

ASS. REC. BY:

REF:

TMI / CC3/TMI22005043/Kqc

## 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 Report:

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:

S1AD 66 U

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Renault Latitude c.c

1995

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

696709

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABC15AUC 282726

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / 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

Poitun

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

23/5/22

D.O.I.

26/5/2022

Survey held at

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

O/S FR

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

Date / Time

Action / Instruction

31/05/22@10.01am revised &amp; email TMI by email.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

S + RS. SI

F. m. s

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

TOTAL

**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

SHD66U

AAD2205-121

*Not Notified*  
*11 May 8*  
*Recovery After Pain*

Vehicle No.:	2202 XAW 9 Z	SHD66U
UEN No:		200303878K
Vehicle Make:	<del>24 MAY 2022</del>	RENAULT
Vehicle Model:		LATITUDE
Date of Accident :		25/5/2022
Third Party Insurer :		SMD7701P / TOKIO MARINE
Date of Registration:		22/3/2016

PART		LIST	
1	DOOR PANEL FRT RH	\$	<i>By</i> 2,844.66 ✓
1	DOOR HINGE UPPER FRT RH	\$	<i>n</i> 274.50 X
1	DOOR HINGE LOWER FRT RH	\$	<i>n</i> 300.55 X
1	ROCKER PANEL OUTER RH	\$	<i>n</i> 1,184.99 X
1	FENDER PANEL FRT RH	\$	<i>By</i> 437.10 ✓
1	WHEELARCH FRT RH	\$	<i>cm</i> 191.40 ✓

TOTAL	\$	5,233.20
10%	\$	523.32
	\$	4,709.88

**Special Nett**

1	DOOR TRIM CLIP	\$	<i>nn</i> 70.00 X
1	DOOR MOULDING CLIP	\$	<i>nn</i> 70.00 X
1	DOOR STICKER TRANSCAB	\$	<i>nn</i> 200.00 <i>60/</i>
1	DOOR STICKER CLASSIC	\$	<i>nn</i> 100.00 <i>15/</i>
1	FENDER CLIP	\$	<i>nn</i> 70.00 ✓
1	FENDER LINER CLIP	\$	<i>nn</i> 65.00 X

TOTAL	\$	575.00
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TOTAL PARTS	\$	5,284.88
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**LABOUR**

To rust-proofing and apply undercoat of the affected areas. \$ 230.00 *60/*

To transfer of door fittings, attachment and perform water seepage test. \$ 170.00 *60/*

Trans-cab Auto Services Pte Ltd  
No. 2 Ang Mo Kio Street 63 Singapore 569111  
Tel No. : 6287 6666 Fax No. : 6257 1330  
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SHD66U

AAD2205-121

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	4001
To transfer of tire, rim and on wheel balancing.	\$	170.00	nn x
To Check Electrical Lighting Concerned.	\$	170.00	151
To check steering geometry and computer wheel	\$	220.00	601
<b>TOTAL</b>	<b>\$</b>	<b>4,360.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>9,644.88</b>	

(LUMPSUM) Repair Days

7 Days  
3 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 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 ..... 25/05/2022 13:31 (SGT)  
Date of Accident ..... 25/05/2022 09:30 (SGT)  
Exact Location of Accident ..... Near SG, Singapore  
Additional Location Information ..... GATEWAY AVE AND ARTILLERY AVE AROUNDABOUT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD66U

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 ..... POH WEE SENG  
NRIC No ..... SXXXX745E

Date Of Birth .....  
Occupation .....  
Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

16/02/1978  
Outdoor  
08/03/1978  
44 YEARS AND 2 MONTHS  
Male  
(Phone) +65-90613093  
-  
claims@transcab.com.sg  
297B COMPASSVALE ST  
#12-18  
542297  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Side Swipe  
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) ..... 2  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name .....  
Gender ..... P1  
Male

#### 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

ON 25/5/2022 AT ABOUT 0930HOURS, I WAS TRAVELLING ALONG GATEWAY AVE TOWARDS ARTILLERY AVE. WHEN I DRIVING MY VEHICLE AT THE LEFT LANE, SUDDENLY VEHICLE B FROM MY RIGHT LANE EXITING TO THE ARTILLERY AVE AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE.

#### 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 ..... VIDEO FOOTAGE WITH TRANSCAB  
Was there any audio recorded? ..... No

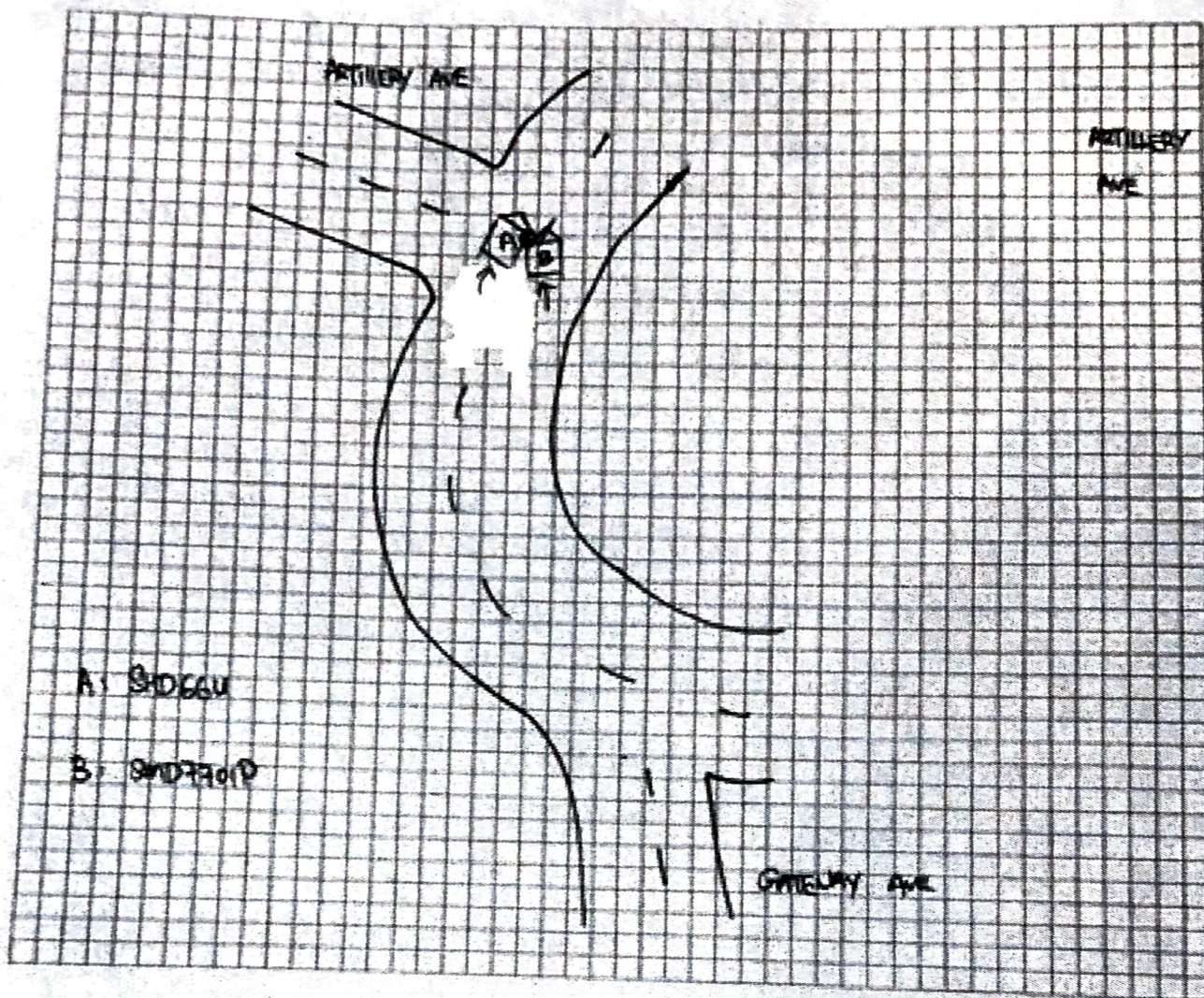
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMD7701P  
Vehicle Manufacturer ..... Hyundai  
Vehicle Model ..... ELANTRA AD 1.6 GLS AT (AMS)



# ACCIDENT DIAGRAM

Ver. 30042021



*[Handwritten Signature]*

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.:



SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/5/2022 AT ABOUT 0930HOURS , I WAS TRAVELLING ALONG GATEWAY AVE TOWARDS SECOND EXIT ARTILLERY AVE . WHEN I DRIVING MY VEHICLE AT THE LEFT LANE , SUDDENLY VEHICLE B FROM MY RIGHT LANE EXITING TO THE LEFT ARTILLERY AVE AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE .

DECLARATION

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

VERIFY 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: 25/5/2022

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