ASS. REC. BY: Kenneth

REF: EQ / CC3/EQI20014405/Kvd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tans Cab

of _____

Insured: GBG 6814M

Policy No. _____

Claims No. DM20HO01813/JT

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: 08 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: SHD 4990 Yr Regn: 11, 17

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

Make: Renault Latitude c.c 1995

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

Sp.Reading 536963 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1 ABL 15AUC 283457

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. 3/12/20 D.O.I. 4/12/2020

Survey held at _____

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

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

Date / Time	Action / Instruction
/	
12/1/21	LS $6100 confirmed by email (Red 17.406.17,74%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 12/1/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____ $ - R.S. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / ~~I.B.I~~: ($ 6100 _____)

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
SHD499D

AAD2012-037

Not Authorised
L/Sup &

Vehicle No.: **SHD499D**
Chassis No.: VF1ABL15AUC283457
Vehicle Make: RENAULT
Vehicle Model: LATITUDE
Date of Accident : 03/12/2020
Third Party Insurer : EQ
Date of Registration : 17/11/2017

04 DEC 2020

		PART		LIST	
1	1	BUMPER COVER REAR	$	R 561.70	✓
2	1	BUMPER LOWER REAR	$	R/I/Gn 411.90	✓
3	1	BUMPER BRACKET CTR REAR	$	Sn 98.10	X
4	1	BUMPER BRACKET SIDE RH REAR	$	CM 82.10	✓
5	1	BUMPER RETAINER RH REAR	$	DH 59.80	✓
7	1	BUMPER BRACKET SIDE LH REAR	$	Sn 80.80	X
8	1	BUMPER RETAINER LH REAR	$	Sn 54.20	X
10	1	BUMPER BEAM REAR	$	R 547.80	✓
11	1	BUMPER BEAM BRACKET LH REAR	$	R 114.50	X
12	1	BUMPER BEAM BRACKET RH REAR	$	R 114.50	X
13	1	BUMPER REFLECTOR LH	$	Sn 16.60	X
14	1	BUMPER REFLECTOR RH	$	Sn/R 16.60	✓
15	1	OUTER PANEL REAR (End Panel)	$	R 745.80	✓
16	1	OUTER PANEL REAR (End Panel)TRIM	$	CM 404.56	✓
17	1	BOOT REAR	$	R 1,677.20	X
18	1	BOOT WEATHERSTRIP	$	DH/Gn 178.20	50%
19	1	BOOT REFLECTOR LAMP LH	$	Sn 277.70	X
20	1	BOOT REFLECTOR LAMP RH	$	Sn 277.70	
21	1	BOOT HINGE LH	$	R 254.20	
22	1	BOOT HINGE RH	$	R 254.20	
23	1	BOOT LOCK	$	R 246.60	
24	1	BOOT LOCK CATCH	$	R 41.70	
25	1	BOOT FINISHER	$	Sn 344.70	
26	1	BOOT BADGE 'RENAULT'	$	Wn 82.40	
27	1	BOOT BADGE	$	W 95.80	
28	1	BOOT FINISHER	$	Sn 344.70	
29	1	TAILLAMP RH	$	Bn 401.40	✓
30	1	TAILLAMP LH	$	Sn 401.40	X

Trans-cab Auto Services Pte Ltd

AAD2012-037

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SHD499D

31	1	FENDER PANEL REAR RH	$	A1	1,933.20	✓
32	1	WHEELARCH REAR RH	$	SVC	275.40	X
33	1	SPARE TYRE BOARD	$	Sn	680.90	X
34	1	SPARE WHEEL PANEL	$	R	1,229.40	X
35	1	SPARE WHEEL PANEL BRACKET LH L70Y	$	R	70.60	X
36	1	SPARE WHEEL PANEL BRACKET RH L70Y	$	R	69.20	X
			$		**8,186.86**	
			10% $		**818.69**	
			$		**7,368.17**	

Specical Nett

1	1SET	PARKING AID	$	Null Ltr	700.00	400SN
2	1	BOOT FINISHER NUT L70Y	$	NA	60.00	X
3	1SET	REAR BUMPER CLIP	$	NA	66.00	✓
4	1SET	BUMPER BRACKET CTR CLIP	$	NA	33.00	X
5	1SET	BUMPER BRACKET SIDE CLIP RH RR	$	NA	10.00	X
6	1SET	BUMPER RETAINER RH CLIP RR	$	NA	20.00	X
7	1SET	BUMPER BRACKET SIDE CLIP LH RR	$	NA	10.00	X
8	1SET	BUMPER RETAINER CLIP LH RR	$	NA	20.00	X
9	1SET	BUMPER LOWER REAR RIVET	$	NA	22.00	X
10	1SET	BUMPER LOWER REAR CLIP	$	NA	66.00	✓
11	1SET	WHEELARCH CLIP	$	NA	60.00	✓
12	1SET	FENDER CLIP	$	NA	35.00	X
13	1	EXHAUST MOUNTING REAR	$	Sn	17.82	X
14	1	REAR NUMBER PLATE WITH HOLDER	$	Sn	120.00	X
15	1	REAR BOOT STICKER 'Trans-cab'	$	NA	80.00	X
16	1	REAR BOOT STICKER '6555-3333'	$	NA	80.00	X
17	2	WINDSCREEN SEALANT	$	NA	150.00	40SN
18	1	WINDSCREEN MOULDING	$	NA	200.00	X
19	1	WINDSCREEN INNER SPONGE SEAL	$	NA	130.00	30SN
		TOTAL	$		**1,399.82**	
		TOTAL PARTS	$		**8,767.99**	

LABOUR

Putty And Spray Painting Of The Affected Portion.	$	3,000.00	660

Trans-cab Auto Services Pte Ltd **AAD2012-037**

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SHD499D

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	3,000.00	12oq
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	$	300.00	12oq
To Rust-Proofing Of The Affected Areas.	$	170.00	6oq
To reinstall rear bumper parking sensor.	$	170.00	6oq
To transfer of bootlid fittings, attachments and perform water seepage test.	$	~~170.00~~	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	$	170.00	10oq
To check steering geometry and computer wheel alignment	$	220.00	X
To Check Electrical Lighting Concerned.	$	170.00	2oq
TOTAL	**$**	**7,370.00**	
Over All Total	**$**	**23,506.17**	

(LUMP SUM)
Repair Days ~~20 DAYS~~ 8 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:

For Official Use

Prepared By : _____
(Accident Dept)

SA0A20C3000Z / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 03/12/2020 23:47 (SGT)
SUBMITTED BY: Mazlan
VERSION: 1 (03/12/2020 23:47 (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 witholding 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	03/12/2020 23:47 (SGT)
Date of Accident	03/12/2020 13:20 (SGT)
Exact Location of Accident	158 Lor 1 Toa Payoh, Toa Payoh Int, Block 158, Singapore 310158
Additional Location Information	ALONG LOR 1 TOA PAYOH AFTER JUNCTION LOR 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD499D

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 - 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	NA

DRIVER

Name of Driver	LIANG CHWEE CHOON
NRIC No	SXXXX697H
Date Of Birth	17/02/1952
Occupation	Outdoor

Date Of Driving Pass	06/02/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97322920
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	Collision - Head to Rear
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 LOR 6 TOA PAYOH TOWARDS LOR 1 TOA PAYOH . AFTER CROSS JUNCTION OF LOR 2 TOA PAYOH , I OPENED MY DOUBLE SIGNAL AND STATIONARY AT SIDE OF THE ROAD TO CHECK MY GPS . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED .

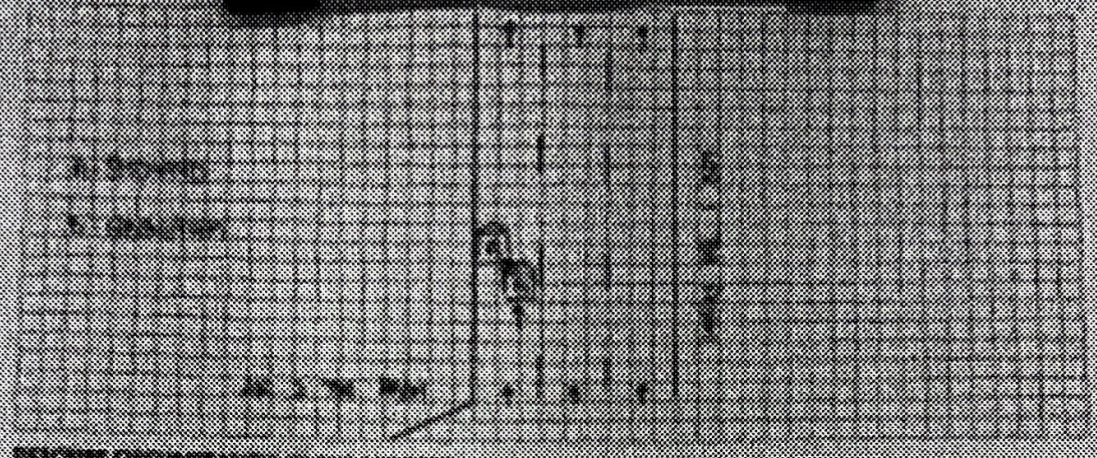
ATTACHMENT(S)

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	GBG6914M
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHANG BOON CHYE
NRIC No	SXXXX654B
Contact Number	(Phone) +65-90292989
Address	-

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 ANY MANS (ABC)
REPORTING OFFICER
WORK CAR SEAT

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

Scanned with CamScanner

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG LOR 6 TOA PAYOH TOWARDS LOR 1 TOA PAYOH . AFTER CROSS JUNCTION OF LOR 2 TOA PAYOH , I OPENED MY DOUBLE SIGNAL AND STATIONARY AT SIDE OF THE ROAD TO CHECK MY GPS . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED .

Taxi Voucher No.: