

ASS. REC. BY:

REF:

EGW/21002913/Kgd3

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. CDMCG21000400

Sum Insured:

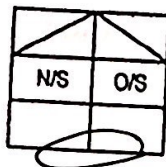
Excess:

(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:

06 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:

S14D305E Yr Regn: 03/16

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

Truck / Trailer or

Make:

Renault Latitude c.c. 1995

Colour

h. white/Red

AC: Insured / Std / NI / NA

Sp. Reading

672582

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 282327

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: N/A / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

TOYO/YOKO or

Pailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/3/21

D.O.I.

4/3/2021

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

29/03/21@1.58pm revised to Phoebe Xie via Merimen.

31/03/21@9.37am confirmed with Wai Yin LS \$6150, 6 days (Red \$21831.61, 78%)

Date/Time, File Pass to?

1) 31/03 Typist

Date/Time, File Return to?

2)

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

6

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format :

MER-TP

Lump Sum / L.B.I. (\$

6150

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

SHD305E**AAD2103-018***Not Notified**L1Smp B 6200f**Resurvey After Paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

04 MAR 2021

Date of Accident :

Third Party Insurer : *Specialist Mart*

Date of Registration :

SHD305E

VF1ABL15AUC282327

RENAULT

LATITUDE

03/03/2021

ERGO

04/03/2016

PART		LIST
1 REAR BOOT	\$	<i>Bj</i> 1,677.20 —
1 BOOT FINISHER	\$	<i>Warp</i> 344.70 —
1 BOOT STRUT LH	\$	<i>Sn</i> 145.10 X
1 BOOT STRUT RH	\$	<i>Sn</i> 145.10 X
1 BOOT WEATHERSTRIP	\$	<i>89.10Sn</i> <i>Nilrad</i> 178.20 <i>508Sn</i>
1 BOOT HINGE LH	\$	<i>R</i> 254.20 X
1 BOOT HINGE RH	\$	<i>R</i> 254.20 X
1 BOOT BADGE 'RENAULT'	\$	<i>me</i> 82.40 —
1 BOOT BADGE	\$	<i>me</i> 95.80 —
1 BOOT LOCK	\$	<i>R</i> 246.60 X
1 BOOT REFLECTOR LAMP LH	\$	<i>CM</i> 277.70 —
1 BOOT REFLECTOR LAMP RH	\$	<i>CM</i> 277.70 —
1 BUMPER COVER REAR	\$	<i>Bj</i> 561.70 —
1 BUMPER LOWER REAR	\$	<i>Sn</i> 411.90 X
1 BUMPER REFLECTOR RH	\$	<i>Sn</i> 16.60 X
1 BUMPER BRACKET CTR REAR	\$	<i>Nil</i> 98.10 —
1 BUMPER BRACKET SIDE RH REAR	\$	<i>Sn</i> 82.10 X
1 BUMPER RETAINER RH REAR	\$	<i>Sn</i> 59.80 X
1 BUMPER BRACKET SIDE LH REAR	\$	<i>Sn</i> 80.80 X
1 BUMPER RETAINER LH REAR	\$	<i>Sn</i> 54.20 X
1 BUMPER BEAM REAR	\$	<i>Bj</i> 547.80 —
1 BUMPER BEAM BRACKET LH REAR	\$	<i>R</i> 114.50 X
1 BUMPER BEAM BRACKET RH REAR	\$	<i>R</i> 114.50 X
1 OUTER PANEL REAR (End Panel)	\$	<i>Bj</i> 745.80 —
1 OUTER PANEL REAR (End Panel)TRIM	\$	<i>Nil</i> 404.56 —
1 FENDER PANEL REAR RH	\$	<i>R</i> 1,933.20 X
1 WHEELARCH REAR RH	\$	<i>Sn</i> 275.40 X

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SHD305E

- 1 TAILLAMP LH
- 1 TAILLAMP RH

\$	<i>my cm</i>	401.40	✓
\$	<i>cm</i>	401.40	✓
\$		10,282.66	
10% \$		1,028.27	
\$		9,254.39	

Special Nett

- 1SET PARKING AID
- 1SET FENDER CLIP
- 1SET FENDER LINER CLIP
- 1SET REAR BUMPER CLIP
- 1SET BUMPER BRACKET CTR CLIP
- 1SET BUMPER BRACKET SIDE CLIP RH RR
- 1SET BUMPER RETAINER RH CLIP RR
- 1SET BUMPER BRACKET SIDE CLIP LH RR
- 1SET BUMPER RETAINER CLIP LH RR
- 1SET BUMPER LOWER REAR CLIP
- 1 REAR NUMBER PLATE WITH MOULDING
- 1 EXHAUST MOUNTING REAR
- 1 BUMPER CLIP FRT
- 1 BUMPER RETAINER CLIP FRT
- 1 BUMPER GRILLE LOWER CLIP
- 1 LICENSE PLATE WITH HOLDER FRT
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	<i>shot</i>	700.00	<i>400.00</i>
\$	<i>nn</i>	65.00	X
\$	<i>nn</i>	60.00	X
\$	<i>nn</i>	66.00	✓
\$	<i>nn</i>	33.00	
\$	<i>nn</i>	10.00	
\$	<i>nn</i>	20.00	
\$	<i>nn</i>	10.00	
\$	<i>nn</i>	20.00	
\$	<i>nn</i>	66.00	
\$	<i>nn</i>	180.00	
\$	<i>nn</i>	17.82	
\$	<i>nn</i>	85.00	
\$	<i>nn</i>	70.00	
\$	<i>nn</i>	70.00	
\$	<i>nn</i>	120.00	
\$	<i>nn</i>	150.00	
\$	<i>nn</i>	200.00	
\$	<i>nn</i>	130.00	
TOTAL	\$	1,592.82	
TOTAL PARTS	\$	10,847.21	

LABOUR

To Remove And Refit Rear Big and Small W/Screen
Glass To Facilitate Bodywork Repair.

\$ *nn* 300.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 3,000.00 *8801*

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SHD305E

Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of Parts, \$ 3,000.00 *700/*
Adjust And Realign The Same

To Rust-Proofing Of The Affected Areas. \$ 170.00 *60/*

To reinstall rear bumper parking sensor. \$ 170.00 *60/*

To transfer of bootlid fittings, attachments and
perform water seepage test. \$ 170.00 *60/*

To repair and realign rear exhaust pipe. \$ *nn* 170.00 X

To drop rear exhaust box, renew the same, to repair
and realign centre exhaust pipe. \$ *nn* 170.00 X

To transfer of rear end panel fittings, attachment and
perform water seepage test. \$ 170.00 *60/*

To transfer of rear windscreen fittings and conduct
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 *20/*

TOTAL \$ 7,880.00

Over All Total \$ 27,981.61

(LUMP SUM)

Repair Days

20 DAYS

6 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:

.....	20/12/1993
.....	27 YEARS AND 3 MONTHS
.....	Male
.....	(Phone) +65-98000453
.....	-
.....	Claims@transcab.com.sg
.....	729 CLEMENTI WEST ST 2
.....	#04-350
.....	-
.....	No
.....	Hirer
.....	No
.....	-
.....	-

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	P1
Gender	Female

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 ALONG SEMBAWANG ROAD TOWARDS YISHUN AVE 3 . I SAW A BUS WAS TURNED ON HIS SIGNAL AND FILTERING INTO MY LANE . I SLOWED DOWN MY VEHICLE AND STOPPED FOR GIVING WAY . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . 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	GBJ5220Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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 03/03/2021 15:19 (SGT)
Date of Accident 03/03/2021 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SEMBAWANG ROAD BEFORE YIHSUN AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD305E

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 +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

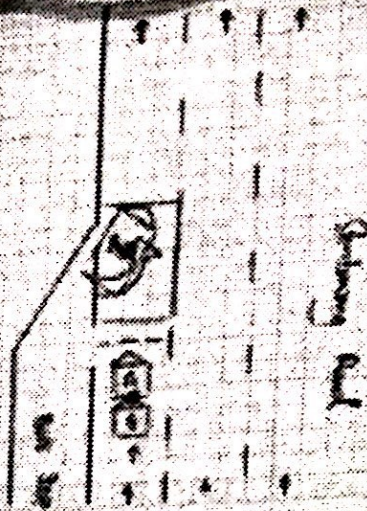
INSURANCE COMPANY

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

DRIVER

Name of Driver GOH KAH BENG
NRIC No SXXXX712B
Date Of Birth 03/04/1964
Occupation Outdoor

 Accident report SA0A21330003



REFER TO ATTACHED STATEMENT.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

✓We declare the foregoing particulars are true in every respect.

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NR/C/PN No

ACCIDENT STATEMENT (2000 characters)

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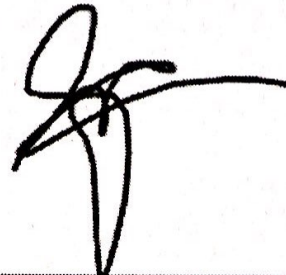
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

3 March 2021 at 1:31 PM

3 March 2021 at 1:31 PM