

ASS. REC. BY:

REF:

22 /

CC3/EQ121003927/Kqf3

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

of _____

Insured: _____

Policy No. _____

Claims No. DM21HO00457-JG

Sum Insured: _____

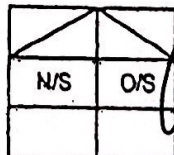
Excess: _____

(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: _____

08 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: S140 636A

Yr Regn: 17, 17

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

Truck / Trailer or

Make: Renault Latitude

c.c.

1895

Colour

m. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

4400044

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC

283390

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size: F:

F:

215/60R16

R:

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

8

mm

D.O.A.

19/3/21

D.O.I.

23/3/2021

Survey held at _____

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

O/S body

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

Date / Time

Action / Instruction

1 Got BL

25/03/21 @ 4.34pm Email GIA, police report, estimate & revised to EQI.

20/04/21 @ 1.59pm confirmed with Wai Yin LS \$9750, 8 days. (Red \$11879.62, 55%)

Date/Time, File Pass to?

☐

Prell. Report

1) 20/04 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation:

\$ - RS. SI

Fees

Others

Report Format: TP

Lump Sum / +B+ (\$

9750

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

SHD636A**AAD2103-108***Not Authored**1/1/2021*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

23 MAR 2021**SHD636A**

VF1ABL15AUC283390

RENAULT

LATITUDE

19/03/2021

EQ

30/11/2017

PART**LIST**

1	DOOR PANEL FRT RH	\$	<i>Ry</i> 2,844.66 ✓
1	DOOR WEATHERSTRIP FRT RH	\$	<i>Sn</i> 410.27 X
1	DOOR HINGE UPPER FRT RH	\$	<i>n</i> 261.28 X
1	DOOR HINGE LOWER FRT RH	\$	<i>n</i> 300.55 X
1	DOOR REGULATOR FRT RH	\$	<i>Sn</i> 505.19 X
1	DOOR REGULATOR MOTOR FRT RH	\$	<i>Sn</i> 796.46 X
1	DOOR HANDLE OUTER FRT RH	\$	<i>Sn</i> 477.76 X
1	DOOR HANDLE MODULE FRT RH	\$	<i>Sn</i> 133.60 X
1	DOOR PANEL REAR RH	\$	<i>Ry</i> 2,844.66 ✓
1	DOOR HINGE UPPER REAR RH	\$	<i>n</i> 241.60 X
1	DOOR HINGE LOWER REAR RH	\$	<i>Di</i> 169.90 ✓
1	DOOR REGULATOR REAR RH	\$	<i>Di</i> 450.60 ✓
1	DOOR REGULATOR MOTOR REAR RH	\$	<i>Tn</i> 758.10 ✓
1	DOOR HANDLE OUTER REAR RH	\$	<i>Sn</i> 42.10 X
1	DOOR HANDLE MODULE REAR RH	\$	<i>Sn</i> 133.40 X
1	DOOR GLASS REAR RH	\$	<i>Shaw</i> 364.70 ✓
1	DOOR 1/4 GLASS REAR RH	\$	<i>n</i> 229.20 ✓
1	DOOR MOULDING REAR RH	\$	<i>nd</i> 100.50 ✓
1	DOOR FINISHER REAR RH	\$	<i>Sn</i> 230.30 X
1	DOOR WEATHERSTRIP REAR RH	\$	<i>Sn</i> 311.60 <i>506.10</i>
1	DOOR SEAL REAR RH	\$	<i>Sn</i> 119.80 X
1	DOOR FINISHER INNER REAR RH	\$	<i>Sn</i> 183.70 X
1	DOOR GLASS RUNNER SEAL REAR RH	\$	<i>Sn</i> 116.10 ✓
1	DOOR WAIST SEAL OUTER REAR RH	\$	<i>Sn</i> 99.40 X
1	BUMPER COVER REAR	\$	<i>n</i> 561.70 X
1	BUMPER LOWER REAR	\$	<i>Sn</i> 411.90 X
1	FENDER PANEL REAR RH	\$	<i>Ry</i> 1,933.20 ✓
1	WHEELARCH REAR RH	\$	<i>Sn</i> 275.40 X
1	TAILLAMP RH	\$	<i>CR</i> 401.40 ✓
1	ROCKER PANEL OUTER RH	\$	<i>Ry</i> 1,184.99 ✓

Trans-cab Auto Services Pte Ltd**AAD2103-108**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD636A

TOTAL	\$	16,894.02
10%	\$	1,689.40
	\$	15,204.62

Special Nett

1 REAR BUMPER CLIP	\$	nn	65.00	X
1SET FENDER SCREW	\$	nn	60.00	X
1 TYRE	\$	nn	300.00	X
1 RIM	\$	nn	350.00	X
1 DOOR FINISHER CLIP	\$	nn	60.00	X
1 DOOR MOULDING CLIP	\$	nn	60.00	X
1 DOOR STICKER TRANSCAB	\$	nn	100.00	605m
1 DOOR STICKER TEL NO.	\$	nn	100.00	605m
1 DOOR STICKER CLASSIC	\$	nn	100.00	155m
2 WINDSCREEN SEALANT	\$	nn	150.00	405m
1 WINDSCREEN MOULDING	\$	nn	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	nn	130.00	305m
TOTAL	\$		1,675.00	

TOTAL PARTS \$ 16,879.62**LABOUR**

Towing fees	\$	170.00	50%
To transfer of door fittings, attachment and perform water seepage test.	\$	300.00	120%
To check steering geometry and computer wheel alignment	\$	nn	220.00 X
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	120%
To remove and refit interior fittings, trimings, garnish, fittings and others, to enable repair.	\$	380.00	100%

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SHD636A

Panel beating, knocking and straightening the
necessary portion, remove and renewal of parts,
adjust and realign the same

\$ 1,400.00 1200

To rust-proofing and apply undercoat of the affected
areas.

\$ 240.00 120

Putty and spray painting of the affected portion.

\$ 1,400.00 1100

To transfer of tire, rim and on wheel balancing.

\$ 170.00 X

To Check Electrical Lighting Concerned.

\$ 170.00 20

TOTAL \$ 4,750.00

Over All Total \$ 21,629.62

LUMP SUM (REPAIR DAY) 20 DAYS

8 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 01:09 (SGT)
Date of Accident 19/03/2021 15:40 (SGT)
Exact Location of Accident Indus Rd, Singapore
Additional Location Information JUNCTION OF INDUS ROAD AND GANGES AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD636A
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 - 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 BALBIR SINGH S/O KATAR SINGH
NRIC No SXXXX499I

Date Of Birth	13/07/1961
Occupation	Outdoor
Date Of Driving Pass	27/01/1993
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97928906
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	712 Clementi West Street 2
Address complement	#03-185
Postcode	120712
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:T/20210320/2025 LODGED AT BUKIT MERAH WEST N P C

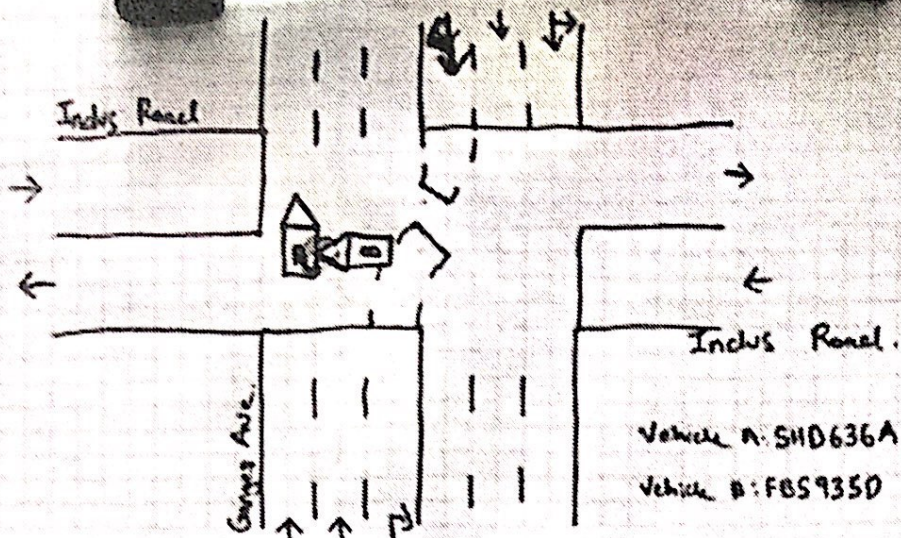
ATTACHMENT(S)

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS935D
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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210320/2025

1 of 3

Report No. T/20210320/2025

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2021 10:53	Video Report No.: E/20210319/0075	Station Diary No.: 12
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Name of Informant: BALBIR SINGH S/O KATAR SINGH		Address: APT BLK 712 CLEMENTI WEST STREET 2 #03-185 SINGAPORE 120712	
ID Type / ID No.: NRIC NO / S1479499I		Contact No.:	Mobile: 97028008
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 13/07/1961	Type of Informant: Driver
Race: Sikh		Language: English	Institution / School Name:
Occupation: Taxi Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2021 15:30	Type of Location: X-Junction
Location: GANGES AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBS935D	Motorcycle			Black	Slightly Damaged	0
SHD636A	Car	RENAULT		Red	Seriously Damaged	1

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210320/2025

2 of 3

Police Station Of Origin:
Sukit Merah West N.P.C
500 Sukit Merah View #01-01 SINGAPORE
159662
Tel No: 1800-3779999

Report No. T/20210320/2025

CONTINUATION OF REPORT

Name	BALBIR SINGH S/O KATAR SINGH	ID No.	S1479499I
Related Vehicle	SHD636A (Car)	Contact No.	97928906
Hospital/Clinic	CHUNG & EE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/03/2021 at about 3.30pm, I was driving my vehicle bearing registration no. SHD636A (V1) along Ganges Ave/Indus Rd Junction going towards Alexandra Rd. The traffic light was green and I proceeded forward. Suddenly in the middle of the junction, there was a motorcycle bearing registration no. FBS935D (V2) came from the right had collided onto the right side of my vehicle and subsequently he fell down. I then came out and assisted the motorcyclist together with a passer by who saw the accident and subsequently called for ambulance.

The damages to my vehicle were dents on the right side passenger door and shattered window. V2 had some slight damage.