

ASS. REC. BY:

REF:

EQ/22006402/KC

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1 1/2 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:

SHD 827

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Peravit Latitude c.c

1995

Colour

M.White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

790161

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VFI ABL 15 AUC 28261

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / 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

Rear

R/Bal.

mm

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

6

mm

D.O.A.

4/3/22

D.O.I.

3/7/2022

Survey held at

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

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

Date / Time

Action / Instruction

11 Amp @ 600d

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

**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

**SHD82Y****AADD2203-024***Not Notarized  
61 Sep 86002*

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**05 JUL 2022****SHD82Y**

VF1ABL15AUC282661

200303878K

RENAULT

LATITUDE

04/03/2022

**SKG109D/EO**

22/03/2016

**PART****LIST**

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 BEAM REAR  
 1 BUMPER BEAM BRACKET LH REAR  
 1 BUMPER BEAM BRACKET RH REAR  
 1 OUTER PANEL REAR (End Panel)  
 1 OUTER PANEL REAR (End Panel)TRIM

\$	<i>R</i>	561.70	X
\$	<i>na/na</i>	411.90	✓
\$	<i>R</i>	98.10	X
\$	<i>R</i>	82.10	X
\$	<i>R</i>	59.80	X
\$	<i>R</i>	547.80	X
\$	<i>R</i>	114.50	X
\$	<i>R</i>	114.50	X
\$	<i>R</i>	745.80	X
\$	<i>R</i>	404.56	X
\$		<b>3,140.76</b>	
10% \$		<b>1,594.73</b>	
\$		<b><u>14,352.53</u></b>	

**Specical Nett**

1SET PARKING AID  
 1SET REAR BUMPER 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

\$	<i>R</i>	700.00	X
\$	<i>na</i>	66.00	X
\$	<i>na</i>	10.00	X
\$	<i>na</i>	20.00	X
\$	<i>na</i>	10.00	X
\$	<i>na</i>	20.00	X
\$	<i>R</i>	66.00	✓
<b>TOTAL \$</b>		<b>1,509.82</b>	
<b>TOTAL PARTS \$</b>		<b><u>15,862.35</u></b>	

**LABOUR**

**Trans-cab Auto Services Pte Ltd**

AADD2203-024

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD82Y

Putty And Spray Painting Of The Affected Portion.	\$	600 <del>3,000.00</del> 2201	
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	400 <del>3,000.00</del> 121	
To Rust-Proofing Of The Affected Areas.	\$	na 170.00	X
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	X
TOTAL		\$ 7,880.00	

**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:

**Over All Total****(LUMP SUM)****\$ 38,094.89**



## 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	05/03/2022 18:34 (SGT)
Date of Accident	04/03/2022 13:47 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Slip rd of Toh Guan rd and Toh Guan rd east
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD82Y

#### 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

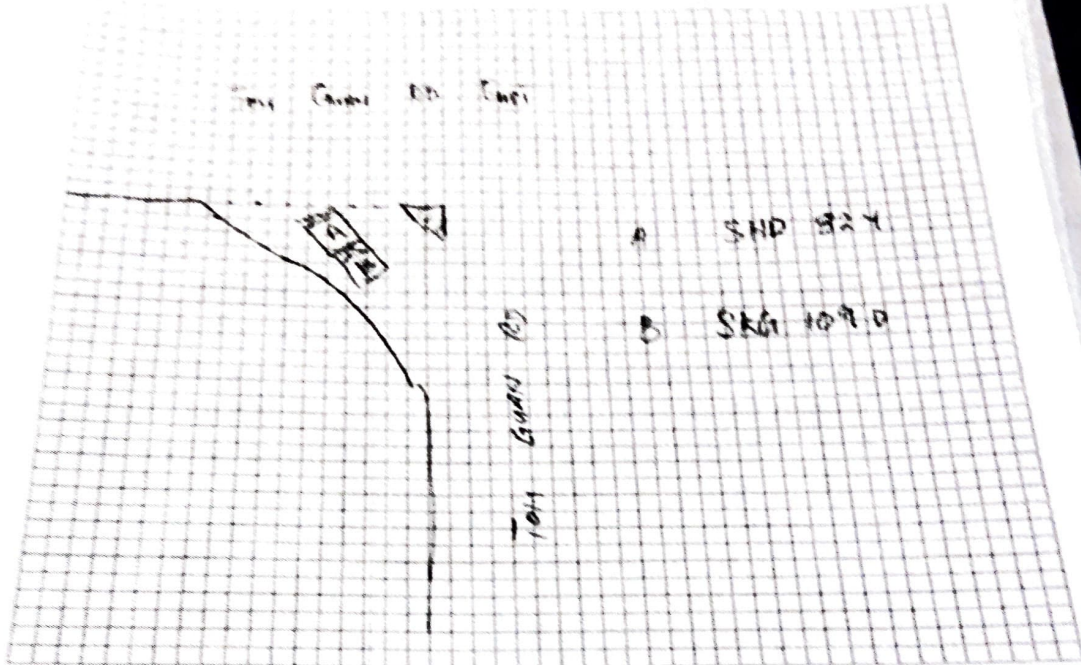
Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR 1998 62876666
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	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	LIM ENG KHOONG
NRIC No	SXXXX226F



Policyholder's Signature  
Date & Time:

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

**VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER**  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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