

ASS. REC. BY:

REF: TM/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. _____

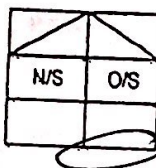
Sum Insured: _____

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 Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

05 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: S110423 YYr Regn: 12 / 16

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

Truck / Trailer or _____

Make: RenaultLatitudec.c. 1995Colour N. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading 364408

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1 ABL 15AUC 283437Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 23/1/21D.O.I. 26/1/2021

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

11/2/21 @ 505d.

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 (\$ _____)

Survey Fee: _____

Transportation: _____

☐

: Interview (\$ _____)

: Fuel/Exp

☐

: Tech Invs (\$ _____)

: Others

☐

: Weekend (\$ _____)

TOTAL

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

SHD423Y**AAD2101-112***Not Authorized*
11 Bng B 5030h

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model: 26 JAN 2021
Date of Accident :
Third Party Insurer :
Date of Registration :

SHD423Y

VF1ABL15AUC283437

RENAULT

LATITUDE

23/01/2021

TOKIO

09/12/2016

		PART		LIST	
1	1 BUMPER COVER REAR	\$		Btl/cm	561.70 ✓
2	1 BUMPER LOWER REAR	\$		nd/cm	411.90 ✓
3	1 BUMPER BRACKET CTR REAR	\$		DI	98.10 ✓
4	1 BUMPER BRACKET SIDE LH REAR	\$		SL	80.80 X
5	1 BUMPER BRACKET SIDE RH REAR	\$		SL	82.10 X
6	1 BUMPER RETAINER LH REAR	\$		SL	54.20 X
7	1 BUMPER RETAINER RH REAR	\$		SL	59.80 X
8	1 BUMPER BEAM REAR	\$		B7	547.80 ✓
9	1 BUMPER REFLECTOR RH	\$		CM	16.60 ✓
10	1 OUTER PANEL REAR (End Panel)	\$		B7	745.80 ✓
11	1 OUTER PANEL REAR (End Panel) TRIM	\$		DI	404.56 ✓
12	1 TAILLAMP RH	\$		mg/cm	401.40 ✓
13	1 BOOT REAR	\$		B7	1,677.20 ✓
14	1 BOOT LOCK	\$		N	246.60 X
15	1 BOOT LOCK CATCH	\$		N	41.70 X
16	1 BOOT FINISHER	\$		SL	344.70 X
17	1 BOOT WEATHERSTRIP	\$	89.00 SN	netom	178.20 507.20
18	1 BOOT STRUT LH	\$		SL	145.10 X
19	1 BOOT STRUT RH	\$		SL	145.10 X
20	1 BOOT HINGE LH	\$		N	254.20 X
21	1 BOOT HINGE RH	\$		N	254.20 X
22	1 BOOT BADGE 'RENAULT'	\$		mc	82.40 ✓
23	1 BOOT BADGE	\$		re	95.80 ✓
TOTAL		\$			6,929.96
10%		\$			693.00
		\$			6,236.96

Specical Nett

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SHD423Y

1 1SET PARKING AID	\$	700.00	X
2 1SET REAR BUMPER CLIP	\$	66.00	✓
3 1SET BUMPER BRACKET CTR CLIP	\$	33.00	X
4 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	10.00	X
5 1SET BUMPER RETAINER RH CLIP RR	\$	20.00	X
6 1SET BUMPER LOWER REAR RIVET	\$	22.00	X
7 1SET BUMPER LOWER REAR CLIP	\$	66.00	✓
8 1 REAR NUMBER PLATE WITH MOULDING	\$	120.00	X
9 1 BOOT STICKER TRANSCAB	\$	100.00	305m
10 1 BOOT STICKER 65553333	\$	100.00	305m
11 2 WINDSCREEN SEALANT	\$	150.00	X
12 1 WINDSCREEN MOULDING	\$	200.00	X
13 1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	X
TOTAL	\$	1,717.00	
TOTAL PARTS	\$	7,953.96	

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	6601
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	6001
To Rust-Proofing Of The Affected Areas.	\$	170.00	601
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	601
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	601
To check steering geometry and computer wheel alignment	\$	220.00	X

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SHD423Y

To Check Electrical Lighting Concerned.

\$ 170.00 20/

TOTAL \$ 7,070.00

Over All Total \$ 21,260.93

(LUMP SUM)

Repair Days

~~20 DAYS~~

5 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:

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	24/01/2021 15:37 (SGT)
Date of Accident	23/01/2021 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF COMMONWEALTH AVENUE WEST AND NORTH BOUNA VISTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD423Y

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 2.0L DCI AUTO D/AB 4DR
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	TAN NAM MENG
NRIC No	SXXXX895D
Date Of Birth	05/06/1961

Occupation	Outdoor
Date Of Driving Pass	24/04/1987
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91467870
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Hougang, 137 Lorong Ah Soo
Address complement	#10-524
Postcode	530137
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

My vehicle was stationary at slip road of COMMONWEALTH AVENUE WEST AND NORTH BOUNA VISTA ROAD waiting for traffic on major road to clear suddenly third party vehicle collided onto my vehicle rear area. No injuries involved.

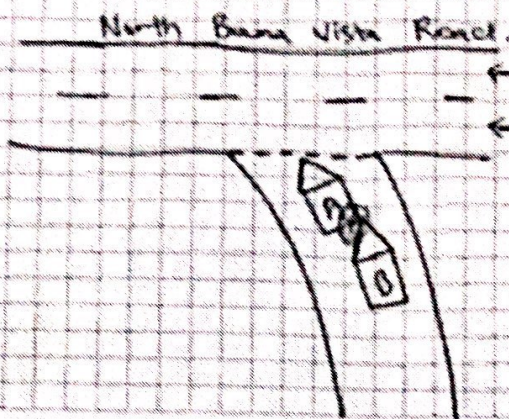
ATTACHMENT(S)

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	SKX5552J
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TANG CHONG ENG
NRIC No	SXXXX841I
Contact Number	(Phone) +65-97336553
Address	-

SKETCH PLAN



Vehicle A: SH042SY

Vehicle B: SKX 5552J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

VERIFIED BY ALAN MARS (ARC)

ACCIDENT STATEMENT (2000 characters)

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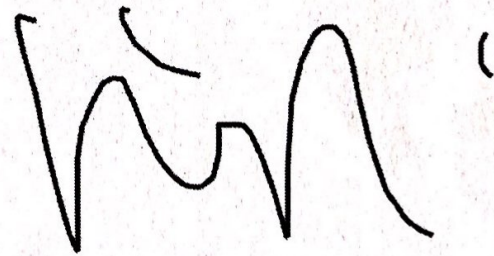
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 January 2021 at 9:11 AM

Date/Time:

24 January 2021 at 9:11 AM