

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

Insured: _____

Policy No. _____

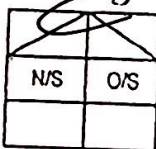
Claims No. _____

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: 02 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: SHC 59512 Yr Regn: 12, 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 606518 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABL 15AUC 280987Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

R: _____

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 7/2/21D.O.I. 15/2/2021

Survey held at _____

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

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

Date / Time Action / Instruction

11 Sy & 2200 (Red \$13161.22, 86%)

19/02/21 @ 5.15pm Email GIA & estimate and revised to TMT.

22/02/21 @ 12.41pm Betty informed that the insd not under their policy.

Date/Time, File Pass to?

☐ : Prell. Report

11/08/03 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Fees

Others

TOTAL

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

Report Format : TP

Lump Sum / 100 (\$ 2200)

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

SHC5951L**AAD2102-038***Not Authorised*
11 Sep 8 2200

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

15 FEB 2021**SHC5951L**

VF1ABL15AUC280987

RENAULT

LATITUDE

07/02/2021

TOKIO

18/12/2014

PART**LIST**

1 BUMPER COVER FRT	\$	<i>By</i> 747.20 ✓
1 BUMPER BRACKET KIT FRT LH	\$	<i>Sn</i> 101.40 X
1 BUMPER RETAINER FRT LH	\$	<i>Sn</i> 101.40 X
1 BUMPER BRACKET KIT FRT RH	\$	<i>Sn</i> 101.40 X
1 BUMPER RETAINER FRT RH	\$	<i>Sn</i> 101.40 X
1 BUMPER SPOILER FRT	\$	<i>Dir</i> 344.70 ✓
1 BUMPER GRILLE LOWER FRT	\$	<i>Dir</i> 147.00 ✓
1 RADIATOR GRILLE	\$	<i>nn</i> 969.90 ✓
1 RADIATOR GRILLE BADGE 'RENAULT'	\$	<i>nn</i> 225.36 ✓
1 RADIATOR GRILLE FRAME	\$	<i>Sn</i> 686.00 X
1 FRAME FULL SUPPORT PANEL	\$	<i>Sn</i> 592.70 X
	\$	4,118.46
	10% \$	411.85
	\$	3,706.61

Specical Nett

1SET BUMPER BRACKET CTR CLIP	\$	<i>nn</i> 33.00 X
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	<i>nn</i> 10.00 X
1SET BUMPER RETAINER RH CLIP RR	\$	<i>nn</i> 20.00 X
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	<i>nn</i> 10.00 X
1SET BUMPER RETAINER CLIP LH RR	\$	<i>nn</i> 20.00 X
1 BUMPER CLIP FRT	\$	<i>nn</i> 85.00 <i>68sn</i>
1 BUMPER GRILLE LOWER CLIP	\$	<i>nn</i> 70.00 X
1 LICENSE PLATE WITH HOLDER FRT	\$	<i>nn</i> 120.00 <i>45sn</i>
TOTAL	\$	368.00
TOTAL PARTS	\$	4,074.61

Trans-cab Auto Services Pte Ltd**AAD2102-038**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5951L**LABOUR**

(LUMP SUM)

Repair Days

30 Days

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, Adjust And Realign The Same	\$	3,000.00	2001
To Rust-Proofing Of The Affected Areas.	\$	nn 170.00	X
To reinstall rear bumper parking sensor.	\$	4 170.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	4 170.00	X
To repair and realign rear exhaust pipe.	\$	4 170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	4 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	4 170.00	X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	4 170.00	X
To check steering geometry and computer wheel alignment	\$	4 220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	101

TOTAL \$ 7,580.00**Over All Total \$ 15,361.22**

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SHC5951L

AAD2102-038

(LUMP SUM)

Repair Days

10 DAYS

2 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	08/02/2021 12:02 (SGT)
Date of Accident	07/02/2021 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK10A HOLLAND DR MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5951L
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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 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 - 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	CHEW TECK KWEE
NRIC No	SXXXX671H
Date Of Birth	29/12/1962
Occupation	Outdoor

Date Of Driving Pass	20/06/1983
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97576755
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	32 GHIM MOH LINK #14-290
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)	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

I WAS DRIVING AT 10A HOLLAND DR MSCP. WHEN I TURNING UP TO DECK 3A, SUDDENLY I SAW VEHICLE B REVERSING INTO HIS PARKING LOT. I APPLIED MY BRAKE BUT FRONT OF MY VEHICLE ACCIDENTALLY KNOCKED ONTO RIGHT REAR SIDE OF 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	SLF6695G
Vehicle Manufacturer	Mitsubishi
Vehicle Model	ATTRAGE 1.2 CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG KWAN YONG
NRIC No	SXXXX800D
Contact Number	(Phone) +65-94872109
Address	-

10A HOLLAND DR
MSCP

A: 3HC5A51L

3: SLF66A5G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

1/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
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT (2000 characters)

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SUDDENLY I SAW VEHICLE B REVERSING INTO HIS PARKING LOT . I APPLIED
MY BRAKE BUT FRONT OF MY VEHICLE ACCIDENTALLY KNOCKED ONTO RIGHT
REAR SIDE OF VEHICLE B . NO INJURIES INVOLVED .

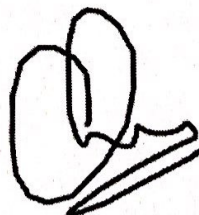
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: