

ASS. REC. BY:

REF:

AG2/ 210113621KV

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:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SID 358C

Yr Regn:

05, 16

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

Truck / Traller or

Make:

Renault Latitude

c.c

1995

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

522283

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VIFIABL15AUC 282692

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

4/11/21

Rear

R/Bal.

7

mm

L/Bal.

7

mm

D.O.I.

8/11/2021

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ - 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

SHD358C**AADD2111-***Not Notified*
1/1/2021

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD358C

VF1ABL15AUC282692

RENAULT

LATITUDE

04/11/2021

AUTO & GEN

17/05/2016

PART

- 1 BUMPER COVER REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER RH REAR
- 1 BUMPER BRACKET SIDE LH REAR
- 1 BUMPER RETAINER LH REAR
- 1 BUMPER BEAM REAR
- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel)TRIM

LIST	
\$	561.70 ✓
\$	411.90 ✓
\$	98.10 X
\$	82.10 X
\$	59.80 X
\$	80.80 X
\$	54.20 X
\$	547.80 ?
\$	745.80 X
\$	404.56 X
\$	3,046.76
\$	304.68
\$	2,742.08

Special Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1SET BUMPER BRACKET CTR CLIP
- 1SET BUMPER BRACKET SIDE CLIP RH RR
- 1SET BUMPER RETAINER RH CLIP RR
- 1SET BUMPER BRACKET SIDE CLIP LH RR
- 1SET BUMPER RETAINER CLIP LH RR
- 1SET BUMPER LOWER REAR CLIP

\$	700.00 X
\$	66.00 ✓
\$	33.00 X
\$	10.00 X
\$	20.00 X
\$	10.00 X
\$	20.00 X
\$	66.00 ✓
TOTAL	\$ 925.00
TOTAL PARTS	\$ 3,667.08

LABOUR

Trans-cab Auto Services Pte Ltd**AADD2111-**

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SHD358C

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	2201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	2001
To Rust-Proofing Of The Affected Areas.	\$	170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
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 \$ 13,989.17****(LUMP SUM)****Repair Days****28 DAYS**
*2 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 Authorized Driver.
3. Information provided must be as factual and accurate as possible. Any willful 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 case reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurance of the CMA Insurance 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. In the engagement 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 05/11/2021 18:55 (SGT)
Date of Accident 04/11/2021 13:30 (SGT)
Exact Location of Accident Near 15 Woodlands Drive 72, Singapore 738096
Additional Location Information JUNCTION OF WOODLANDS AVE 7 AND WOODLANDS DR ST 73
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD358C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 2XXXXXX78K
Email Address claims@transcab.com.sg
Mobile Phone No (Phone) +65-62876666
Alternative Phone No (Office) +65-62876666

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 HARI SINGH S/O GERNAIL SINGH

ACCIDENT IN

LANDIAW 18 DE ST 72

A: J00358C

B: J009650K

WONG JON KEAT
AVE 7

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.: