

ASS. REC. BY:

REF: TMI / CC3/TMI22007076/Kqc

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. _____

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: 845,089/2

IDAC Accident Report: _____

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

27/07/22 @ 9.32am revised & email GIA, estimate to TMI.

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. SI

P. 100

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)Veh No: S140 695DYr Regn: 12, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or _____

Make: Renault Latitudec.c. 1995Colour m-white 1stSp. Reading 551985

Eng/No: _____

C/No: VFI AB215AUC 003203Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModl: M17S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Pailun

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 10/4/22Survey held at ✓

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 25/7/2022

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

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

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

SHD695D**AAD2204-045**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

25 JUL 2022**SHD695D**

VF1ABL15AUC283492

200303878K

RENAULT

LATITUDE

10/04/2022

SKJ4231R/To Kio.

21/12/2017

PART

- 1 BUMPER COVER FRT
- 1 BUMPER RETAINER FRT LH
- 1 HEADLAMP LH
- 1 HEADLAMP PANEL FRT LH
- 1 DOOR PANEL FRT LH
- 1 DOOR HINGE UPPER FRT LH
- 1 DOOR HINGE LOWER FRT LH
- 1 FENDER PANEL FRT LH
- 1 WHEELARCH FRT LH
- 1 AIR CLEANER LOWER
- 1 AIR CLEANER HOSE
- 1 AIR CLEANER BOX

LIST

\$	11	747.20	X
\$	12	101.40	X
\$	12	743.60	X
\$	12	128.30	X
\$	12	2,844.66	X
\$	12	274.50	X
\$	12	300.55	X
\$	12	437.10	✓
\$	12	191.40	X
\$	12	271.26	✓
\$	12	175.85	X
\$	12	464.20	X
\$		6,680.02	
10% \$		668.00	
\$		6,012.01	

Specical Nett

- 1SET BUMPER BRACKET SIDE CLIP LH RR
- 1SET BUMPER RETAINER CLIP LH RR
- 1 DOOR TRIM CLIP
- 1 DOOR MOULDING CLIP
- 1 DOOR STICKER TRANSCAB
- 1 DOOR STICKER CLASSIC
- 1 RIM
- 1 TYRE
- 1 BUMPER CLIP FRT
- 1 FENDER LINER CLIP

\$	12	10.00	X
\$	12	20.00	X
\$	12	70.00	X
\$	12	70.00	80.00 X
\$	12	200.00	60.00
\$	12	100.00	30.00
\$	12	350.00	X
\$	12	300.00	X
\$	12	85.00	X
\$	12	65.00	X

Trans-cab Auto Services Pte Ltd

AAD2204-045

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD695D

TOTAL	\$	1,270.00
TOTAL PARTS	\$	7,282.01

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	6601
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	301
To check steering geometry and computer wheel alignment	\$	220.00	~ X
To Check Electrical Lighting Concerned.	\$	170.00	101

TOTAL	\$	6,560.00
--------------	-----------	-----------------

Over All Total	\$	19,854.03
-----------------------	-----------	------------------

(LUMP SUM)**Repair Days****20 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 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	11/04/2022 21:30 (SGT)
Date of Accident	10/04/2022 01:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BALESTIER ROAD FROM LAVENDER STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD695D

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
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 THIAM LI
NRIC No	SXXXX387E

Date Of Birth	31/12/1968
Occupation	Outdoor
Date Of Driving Pass	17/08/1990
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97918905
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Bedok, 119 Bedok North Road #06-211
Address complement	-
Postcode	460119
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	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	P1
Gender	Female

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

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, AFTER THE JUNCTION OF LAVENDER STREET THIRD PARTY FROM THE LEFT CUT INTO MY LANE IN A FAST SPEED AND COLLIDED ONTO MY FRONT LEFT DOOR. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

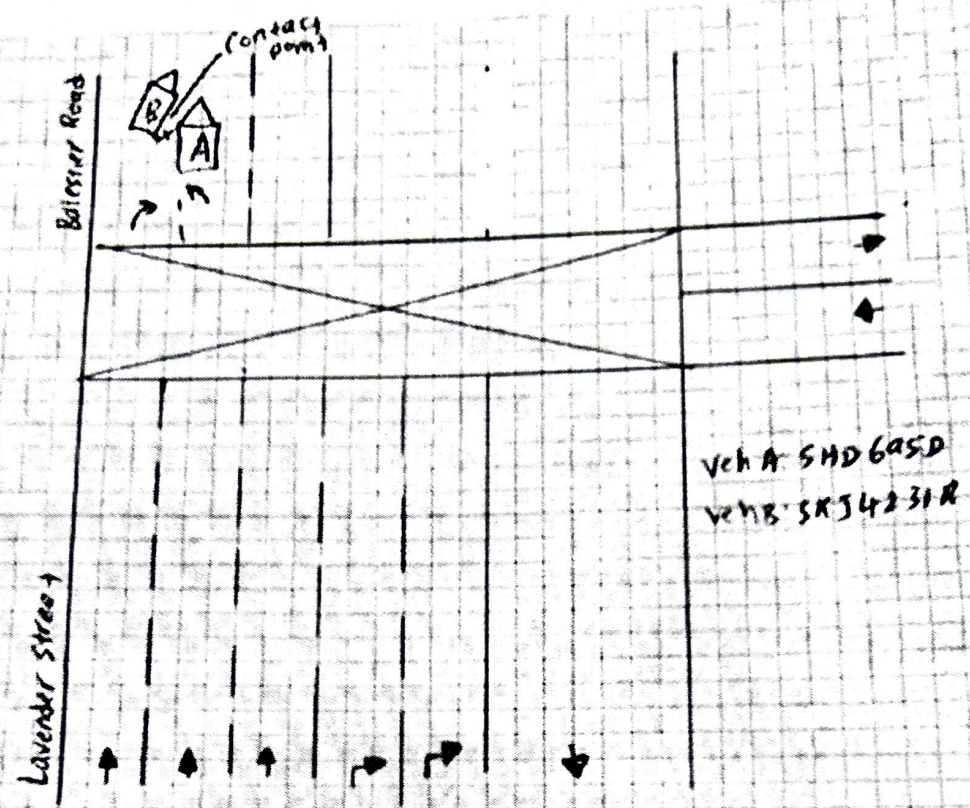
ATTACHMENT(S)

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	WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ4231R
Vehicle Manufacturer	BMW
Vehicle Model	328I 2.0 AT D/AB 4DR ABS HID NAV

ACCIDENT DIAGRAM



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

[Signature]

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.:

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, AFTER THE JUNCTION OF LAVENDER STREET THIRD PARTY FROM THE LEFT CUT INTO MY LANE IN A FAST SPEED AND COLLIDED ONTO MY FRONT LEFT DOOR. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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