

ASS. REC. BY:

REF:

A/C 1

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. _____

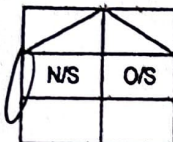
Claims No. _____

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: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 59692 Yr Regn: 08.15

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

Truck / Trailer or _____

Make: Renault Centra C.C. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 748899 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABCL15AUC 002848Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/215/60R16

R: _____

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

TOYO / YOKO or Finaz

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 13/11/22

Survey held at _____

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 12/12/2022

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

N/S body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

2) Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$ _____)

Transportation: _____

☐ : Interview (\$ _____)

Fines: _____

☐ : Tech Invs (\$ _____)

Others: _____

☐ : 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

SHC5969L

AAD2211-092

*Not Notified
11 Sep 8*

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

12 DEC 2022**SHC5969L**

VF1ABL15AUC282213

200303878K

RENAULT

LATITUDE

13/11/2022

SML8455B/AIG

03/08/2015

PART

- 1 DOOR PANEL FRT LH
- 1 DOOR MOULDING FRT LH
- 1 DOOR HANDLE OUTER FRT LH
- 1 DOOR HANDLE MODULE FRT LH
- 1 DOOR REGULATOR FRT LH
- 1 DOOR REGULATOR MOTOR FRT LH
- 1 DOOR HINGE UPPER FRT LH
- 1 DOOR HINGE LOWER FRT LH
- 1 DOOR PANEL REAR LH
- 1 DOOR HANDLE OUTER REAR RH
- 1 DOOR HANDLE MODULE REAR RH
- 1 DOOR REGULATOR REAR LH
- 1 DOOR REGULATOR MOTOR REAR LH
- 1 DOOR HINGE UPPER REAR LH
- 1 DOOR HINGE LOWER REAR LH
- 1 ROCKER PANEL OUTER LH
- 1 FENDER PANEL REAR LH
- 1 WHEELARCH REAR LH

LIST

\$	<i>Bz</i> 2,844.66 ✓
\$	<i>Sn</i> 100.50 X
\$	<i>Sn</i> 169.50 X
\$	<i>Sn</i> 133.40 X
\$	<i>Sn</i> 501.40 X
\$	<i>Sn</i> 758.10 X
\$	<i>n</i> 274.50 X
\$	<i>n</i> 300.55 X
\$	<i>Bz</i> 2,844.66 ✓
\$	<i>Sn</i> 42.10 X
\$	<i>Sn</i> 133.40 X
\$	<i>Sn</i> 450.60 X
\$	<i>Sn</i> 758.10 X
\$	<i>n</i> 241.60 X
\$	<i>n</i> 169.90 X
\$	<i>Bz</i> 1,184.99 ✓
\$	<i>n</i> 1,933.20 X
\$	<i>n</i> 275.40 X
TOTAL \$	13,116.56
10% \$	1,311.66
\$	11,804.90

Special Nett

- | | | | |
|---|-----------------------|----|-------------------------------|
| 2 | DOOR TRIM CLIP | \$ | <i>na</i> 140.00 X |
| 2 | DOOR MOULDING CLIP | \$ | <i>na</i> 140.00 X |
| 1 | DOOR STICKER TRANSCAB | \$ | <i>na</i> 100.00 <i>osome</i> |

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SHC5969L

- 1 DOOR STICKER 65553333
- 1 DOOR STICKER CLASSIC
- 1 FENDER CLIP
- 1 FENDER LINER CLIP

\$	nn	100.00	65.00
\$	nn	100.00	15.00
\$	nn	70.00	X
\$	nn	65.00	X
TOTAL		\$	715.00

TOTAL PARTS	\$	12,519.90
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LABOUR

To rust-proofing and apply undercoat of the affected areas.	\$	230.00	901
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	1201
Putty and spray painting of the affected portion.	\$	1,750.00	7001
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	1,750.00	6601
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
TOTAL		\$	4,460.00

Over All Total	\$	16,979.90
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(LUMPSUM) Repair Days 05 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 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	14/11/2022 20:46 (SGT)
Reported by	Driver
Date of Accident	13/11/2022 19:20 (SGT)
Exact Location of Accident	Near 81 Anson Rd, Singapore 079908
Additional Location Information	ANSON ROAD BEFORE M HOTEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5969L
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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	CHONG KWAN CHEW
NRIC No	SXXXX668B
Date Of Birth	20/05/1969
Occupation	Outdoor

Date Of Driving Pass	14/08/1995
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96781877
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	JURONG WEST CENTRAL 1
Address complement	#10-168
Postcode	643685
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)	4
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	P1
Gender	Female

PASSENGER 2

Name	P2
Gender	Female

PASSENGER 3

Name	P3
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

ON 13/11/2022 AT ABOUT 1920HOURS , I WAS TRAVELLING ALONG ANSON ROAD TOWARDS CENTRAL AREA . WHEN I DRIVING AT MOST RIGHT LANE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO LEFT SIDE OF MY VEHICLE .

ATTACHMENT(S)

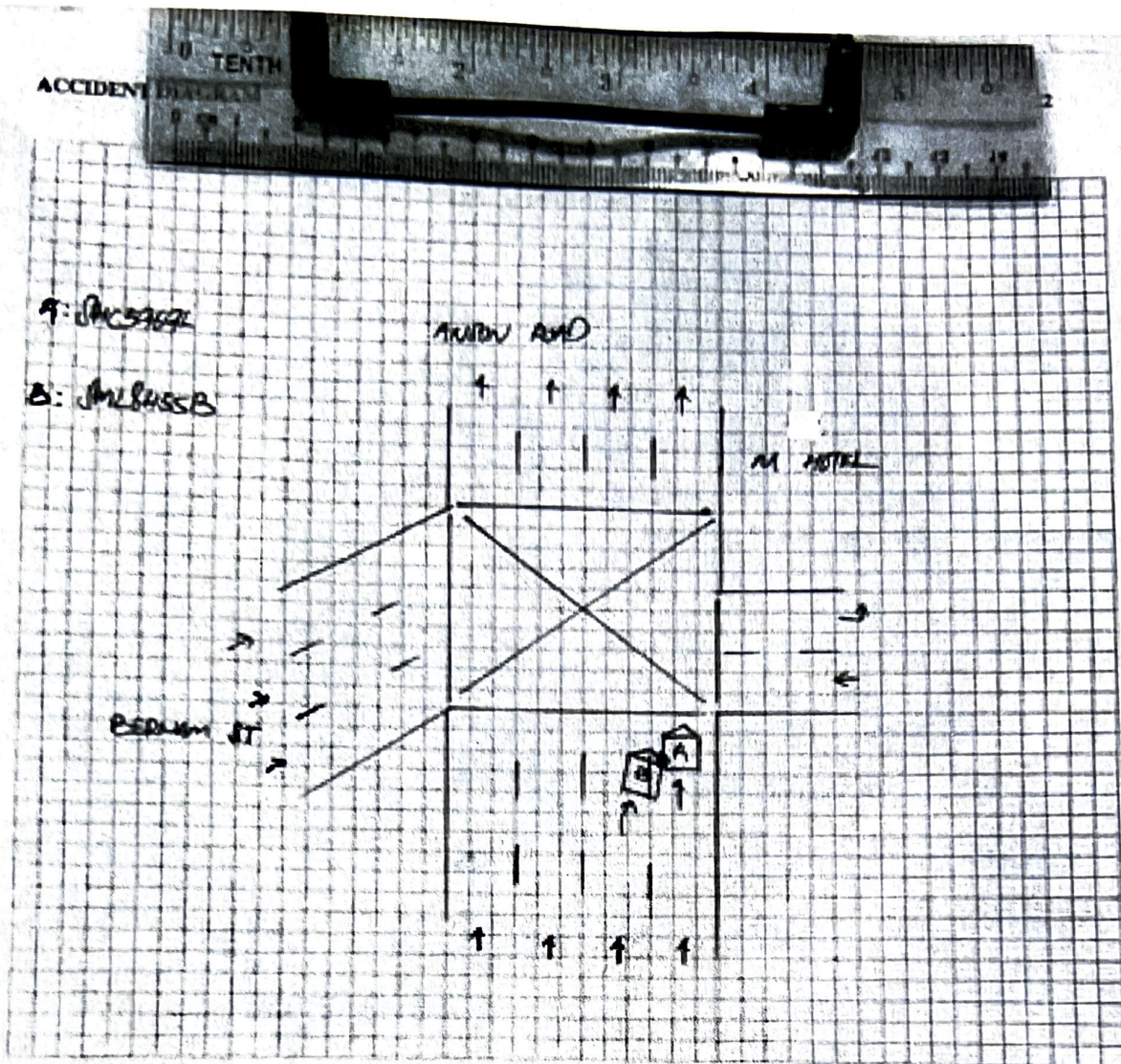
Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML8455B
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DEREK YEO ZHI KAI
NRIC No	SXXXX153C
Contact Number	(Phone) +65-91715936
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

Signature

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

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel