

ASS. REC. BY:

REF:

TH / 20014510/KS

Kenneth

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: 1 1/2 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: S1H0 9030 Yr Regn: 12 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercury Latitude cc 1995

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

Sp. Reading: 399968 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1ABL15AUC 283407

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

Sailun

Front

R/Bal: 9 mm

L/Bal: 9 mm

D.O.A. 22/12/20

Survey held at

Rear

R/Bal: 9 mm

L/Bal: 9 mm

D.O.I. 28/12/202

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

FR R/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS... \$

Part 1

Others

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

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

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

SHD903D

AAD2012-168

Not Authorized
U/Sy B

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model: **28 DEC 2020**
Date of Accident :
Third Party Insurer :
Date of Registration:

SHD903D
VF1ABL15AUC283407
RENAULT
LATITUDE
22/12/2020
III
08/12/2017

PART

- 1 BUMPER COVER FRT
- 1 BUMPER RETAINER FRT LH
- 1 BUMPER FOG LAMP GRILLE LH
- 1 BUMPER BRACKET KIT FRT LH
- 1 BUMPER ABSORBER FRT
- 1 BUMPER BEAM FRT
- 1 AIR CLEANER BOX
- 1 AIR CLEANER HOSE
- 1 AIR CLEANER LOWER

		LIST	
	\$	<i>Ac/m</i>	747.20
	\$	<i>h</i>	101.40
	\$	<i>h</i>	207.21
	\$	<i>h</i>	101.40
	\$	<i>h</i>	394.68
	\$	<i>h</i>	663.70
	\$	<i>h</i>	464.20
	\$	<i>h</i>	175.85
	\$	<i>h</i>	271.26
TOTAL	\$		3,126.90
10%	\$		312.69
	\$		2,814.21

Special Nett

- 1 BUMPER CLIP FRT
- 1 BUMPER RETAINER CLIP FRT

	\$	<i>Ac</i>	90.00	<i>6650</i>
	\$	<i>nn</i>	75.00	<i>X</i>
TOTAL	\$		165.00	

TOTAL PARTS \$ 2,979.21

LABOUR

To rust-proofing and apply undercoat of the affected areas. \$ *nn* 230.00 *X*

To transfer of door fittings, attachment and perform water seepage test. \$ *nn* 170.00 *X*

Putty and spray painting of the affected portion. \$ 1,400.00 *2201*

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Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	1501
To transfer of tire, rim and on wheel balancing.	\$	na 170.00	X
To Check Electrical Lighting Concerned.	\$	na 170.00	X
To check steering geometry and computer wheel alignment	\$	na 220.00	X
TOTAL	\$	4,360.00	
Over All Total	\$	7,339.21	

(LUMPSUM) Repair Days

20 Days

1 1/2 days

Name of Registered Owner
Company Reg No
Email Address
Address of the No
Alternative Mobile No

Yes
TRANS-CAB SERVICES PTE LTD
201019626G
201019626G
201019626G
201019626G

Date of
Version
Exact location by which vehicle was damaged or time of
At the time of repair, under your own insurance policy (or report to
your insurer)
Vehicle Category

Name of Insurance Company
Type of Coverage
Policy Number
Cover Note Number

Name of Driver
NID No
Driving License
Date of Birth

Repair
Estimate

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 Driver and the Subscribed Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to renege on policy/claim.
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 issuers of the GA Records Management Centre established by the General Insurance Association of Singapore (GIAS) to archiving and their 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 issuers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available wherever.

ACCIDENT STATEMENT

Date of Submission 20/12/2020 23:01 (SGT)
Date of Accident 20/12/2020 13:50 (SGT)
Exact Location of Accident Ang Mo Kio, Singapore
Additional Location Information 643 ANG MO KIO AVE 6 CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD913D

INSURED POLYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 210000378K
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 -

DRIVER

Name of Driver LOH KIAN CHENG
NRIC No SX00021F
Date Of Birth 18/07/1952
Occupation Outdoor

Date Of Driving Pass 05/02/1970
 Driving experience 50 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-81826488
 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 Raining
 Road Surface Wet

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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name PASSENGER 1 - CHINESE
 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 AT 643 ANG MO KIO AVE 6 CAR PARK . SUDDENLY VEHICLE B REVERSING OUT FROM HIS PARKING LOT WITHOUT CHECKING , LEFT FRONT SIDE OF MY VEHICLE COLLIDED ONTO LEFT REAR SIDE OF MY VEHICLE B . 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 GBK1765M
 Vehicle Manufacturer Toyota
 Vehicle Model Hiace
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle

ACCIDENT STATEMENT (2000 characters)

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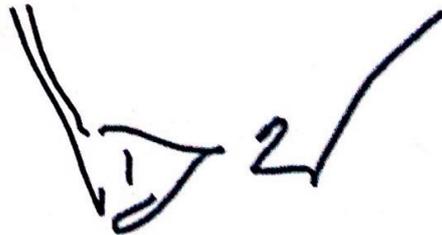
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 December 2020 at 5:11 PM

Date/Time:

22 December 2020 at 5:11 PM