

ASS. REC. BY:

REF:

TMI / CC3/TMI21009623/Ktc

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. MQ001903Claims No. M2104194

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: SHD 364J Yr Regn: 05, 16

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995Colour M. White / Red AC: Insured / Std / NI / NASp. Reading 578865 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 282738Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: M/S/Rim / STD A/Rim orTyre Size: F: Pailun 215/60R16R: Giti

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 7 mmL/Bal. 8 mm L/Bal. 7 mmD.O.A. 3/9/21 D.O.I. 13/9/2021

Survey held at _____

Des. of Damages: 015141 / Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

21 Sep 82250hLump sum \$2250, 2
red: 11514.10
;83%

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

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

SHD364J

AAD2109-021

Not Authorised
11 Sep @ 2250h

Vehicle No.:
 Chassis No.:
 Vehicle Make: **13 SEP 2021**
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :
 Date of Registration :

SHD364J

VF1ABL15AUC282738

RENAULT

LATITUDE

03/09/2021

Tokio.

17/05/2016

PART	LIST
1 BUMPER COVER FRT	\$ Bu 747.20 ✓
1 BUMPER ABSORBER FRT	\$ Bu 394.68 X
1 BUMPER BEAM FRT	\$ R 663.70 X
1 BUMPER BRACKET KIT FRT RH	\$ D11 101.40 —
1 HEADLAMP RH	\$ my cm 743.60 —
1 WIPER RESERVOIR	\$ Bu 179.60 X
1 FENDER PANEL FRT RH	\$ Bu 437.10 ✓
1 WHEELARCH FRT RH	\$ Bu 191.40 X
	\$ 3,267.28
To transfer of rear windscreen fittings and conduct 10% water seepage test.	\$ 326.73
	\$ 2,940.55

Special Nett

1SET BUMPER BRACKET CTR CLIP	\$ Bu 33.00 ✓
1SET BUMPER BRACKET SIDE CLIP RH RR	\$ Bu 10.00 X
1SET BUMPER RETAINER RH CLIP RR	\$ Bu 20.00 ✓
1SET BUMPER BRACKET SIDE CLIP LH RR	\$ Bu 10.00 X
1SET BUMPER RETAINER CLIP LH RR	\$ Bu 20.00 X
1 BUMPER CLIP FRT	\$ Bu 85.00 665u
1 FENDER CLIP	\$ Bu 65.00 X
1 FENDER LINER CLIP	\$ Bu 60.00 X
TOTAL	\$ 303.00
TOTAL PARTS	\$ 3,243.55

LABOUR

Putty And Spray Painting Of The Affected Portion. \$ 3,000.00 *440h*

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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	400%
To Rust-Proofing Of The Affected Areas.	\$	170.00	30%
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	20%

TOTAL \$ 7,580.00**Over All Total \$ 13,764.10****(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 submitted by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of this report will, for a fee, be made available upon application by interested parties.
7. By the submission 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	06/09/2021 13:01 (SGT)
Date of Accident	03/09/2021 18:20 (SGT)
Exact Location of Accident	151 Serangoon North Ave 2, Singapore
Additional Location Information	151 SERANGOON NORTH AVE 2 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD364J
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	-
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	TAN EU TECK
NRIC No	SXXXX230I

Date Of Birth	25/05/1951
Occupation	Outdoor
Date Of Driving Pass	23/09/1969
Driving experience	52 YEARS
Gender	Male
Mobile Number	(Phone) +65-96385788
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	154 SIMEI ST 1
Address complement	#08-59
Postcode	520154
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle 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

MY VEHICLE WAS PARKED AT 151 SERANGOON NORTH AVE 2 CAR PARK. WHEN I CAME BACK TO MY VEHICLE, I SAW A NAME CARD AT MY WINDSCREEN. I CALLED THE DRIVER AND THE DRIVER TOLD ME THAT HE ACCIDENTALLY COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE.

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	GBD8249C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AUDREY LOH
Contact Number	(Phone) +65-96420878

ACCIDENT DIAGRAM

30042021

A: SD364J

B: GB5P49C


51 Gungun North

Ave 2 car park



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

Policyholder's Signature
Date & Time:


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

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