

ASS. REC. BY:

REF: TMI/ CC3/TMI21000272/Kqd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. MT104890

Claims No. M2100052

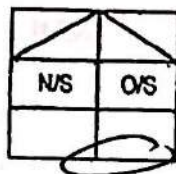
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 1 1/2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC543614 Yr Regn: 111 14

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995Colour m. white / Red A/C: Insured / Std / NI / NASp. Reading 685059 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15M4C 280058Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 225/60R16

R: _____

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

TOYO / YOKO or Skidun

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 4/1/21D.O.I. 5/1/2021

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

07/01/21 @2.32pm Email GIA & Estimate and revised to TMI.

08/01/21 @9.33am confirmed with Wai Yin LS \$1200, 1.5 days (Red \$10248.34; 90%)

Date/Time, File Pass to?

☐ : Prel. Report

08/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1.5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$1

Fees

Others

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

Report Format: MER-TP

Lump Sum H.B.I: (\$ _____) 1200

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

SHC5436H**AAD2101-013***Not Authorized
11 Ring \$ 1200*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

05 JAN 2021

Date of Accident :

Third Party Insurer :

Date of Registration :

SHC5436H

VF1ABL15AUC280058

RENAULT

LATITUDE

04/01/2021

TOKIO

19/11/2014

PART

- | | PART | | LIST | |
|---|-------------------------------|---------------|-------------------|---|
| 1 | 1 BUMPER COVER REAR | \$ | <i>Per</i> 561.70 | ✓ |
| 2 | 1 BUMPER LOWER REAR | \$ | <i>Per</i> 411.90 | ✓ |
| 3 | 1 BUMPER BRACKET CTR REAR | \$ | <i>Per</i> 98.10 | X |
| 4 | 1 BUMPER BRACKET SIDE RH REAR | \$ | <i>Per</i> 82.10 | X |
| 5 | 1 BUMPER RETAINER RH REAR | \$ | <i>Per</i> 59.80 | X |
| 6 | 1 BUMPER BRACKET SIDE LH REAR | \$ | <i>Per</i> 80.80 | X |
| 7 | 1 BUMPER RETAINER LH REAR | \$ | <i>Per</i> 54.20 | X |
| 8 | 1 BUMPER BEAM REAR | \$ | <i>Per</i> 547.80 | X |
| | | \$ | 1,896.40 | |
| | | 10% \$ | 189.64 | |
| | | \$ | 1,706.76 | |

Special Nett

- | | | | | |
|----|-------------------------------------|----|-------------------|---|
| 1 | 1SET PARKING AID | \$ | <i>Per</i> 700.00 | X |
| 2 | 1SET REAR BUMPER CLIP | \$ | <i>Per</i> 66.00 | ✓ |
| 3 | 1SET BUMPER BRACKET CTR CLIP | \$ | <i>Per</i> 33.00 | X |
| 4 | 1SET BUMPER BRACKET SIDE CLIP RH RR | \$ | <i>Per</i> 10.00 | X |
| 5 | 1SET BUMPER RETAINER RH CLIP RR | \$ | <i>Per</i> 20.00 | X |
| 6 | 1SET BUMPER BRACKET SIDE CLIP LH RR | \$ | <i>Per</i> 10.00 | X |
| 7 | 1SET BUMPER RETAINER CLIP LH RR | \$ | <i>Per</i> 20.00 | X |
| 8 | 1SET BUMPER LOWER REAR RIVET | \$ | <i>Per</i> 22.00 | X |
| 9 | 1SET BUMPER LOWER REAR CLIP | \$ | <i>Per</i> 66.00 | ✓ |
| 10 | 1 EXHAUST MOUNTING REAR | \$ | <i>Per</i> 17.82 | X |

TOTAL \$ 964.82**TOTAL PARTS \$ 2,671.58****LABOUR**

Trans-cab Auto Services Pte Ltd**AAD2101-013**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHC5436HPutty And Spray Painting Of The Affected Portion. \$ 3,000.00 *2201*Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of Parts, \$ 3,000.00 *2001*
Adjust And Realign The SameTo Rust-Proofing Of The Affected Areas. \$ *~* 170.00 *X*To reinstall rear bumper parking sensor. \$ 170.00 *601*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 *X*To check steering geometry and computer wheel
alignment \$ *~* 220.00 *X*To Check Electrical Lighting Concerned. \$ *~* 170.00 *X***TOTAL \$ 7,070.00****Over All Total \$ 11,448.34****(LUMP SUM)****Repair Days****20 DAYS***1 1/2 day*

- 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 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	04/01/2021 14:38 (SGT)
Date of Accident	04/01/2021 12:35 (SGT)
Exact Location of Accident	Bukit Batok East Ave 3, Singapore
Additional Location Information	JUNCTION OF BUKIT BATOK EAST AVE 3 & 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5436H
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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	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/P2413997
Cover Note Number	-

DRIVER

Name of Driver	ONG NGIAP WEE
NRIC No	SXXXX736G
Date Of Birth	19/12/1954
Occupation	Outdoor

Date Of Driving Pass	14/09/1976
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91387294
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Yishun River Green, 320 Yishun Central
Address complement	#11-329
Postcode	760320
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1
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

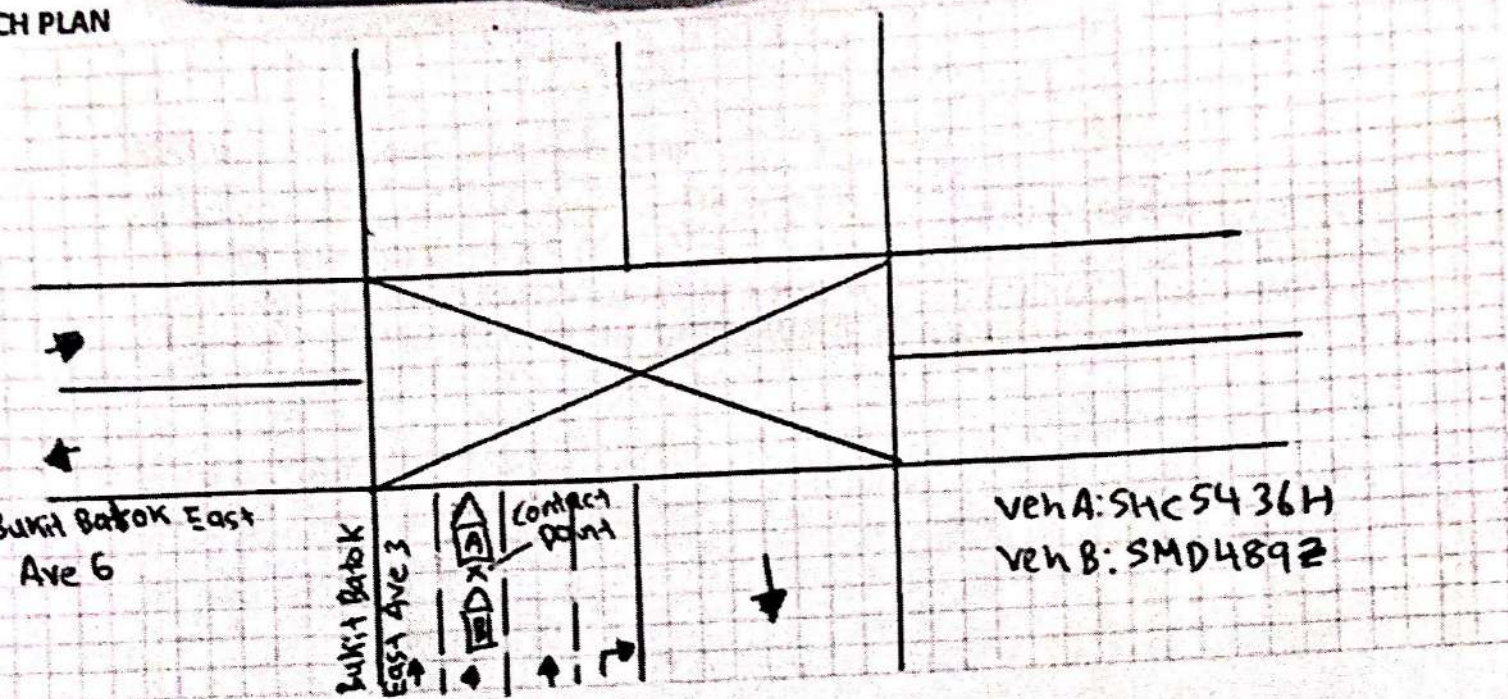
I WAS TRAVELLING ALONG THE MENTIONED LOCATION, I START TO SLOW DOWN AND CAME TO A STOP AT THE TRAFFIC LIGHT JUNCTION AS TURNING RED. WHEN THIRD PARTY CAME IN A HIGH SPEED AND COLLIDED ONTO THE REAR OF MY VEHICLE. NO INJURIES WERE INVOLVED.

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	SMD489Z
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

ACCIDENT STATEMENT (2000 characters)

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, I START TO SLOW DOWN AND CAME TO A STOP AT THE TRAFFIC LIGHT JUNCTION AS TURNING RED. WHEN THIRD PARTY CAME IN A HIGH SPEED AND COLLIDED ONTO THE REAR OF MY VEHICLE. NO INJURIES WERE 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 -
ANG QI HAO, VICTOR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 January 2021 at 1:31 PM

Date/Time:

4 January 2021 at 1:31 PM