

ASS. REC. BY:

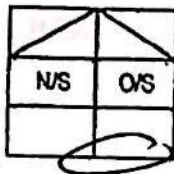
REF: TMI/ CC3/TMI21000272/Kqd3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Tans 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.



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 &amp; Estimate and revised to TMI.

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

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

**SHC5436H****AAD2101-013***Not Authorized  
11 Rmp @ 1200h*

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

**Special Nett**

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

**SHC5436H**

Putty 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 Same

To 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 XTo transfer of rear end panel fittings, attachment and  
perform water seepage test. \$ 170.00 XTo 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.

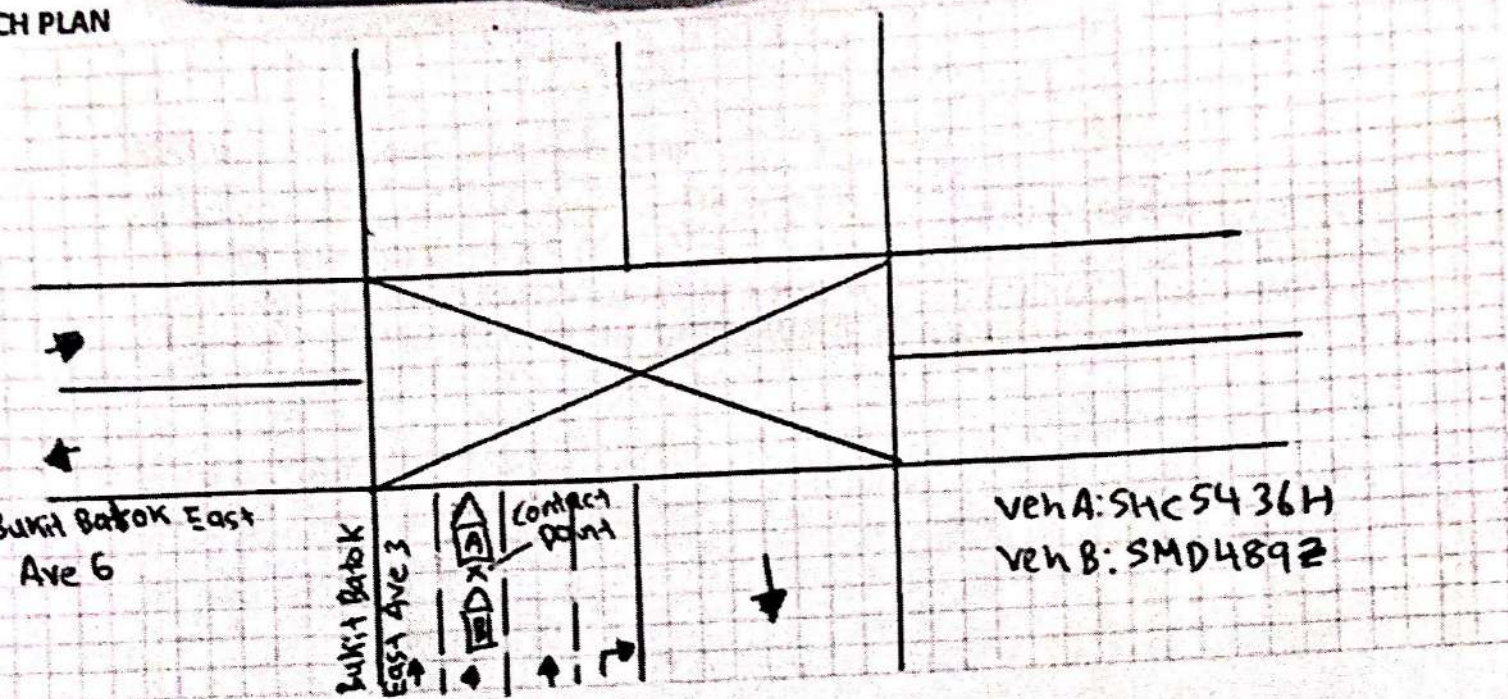
#### ATTACHMENT(S)

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