

ASS. REC. BY:

REF:

AGZ/ 21010241Kv

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

04 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: _____

SID 438E

Yr Regn: _____

04, 17

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

Truck / Trailer or _____

Make: _____

Renault

Latitude

c.c

1995

Colour _____

M. White 1Pw

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

539010

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VF1 ABL 15AUC 283409

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm 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. _____

7

mm

L/Bal. _____

9

mm

L/Bal. _____

7

mm

D.O.A. _____

1/10/21

D.O.I. _____

5/10/2021

Survey held at _____

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

N/S Rear

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

Date / Time

Action / Instruction

21/10/21 @ 2750h

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS \$

Fuel \$

Others

TOTAL

Add Fee: ☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

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

SHD438E

AAD2110-

Not Authenik
11 Sep 2021

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

05 OCT 2021

SHD438E

VF1ABL15AUC283409

RENAULT

LATITUDE

01/10/2021

AUTO & GENERAL

27/04/2017

PART

- 1 DOOR PANEL REAR LH
- 1 DOOR HANDLE OUTER REAR LH
- 1 DOOR HANDLE MODULE REAR LH
- 1 DOOR REGULATOR REAR LH
- 1 DOOR REGULATOR MOTOR REAR LH
- 1 DOOR HINGE UPPER REAR LH
- 1 DOOR HINGE LOWER REAR LH
- 1 ROCKER PANEL OUTER LH
- 1 FENDER PANEL REAR LH
- 1 WHEELARCH REAR LH
- 1 BUMPER COVER REAR
- 1 BUMPER REFLECTOR LH

LIST

\$	K Bz	2,844.66	X
\$	Sm	42.10	X
\$	Sm	133.40	X
\$	Sm	450.60	X
\$	Sm	758.10	X
\$	K	241.60	X
\$	K	169.90	X
\$	K	1,184.99	Λ
\$	Bz	1,933.20	✓
\$	Sm	275.40	X
\$	Bz	561.70	✓
\$	CM	16.60	✓
TOTAL	\$	8,612.25	
10%	\$	861.23	
	\$	7,751.03	

Special Nett

- 1 DOOR TRIM CLIP
- 1 DOOR MOULDING CLIP
- 1 DOOR STICKER 65553333
- 1 DOOR STICKER CLASSIC
- 1 REAR BUMPER CLIP
- 1 FENDER CLIP
- 1 FENDER LINER CLIP

\$	nn	70.00	X
\$	nn	70.00	X
\$	nn	100.00	X
\$	nn	100.00	X
\$	nn	65.00	✓
\$	nn	70.00	X
\$	nn	65.00	X
TOTAL	\$	540.00	
TOTAL PARTS	\$	8,291.03	

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SHD438E**LABOUR**

To rust-proofing and apply undercoat of the affected areas.	\$	230.00	301
To transfer of door fittings, attachment and perform water seepage test.	\$	nn 170.00	X
Putty and spray painting of the affected portion.	\$	1,400.00	4401
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	6001
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
TOTAL	\$	4,360.00	
Over All Total	\$	12,651.03	

(LUMPSUM) Repair Days**20 Days****4 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 Policy holder 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 04/10/2021 10:20 (SGT)
Date of Accident 01/10/2021 21:37 (SGT)
Exact Location of Accident Near 270 Orchard Rd, Singapore 238857
Additional Location Information JUNCTION OF ORCHARD ROAD AND CAIRNHILL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD438E

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

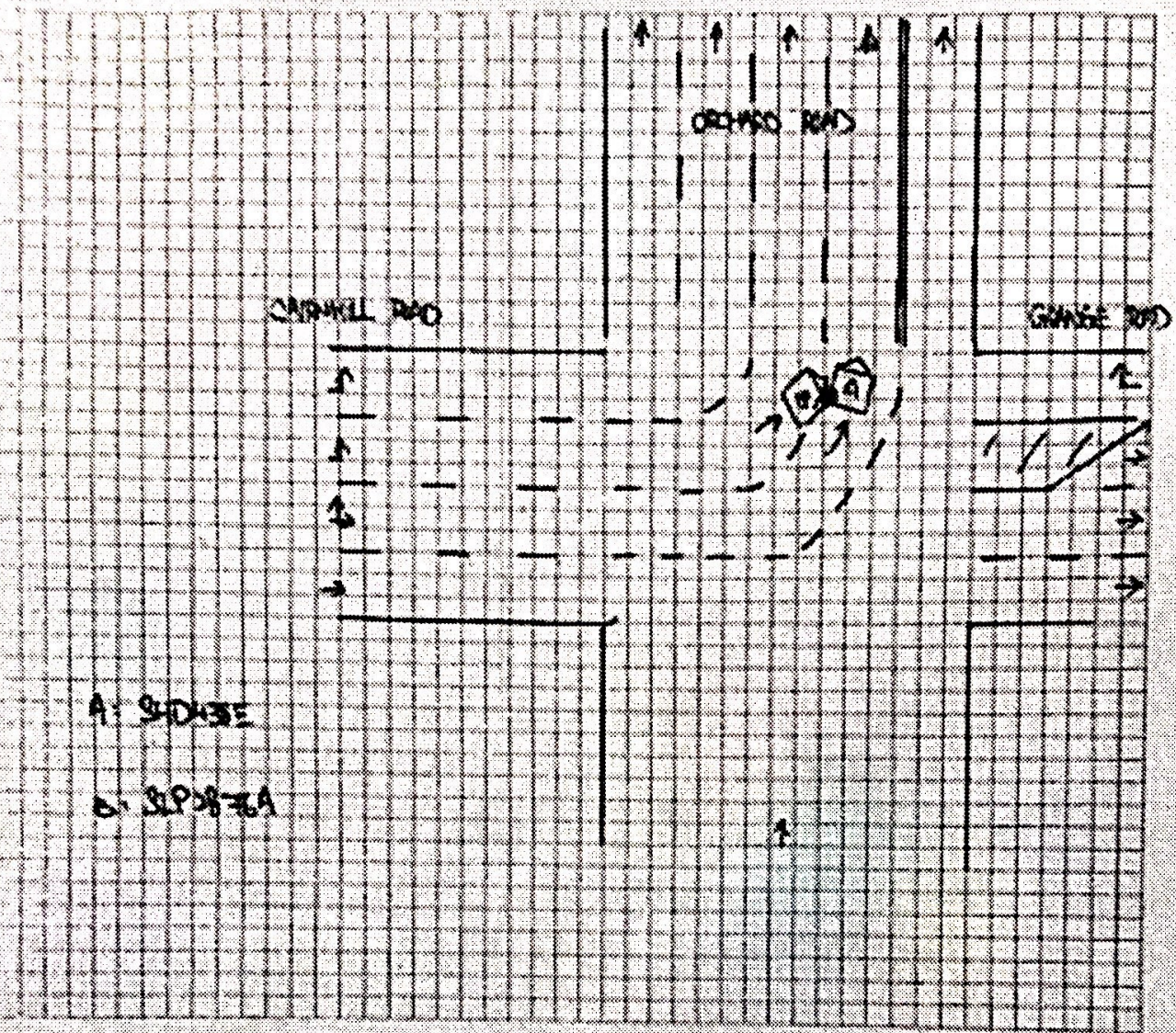
INSURANCE COMPANY

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 TAN YONG SENG
NRIC No SXXXX253J

ACCIDENT DIAGRAM



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/FIN No.: