM20HO01873/SG

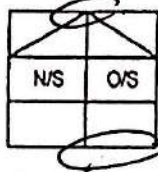
Sum Insured: \_\_\_\_\_

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ 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:

P110 739L

Yr Regn:

12, 17

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

23.7154

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VFI ABL 15AUC 283200

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size:

F: Falken 215/60R16

R: Falken

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

TOYO / YOKO or

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.

16/12/2020

Survey held at

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

Rear d/s &amp; R/L

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

Date / Time

Action / Instruction

7/1/21

Final fig \$9882.66 confirmed by email (Red 18,533.45,65%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 8/1/21-Typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: TP

Lump Sum / I.B.I: (\$ 9882.66

**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

**SHD739L****AAD2012-***Not Authored*  
*11 Sep 8*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**16 DEC 2020****SHD739L**

VF1ABL15AUC283200

RENAULT

LATITUDE

11/12/2020

**EQ**

15/12/2017

PART		LIST	
1	1 BUMPER COVER REAR	\$	561.70 ✓
2	1 BUMPER LOWER REAR	\$	411.90 ✓
3	1 BUMPER REFLECTOR RH	\$	16.60 ✓
4	1 BUMPER BRACKET CTR REAR	\$	98.10 X
5	1 BUMPER BRACKET SIDE RH REAR	\$	82.10 ✓
6	1 BUMPER RETAINER RH REAR	\$	59.80 ✓
7	1 BUMPER BRACKET SIDE LH REAR	\$	80.80 X
8	1 BUMPER RETAINER LH REAR	\$	54.20 X
9	1 ABSORBER REAR	\$	217.30 X
10	1 BUMPER BEAM REAR	\$	547.80 ?
11	1 BUMPER BEAM BRACKET LH REAR	\$	114.50 X
12	1 BUMPER BEAM BRACKET RH REAR	\$	114.50 X
13	1 OUTER PANEL REAR (End Panel)	\$	745.80 X
14	1 OUTER PANEL REAR (End Panel)TRIM	\$	404.56 X
15	1 FENDER PANEL REAR RH	\$	1,933.20 ✓
16	1 WHEELARCH REAR RH	\$	275.40 X
17	1 TAILLAMP RH	\$	401.40 ✓
18	1 EXHAUST CAP REAR	\$	125.40 X
19	1 BUMPER COVER FRT	\$	747.20 ✓
20	1 BUMPER BRACKET KIT FRT LH	\$	101.40 X
21	1 BUMPER RETAINER FRT LH	\$	101.40 X
22	1 BUMPER BRACKET KIT FRT RH	\$	101.40 X
23	1 BUMPER RETAINER FRT RH	\$	101.40 X
24	1 RADIATOR GRILLE	\$	969.90 ?
25	1 RADIATOR GRILLE BADGE 'RENAULT'	\$	225.36 ?
26	1 RADIATOR GRILLE FRAME	\$	686.00 ✓
27	1 FRAME FULL SUPPORT PANEL	\$	592.70 ?
		\$	<b>9,871.82</b>



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**SHD739L**

10%	\$	987.18
	\$	<u>8,884.64</u>

**Special Nett**

1 1SET PARKING AID	\$	nd	700.00	400.00
2 1SET FENDER CLIP	\$	na	65.00	X
3 1SET FENDER LINER CLIP	\$	na	60.00	X
4 1SET REAR BUMPER CLIP	\$	nd	66.00	✓
5 1SET BUMPER BRACKET CTR CLIP	\$	na	33.00	X
6 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na	10.00	X
7 1SET BUMPER RETAINER RH CLIP RR	\$	na	20.00	X
8 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	na	10.00	X
9 1SET BUMPER RETAINER CLIP LH RR	\$	na	20.00	X
10 1SET BUMPER LOWER REAR CLIP	\$	na	66.00	✓
11 1 EXHAUST MOUNTING REAR	\$	na	17.82	X
12 1 BUMPER CLIP FRT	\$	na	85.00	60.00
13 1 BUMPER RETAINER CLIP FRT	\$	na	70.00	X
14 1 BUMPER GRILLE LOWER CLIP	\$	na	70.00	X
15 1 LICENSE PLATE WITH HOLDER FRT	\$	na	120.00	45.00
16 2 WINDSCREEN SEALANT	\$	na	150.00	40.00
17 1 WINDSCREEN MOULDING	\$	na	200.00	X
18 1 WINDSCREEN INNER SPONGE SEAL	\$	na	130.00	30.00
<b>TOTAL</b>	\$		<b>1,412.82</b>	
<b>TOTAL PARTS</b>	\$		<b>10,297.46</b>	

**LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	120.00
Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	880.00
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	900.00
To Rust-Proofing Of The Affected Areas.	\$	170.00	30.00

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**SHD739L**

To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	nn 170.00	X
To repair and realign rear exhaust pipe.	\$	5 170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	4 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	401
<b>TOTAL</b>	<b>\$</b>	<b>7,580.00</b>	

**Over All Total \$ 26,762.09**

<p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"><li>• To resurvey before/after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul> <p>Acknowledged by Repairer Signature: Date:</p>	<p><b>(LUMP SUM)</b> <b>Repair Days</b></p>
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**10 DAYS***7 days*



## 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	16/12/2020 12:48 (SGT)
Date of Accident	11/12/2020 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE/MCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD739L
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#### 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) +65-62866666
Alternative Phone No	(Office) +65-62866666

#### VEHICLE PARTICULARS

Manufacturer	Renault
Model	Latitude
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
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	LIN TIONG MENG
NRIC No	SXXXX508D
Date Of Birth	26/09/1966
Occupation	Outdoor

Date Of Driving Pass	05/09/1988
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82884857
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	P1
Gender	Male

#### 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 on the right lane going straight towards MCE. Front vehicle suddenly jammed braked due to a vehicle cut into his lane from the chevron. Due to safe distance, I managed to stop in time. Few seconds, I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear portion. Due to the impact, my vehicle moved forward and hit onto front vehicle rear portion. When I came out from my vehicle, I discovered it was chain collision with 4 vehicles involved.

#### 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	SLJ8548P
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	Black



Vehicle Category	Private car
Name of Driver	LIM LIANG SENG
NRIC No	SXXXX750G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU250D
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ISMAL BIN IDRIS
NRIC No	SXXXX832F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

##### PASSENGER 1

Name	P1
Gender	-

##### PASSENGER 2

Name	P2
Gender	-

##### PASSENGER 3

Name	P3
Gender	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLS8832X
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	NG THIAM HUA
NRIC No	SXXXX792J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**ACCIDENT STATEMENT (2000 characters)**

I was driving on the right lane going straight towards MCE. Front vehicle suddenly jammed braked due to a vehicle cut into his lane from the chevron. Due to safe distance, I managed to stop in time. Few seconds, I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear portion. Due to the impact, my vehicle moved forward and hit onto front vehicle rear portion. When I came out from my vehicle, I discovered it was chain collision with 4 vehicles involved.

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 -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

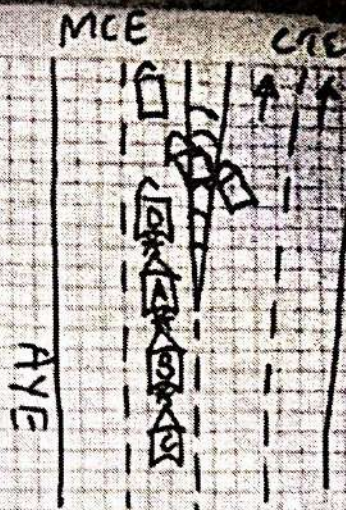
12 December 2020 at 3:30 PM

Date/Time:

12 December 2020 at 3:27 PM



**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO ATTACHED STATEMENT.

A: SHD 73A L

B: SLJ 8548P

C: SL5 8832X

D: SKU 250D

**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**  
**AIZAM BIN ATAN**

Reporting Centre Personnel's Signature  
Name  
NRIC/ID No.