

ASS. REC. BY:

REF: C71/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

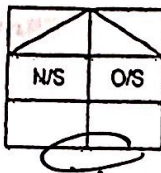
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 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: S/H C 5952 J Yr Regn: 06, 15

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

Truck / Trailer or AMake: Renault Latitude cc 1995Colour M.P. White / Red A/C: Insured / Std / Nil / NASp. Reading 701910 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: VFIABL 15AUC 281662Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 23/1/21 D.O.I. 26/1/2021

Survey held at _____

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

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

Date / Time Action / Instruction

L1 Rm @ 3400h

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

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

SHC5952J**AAD2101-110***Not Authorized*
1/1 Smp 8340dp

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

26 JAN 2021**SHC5952J**

VF1ABL15AUC281662

RENAULT

LATITUDE

23/01/2021

CHINA

26/06/2015

PART		LIST	
1	1 BUMPER COVER REAR	\$ Bu	561.70 —
2	1 BUMPER LOWER REAR	\$ nul/hr	411.90 ✓
3	1 BUMPER BRACKET CTR REAR	\$ S _L	98.10 X
4	1 BUMPER BRACKET SIDE LH REAR	\$ S _L	80.80 X
5	1 BUMPER BRACKET SIDE RH REAR	\$ S _L	82.10 X
6	1 BUMPER RETAINER LH REAR	\$ S _L	54.20 X
7	1 BUMPER RETAINER RH REAR	\$ S _L	59.80 X
8	1 BUMPER BEAM REAR	\$ B ₁	547.80 ✓
9	1 BUMPER REFLECTOR LH	\$ S _L	16.60 X
10	1 BOOT REAR	\$ B ₁	1,677.20 ✓
11	1 BOOT FINISHER	\$ S _L	344.70 X
12	1 BOOT WEATHERSTRIP	\$ S _L	178.20 X
13	1 BOOT STRUT LH	\$ S _L	145.10 X
14	1 BOOT STRUT RH	\$ S _L	145.10 X
15	1 BOOT HINGE LH	\$ H	254.20 X
16	1 BOOT HINGE RH	\$ H	254.20 X
17	1 BOOT BADGE 'RENAULT'	\$ R ₁	82.40 —
18	1 BOOT BADGE	\$ R ₁	95.80 ✓
TOTAL		\$	5,089.90
10%		\$	508.99
		\$	4,580.91

Special Nett

1	1SET PARKING AID	\$ S _L	700.00 X
2	1SET REAR BUMPER CLIP	\$ R ₁	66.00 ✓
3	1SET BUMPER BRACKET CTR CLIP	\$ R ₁	33.00 X
4	1SET BUMPER BRACKET SIDE CLIP RH RR	\$ R ₁	10.00 X
5	1SET BUMPER RETAINER RH CLIP RR	\$ R ₁	20.00 X

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SHC5952J

- 6 1SET BUMPER LOWER REAR RIVET
- 7 1SET BUMPER LOWER REAR CLIP
- 8 1 BOOT STICKER TRANSCAB
- 9 1 BOOT STICKER 65553333
- 10 2 WINDSCREEN SEALANT
- 11 1 WINDSCREEN MOULDING
- 12 1 WINDSCREEN INNER SPONGE SEAL

Over All Total	\$	nn	22.00	X
	\$	nn	66.00	✓
(LUMP SUM)	\$	nn	100.00	30sn
Repair Days	\$	nn	100.00	30sn
	\$	nn	150.00	X
	\$	nn	200.00	X
	\$	nn	130.00	X
TOTAL	\$		1,597.00	
TOTAL PARTS	\$		6,177.91	

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$		3,000.00	440l
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		3,000.00	400l
To Rust-Proofing Of The Affected Areas.	\$		170.00	30l
To reinstall rear bumper parking sensor.	\$		170.00	60l
To transfer of bootlid fittings, attachments and perform water seepage test.	\$		170.00	60l
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn	170.00	X
To check steering geometry and computer wheel alignment	\$	nn	220.00	X
To Check Electrical Lighting Concerned.	\$		170.00	15l
TOTAL	\$		7,070.00	

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SHC5952J

Over All Total \$ 17,828.82

(LUMP SUM)

Repair Days

~~20~~ DAYS

3 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	23/01/2021 16:07 (SGT)
Date of Accident	23/01/2021 09:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	ANG MO KIO AVENUE 5 AFTER LAMPOST NO.99
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5952J
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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 - Reporting only
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	NA

DRIVER

Name of Driver	TEO EE SUAN
NRIC No	SXXXX387H
Date Of Birth	10/06/1961
Occupation	Outdoor

Date Of Driving Pass 08/12/1991
 Driving experience 29 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-96611013
 Alt. Phone Number -
 Email Address claims@transcab.com.sg
 Address 560172 #04-569
 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) 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

Filtering towards CTE/CITY after ANG MO KIO 5. Front vehicle suddenly stopped and I managed to stop in time. Few seconds, I felt an impact from behind and saw a vehicle had already hit onto my vehicle bumper. I will seek for medical attention.

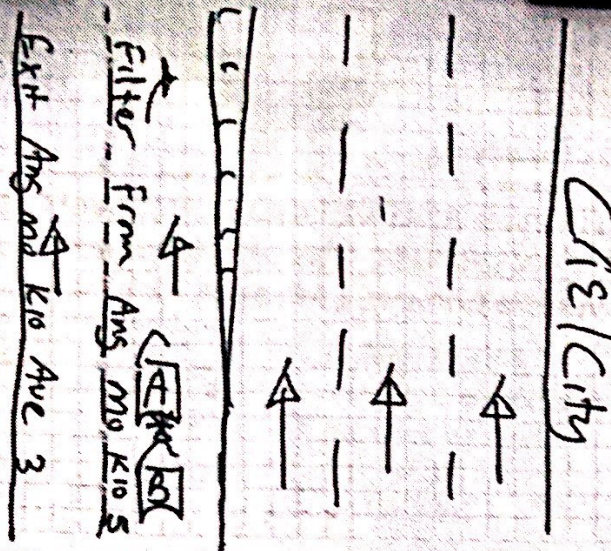
ATTACHMENT(S)

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 GBH6464P
 Vehicle Manufacturer Nissan
 Vehicle Model NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

A: SHC 5952 J

B: GBH 6464 P

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/FIN No.: