

ASS. REC. BY:

REF:

TM1 /

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

STD 317X

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

580127

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1AB215AUC

282370

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

P: 175/80R16

215/60R16

R: Bilun

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

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

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

P. 105

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

SHD317X*Not Authorized*
*L1 Pump &***AAD2208-070**

Vehicle No.:
Chassis No.:
Co UEN:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration :

16 AUG 2022**SHD317X**

VF1ABL15AUC282370

200303878K

RENAULT

LATITUDE

12/08/2022

GBJ5412K/ Toki

04/03/2016

PART

- 1 FENDER PANEL REAR RH
- 1 WHEELARCH REAR RH
- 1 BONNET
- 1 BONNET HINGE LH
- 1 BONNET HINGE RH
- 1 HEADLAMP RH
- 1 ROCKER PANEL OUTER RH
- 1 DOOR MIRROR RH
- 1 FENDER PANEL FRT RH
- 1 WHEELARCH FRT RH
- 1 BUMPER COVER FRT
- 1 BUMPER BRACKET KIT FRT RH
- 1 DOOR PANEL FRT RH

LIST

| | | | |
|--------|---------------|------------------|---|
| \$ | <i>n</i> | 1,933.20 | X |
| \$ | <i>h</i> | 275.40 | X |
| \$ | <i>n</i> | 1,312.70 | X |
| \$ | <i>n</i> | 237.40 | X |
| \$ | <i>n</i> | 237.40 | X |
| \$ | <i>h</i> | 743.60 | X |
| \$ | <i>n</i> | 1,184.99 | X |
| \$ | <i>Not/um</i> | 1,483.40 | ✓ |
| \$ | <i>R</i> | 437.10 | ✓ |
| \$ | <i>h</i> | 191.40 | X |
| \$ | <i>h</i> | 747.20 | X |
| \$ | <i>h</i> | 101.40 | X |
| \$ | <i>R</i> | 2,844.66 | ✓ |
| \$ | | 11,729.85 | |
| 10% \$ | | 1,172.99 | |
| \$ | | 10,556.87 | |

Special Nett

- 1 FENDER CLIP
- 1 FENDER LINER CLIP
- 1 FRT BUMPER CLIP
- 1 RIM
- 1 DOOR STICKER TRANSCAB
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

| | | | |
|-----------------|-----------|-----------------|--------------|
| \$ | <i>nn</i> | 120.00 | X |
| \$ | <i>nn</i> | 130.00 | X |
| \$ | <i>nn</i> | 65.00 | X |
| \$ | <i>h</i> | 350.00 | X |
| \$ | <i>nn</i> | 100.00 | <i>60.00</i> |
| \$ | <i>nn</i> | 150.00 | X |
| \$ | <i>nn</i> | 200.00 | X |
| \$ | <i>nn</i> | 130.00 | X |
| TOTAL \$ | | 1,245.00 | |

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SHD317X**AAD2208-070****TOTAL PARTS \$ 11,801.87****LABOUR**

| | | | |
|---|----|----------|-----|
| Putty And Spray Painting Of The Affected Portion. | \$ | 3,000.00 | 500 |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | 6,000.00 | 400 |
| To Rust-Proofing Of The Affected Areas. | \$ | 170.00 | 60 |
| 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 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 | 200 |

TOTAL \$ 10,240.00**Over All Total \$ 32,598.73****(LUMP SUM)****Repair Days****20 DAYS**
3 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 Actual 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 | 14/08/2022 18:46 (SGT) |
| Reported by | Driver |
| Date of Accident | 12/08/2022 14:10 (SGT) |
| Exact Location of Accident | 852 Jurong West Street 81, Block 852, Singapore 640852 |
| Additional Location Information | PAN ISLAND EXPRESSWAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SHD317X |
|-----------------------------|---------|

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 | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Renault |
| Model | Latitude |
| 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 |
| Policy Number / Cover Note Number | VFX/P2413997 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | TOH WEI BENG |
| NRIC No | SXXXX908C |
| Date Of Birth | 27/04/1975 |
| Occupation | Outdoor |

Date Of Driving Pass 05/05/1995
 Driving experience 27 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97638655
 Alt. Phone Number -
 Email Address tommytohs@gmail.com
 Address 408 CHOA CHU KANG AVE 3
 Address complement 03-301
 Postcode 680408
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name Lady Passenger
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFERT TO POLICE REPORT

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 WILL UPLOAD INTO TRANSCAB

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | GBJ5412K |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Dyna |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | (Phone) +65-83509031 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

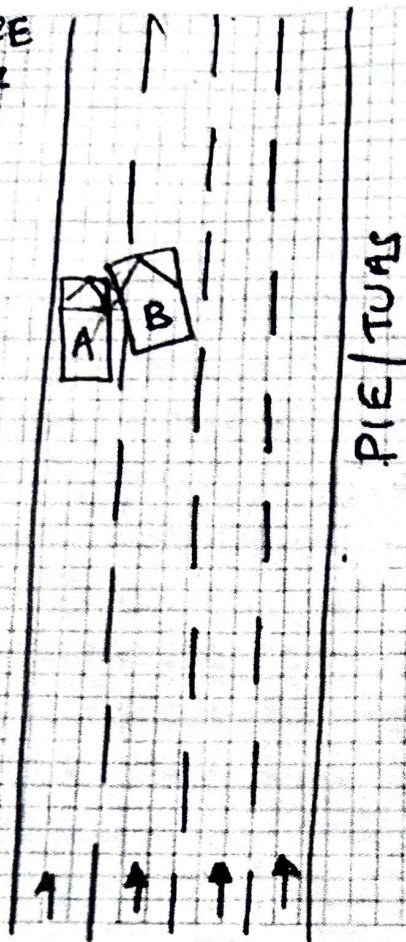
INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | TOH WEI BENG |
| Gender | Male |
| Phone No | (Phone) +65-83509031 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | Neck and Back Pain |
| Were seat belts worn? | SHD317X |
| Was this injured conveyed to hospital by ambulance? | Yes |
| | No |

ACCIDENT DIAGRAM

BEFORE
PIONEER
EXM



A - SHD 317 X

B - GBJ 5412 K.

卓伟明

Policyholder's Signature / Date & Time

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

14/8/22

Witnessed By Reporting Officer
Mohammad Azaly Bin Abdullah

Witnessed by Reporting Centre
Personnel