

ASS. REC. BY:

REF:

TMI/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s: Trans Cab

of _____

Insured: _____

Policy No. _____

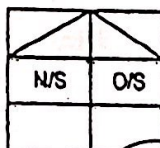
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 01 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: SITC 5402E Yr Regn: 111 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Prime Mover /

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 714247 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIF/ABL 15AUC 279583Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: M / 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 mm R/Bal. 9 mmL/Bal. 8 mm L/Bal. 9 mmD.O.A. 20/3/21 D.O.I. 23/3/2021

Survey held at _____

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

Rear O/S

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

Date / Time Action / Instruction

8:22oh

Date/Time, File Pass to?

☐ : Prel. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

S + RS. \$ _____

Fees

Others

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

SHC5402E**AAD2103-110***Not Authen**8220*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

23 MAR 2021**SHC5402E**

VF1ABL15AUC279583

RENAULT

LATITUDE

20/03/2021

TOKIO

04/11/2014

PART**LIST**

1 BUMPER COVER REAR	\$	561.70
1 BUMPER LOWER REAR	\$	411.90
1 BUMPER BRACKET CTR REAR	\$	98.10
1 BUMPER BRACKET SIDE RH REAR	\$	82.10
1 BUMPER RETAINER RH REAR	\$	59.80
1 BUMPER BRACKET SIDE LH REAR	\$	80.80
1 BUMPER RETAINER LH REAR	\$	54.20
1 BUMPER BEAM REAR	\$	547.80
1 BUMPER BEAM BRACKET LH REAR	\$	114.50
1 BUMPER BEAM BRACKET RH REAR	\$	114.50
	\$	2,125.40
10%	\$	212.54
	\$	1,912.86

Special Nett

1SET PARKING AID	\$	700.00
1SET REAR BUMPER CLIP	\$	66.00
1SET BUMPER BRACKET CTR CLIP	\$	33.00
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	10.00
1SET BUMPER RETAINER RH CLIP RR	\$	20.00
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	10.00
1SET BUMPER RETAINER CLIP LH RR	\$	20.00
1SET BUMPER LOWER REAR CLIP	\$	66.00
TOTAL	\$	925.00
TOTAL PARTS	\$	2,837.86

LABOUR

Putty And Spray Painting Of The Affected Portion.

\$

3,000.00 22d

Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of Parts,
Adjust And Realign The Same

\$

~ 3,000.00 X

To Rust-Proofing Of The Affected Areas.

\$

~ 170.00 X

To reinstall rear bumper parking sensor.

\$

~ 170.00 X

To transfer of bootlid fittings, attachments and
perform water seepage test.

\$

~ 170.00 X

To repair and realign rear exhaust pipe.

\$

~ 170.00 X

To drop rear exhaust box, renew the same, to repair
and realign centre exhaust pipe.

\$

~ 170.00 X

To transfer of rear end panel fittings, attachment and
perform water seepage test.

\$

~ 170.00 X

To transfer of rear windscreen fittings and conduct
water seepage test.

\$

~ 170.00 X

To check steering geometry and computer wheel
alignment

\$

~ 220.00 X

To Check Electrical Lighting Concerned.

\$

~ 170.00 X

TOTAL

\$

7,580.00

Over All Total

\$

12,330.72

(LUMP SUM)

Repair Days

20 DAYS

1 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	20/03/2021 17:32 (SGT)
Date of Accident	20/03/2021 00:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	VICTORIA STREET JUNCTION OF ROCHOE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5402E
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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 - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

DRIVER

Name of Driver	CHAN CHUAN HENG
NRIC No	SXXXX785J

Date Of Birth	26/07/1968
Occupation	Outdoor
Date Of Driving Pass	01/09/1993
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98421811
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Eunos Grove, 613A Bedok Reservoir Road 471613
Address complement	#10-1362
Postcode	471613
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	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

There was road work on the 3rd lane along VICTORIA STREET. Upon approaching the traffic junction, I saw front vehicle almost had collision with the vehicle from the extreme left lane. Hence I slowed down and stopped to check. Suddenly I felt an impact from behind and saw a vehicle had already bumped onto my vehicle right side portion. Refer to video footage.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UPLOADED INTO TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH8515H
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS PLUS (AUTO)

SKETCH PLAN

Rochor Rd



Victoria Street

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

A: SHC 5402 E

B: SMH 8515 H

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.:

ACCIDENT STATEMENT (2000 characters)

There was road work on the 3rd lane along VICTORIA STREET. Upon approaching the traffic junction, I saw front vehicle almost had collision with the vehicle from the extreme left lane. Hence I slowed down and stopped to check. Suddenly I felt an impact from behind and saw a vehicle had already bumped onto my vehicle right side portion. Refer to video footage.

Taxi Voucher No.:

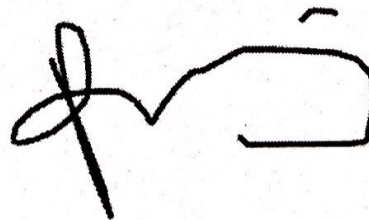
OK

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 March 2021 at 3:00 PM

Date/Time:

20 March 2021 at 3:00 PM