

ASS. REC. BY:

REF:

AGZ/21009251/KP

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 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:

SHC 59441/Yr Regn: 03, 15

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

Truck / Trailer or

-A-

Make:

Renault Caribbe c.c. 1995

Colour

M White/Pel

A/C: Insured / Std / NI / NA

Sp. Reading

805850

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL 15AUC 281463

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60 R16

R:

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

TOYO / YOKO or

Bailon

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

2/9/21

D.O.I.

3/9/2021

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

LUMP SUM \$4650, 3DAYS

RED: 15,157.90; 76%

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

3

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
 SHC5944H

AAD2108-

Not Authorised
6/1 Sep &

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

03 SEP 2021

SHC5944H
VF1ABL15AUC281463
RENAULT
LATITUDE
02/09/2021
AUTO & GENERAL
23/03/2015

PART

- 1 BUMPER COVER FRT
- 1 FENDER PANEL FRT RH
- 1 HEADLAMP RH
- 1 DOOR PANEL FRT RH
- 1 DOOR WEATHERSTRIP FRT RH
- 1 DOOR HANDLE OUTER FRT RH
- 1 DOOR HANDLE MODULE FRT RH
- 1 DOOR REGULATOR FRT RH
- 1 DOOR REGULATOR MOTOR FRT RH
- 1 DOOR HINGE UPPER FRT RH
- 1 DOOR HINGE LOWER FRT RH
- 1 DOOR PANEL REAR RH
- 1 DOOR WEATHERSTRIP REAR RH
- 1 DOOR HANDLE MODULE REAR RH
- 1 DOOR HANDLE OUTER REAR RH
- 1 DOOR REGULATOR REAR RH
- 1 DOOR REGULATOR MOTOR REAR RH
- 1 DOOR HINGE UPPER REAR RH
- 1 DOOR HINGE LOWER REAR RH
- 1 FENDER PANEL REAR RH
- 1 WHEELARCH REAR RH
- 1 ROCKER PANEL OUTER RH

LIST

\$	747.20	X
\$	437.10	✓
\$	743.60	X
\$	2,844.66	✓
\$	410.27	X
\$	477.76	X
\$	133.60	X
\$	505.19	7
\$	796.46	7
\$	261.28	X
\$	300.55	X
\$	2,844.66	✓
\$	311.60	X
\$	133.40	X
\$	42.10	X
\$	450.60	X
\$	758.10	X
\$	241.60	X
\$	169.90	X
\$	1,933.20	X
\$	275.40	X
\$	1,184.99	X
TOTAL \$	16,003.22	
10% \$	1,600.32	
\$	14,402.90	

Special Nett

Trans-cab Auto Services Pte Ltd

AAD2108-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5944H

2	FENDER CLIP	\$	nn	120.00	X
1	DOOR TRIM CLIP	\$	nn	70.00	X
1	DOOR SEAL CLIP	\$	nn	65.00	X
1	DOOR MOULDING CLIP	\$	nn	70.00	X
1	FR BUMPER CLIP	\$	nn	70.00	X
1	RIM	\$	sh	350.00	X
1	DOOR STICKER TRANSCAB	\$	nn	100.00	60sa
1	DOOR STICKER 65553333	\$	nn	100.00	60sa
1	DOOR STICKER CLASSIC	\$	nn	100.00	15sa
TOTAL		\$		1,045.00	

TOTAL PARTS \$ 15,447.90**LABOUR**

To rust-proofing and apply undercoat of the affected areas.	\$	230.00	90a
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	12a
Putty and spray painting of the affected portion.	\$	1,400.00	66a
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	50a
To transfer of tire, rim and on wheel balancing.	\$	nn	170.00 X
To Check Electrical Lighting Concerned.	\$	170.00	2a
To check steering geometry and computer wheel alignment	\$	nn	220.00 X
TOTAL	\$	4,360.00	

Over All Total \$ 19,807.90**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

(LUMPSUM) Repair Days**20 Days****3 days**

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	02/09/2021 13:39 (SGT)
Date of Accident	02/09/2021 06:35 (SGT)
Exact Location of Accident	Near 375 Hougang Street 31, Block 375, Singapore 530375
Additional Location Information	374 HOUGANG ST 31 DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5944H
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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) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Latitude
Variant	2.0L DCI AUTO D/AB 4DR
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	NA

DRIVER

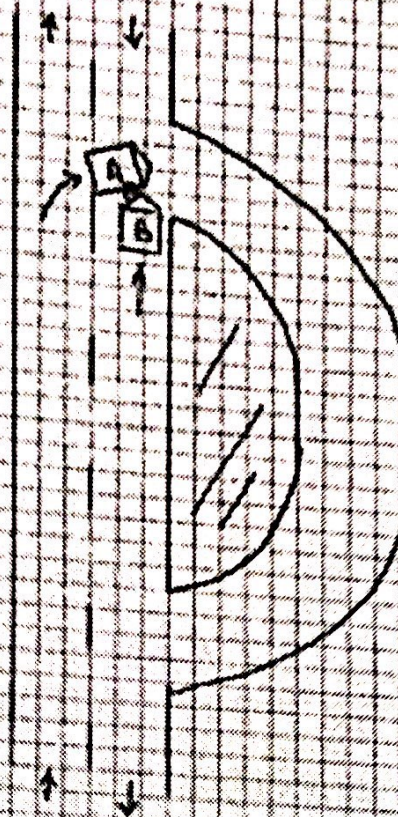
Name of Driver	JULIAN GOH HUI MENG
NRIC No	SXXXX906B

ACCIDENT DIAGRAM

00042021

A: 3005H4H

B: 300494T



DOT UP
PNT

5TH HOSEA
BT 31

Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
SRC/TIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY VEHICLE AT 374 HOUGANG ST 31 CAR PARK TO PICK UP MY PASSENGER . AFTER I STOPPED AND CHECKED THE ROAD WAS CLEAR , I STARTED TO TURN SLOWLY INTO PICK UP POINT . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD GONE AGAINST THE FLOW OF TRAFFIC AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE. HE WAS TRYING TO OVERTAKE BY CUTTING FROM MY RIGHT SIDE .

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: 2/9/2021

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

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