

ASS. REC. BY:

REF:

Tm/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:

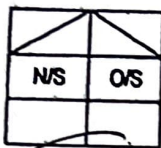
Excess:

(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 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

Veh No:

S/H 09030

Yr Regn:

12.17

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

Truck / Trailer or

Make:

Perault Latitude

C.C.

1995

Colour

m White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

635868

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VFIABL15AUC 283407

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S/Rlm / STD A/Rlm or

Tyre Size:

F: 215/60R16

R:

Bilun

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

6

mm

L/Bal.

9

mm

L/Bal.

6

mm

D.O.A.

11/12/22

D.O.I.

13/12/2022

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

Action / Instruction

1 / Rep @ 1250h

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fuel

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

SHD903D*Not Authorised*
11 Pny \$1250/h

AAD2212-

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

13 DEC 2022**SHD903D**

VF1ABL15AUC283407

200303878K

RENAULT

LATITUDE

12/12/2022

SML9437Y/TOKIO

08/12/2017

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 BRACKET SIDE LH REAR
- 1 BUMPER RETAINER LH REAR
- 1 BUMPER BEAM REAR
- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel)TRIM
- 1 BUMPER REFLECTOR LH
- 1 BUMPER REFLECTOR RH

\$	<i>Bu</i>	561.70	✓
\$	<i>Net</i>	411.90	✓
\$	<i>Rh</i>	98.10	} X
\$	<i>Rh</i>	82.10	
\$	<i>Rh</i>	59.80	
\$	<i>Rh</i>	80.80	
\$	<i>Rh</i>	54.20	
\$	<i>Rh</i>	547.80	
\$	<i>Rh</i>	745.80	
\$	<i>Rh</i>	404.56	
\$	<i>Rh</i>	16.60	
\$	<i>Rh</i>	16.60	
\$		3,079.96	
10% \$		1,007.88	
\$		9,070.88	

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
- 1 LICENSE PLATE WITH HOLDER REAR
- 2 WINDSCREEN SEALANT
- 1. RR Bumper Advertisement.

\$	<i>Rh</i>	700.00	X
\$	<i>Net</i>	66.00	✓
\$	<i>nn</i>	10.00	X
\$	<i>nn</i>	20.00	X
\$	<i>nn</i>	10.00	X
\$	<i>nn</i>	20.00	X
\$	<i>nn</i>	66.00	✓
\$	<i>Rh</i>	120.00	X
\$	<i>nn</i>	150.00	✓
\$	<i>Net</i>	100.00	80.00

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SHD903D

1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	X
TOTAL	\$	1,752.00	
TOTAL PARTS	\$	10,822.88	

LABOUR

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	X
Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	2201
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	X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	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:

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	12/12/2022 16:36 (SGT)
Reported by	Driver
Date of Accident	11/12/2022 09:05 (SGT)
Exact Location of Accident	Opp Ng Teng Fong Gen Hosp, Singapore
Additional Location Information	JUNCTION OF BOON LAY WAY AND JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD143E
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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	TEO AH HEE
NRIC No	SXXXX502C
Date Of Birth	19/05/1955

Occupation	Outdoor
Date Of Driving Pass	16/05/1977
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96419950
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	110 JURONG EAST ST 13
Address complement	#14-304
Postcode	600110
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

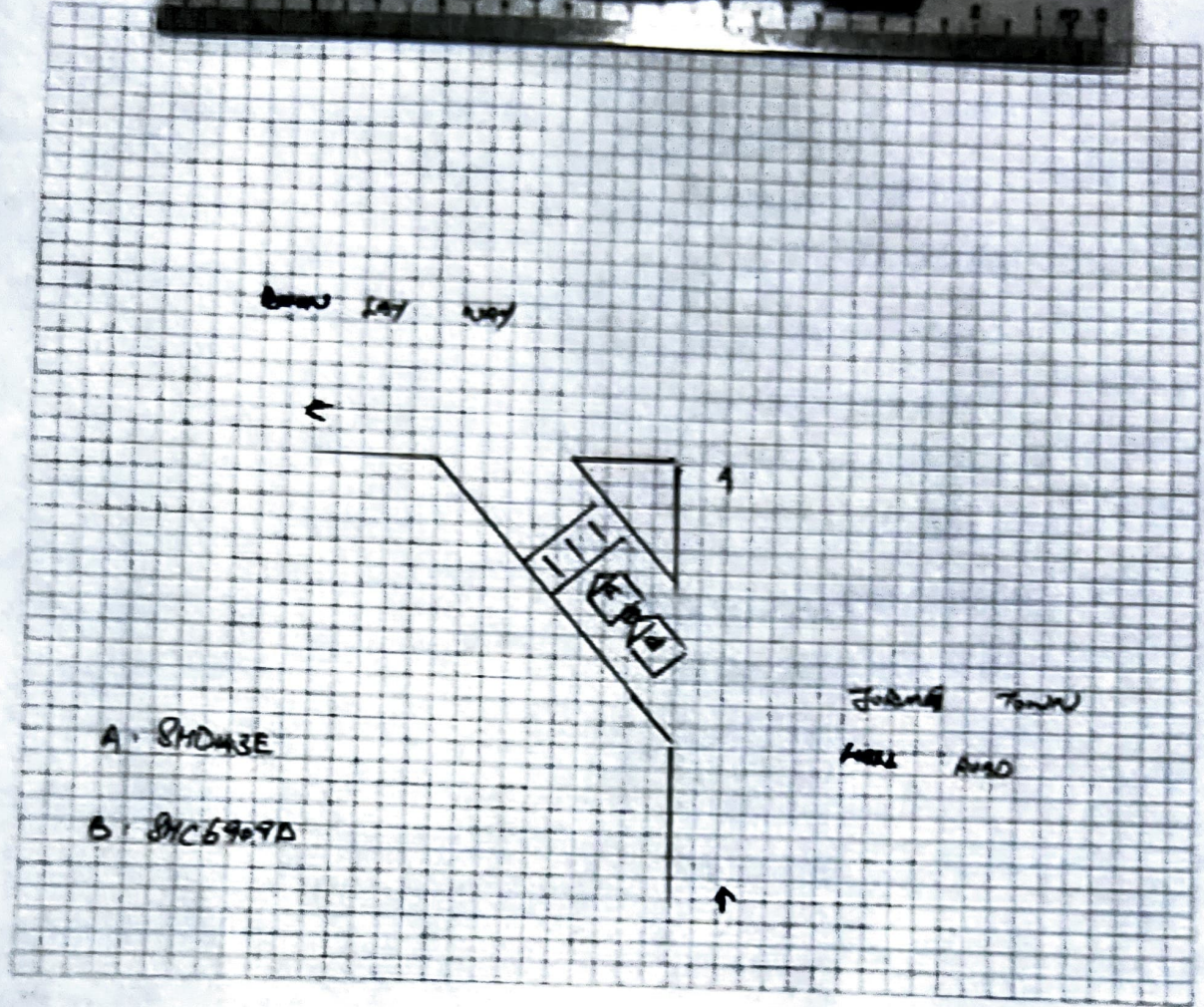
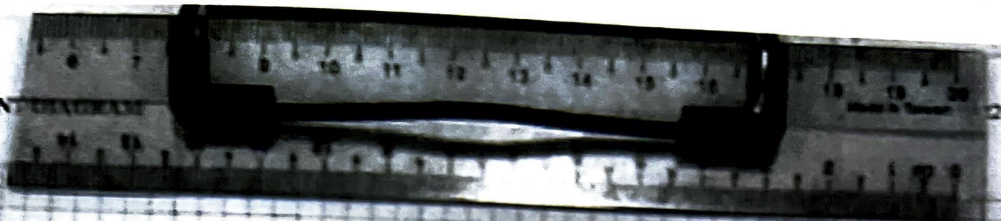
REFER TO POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6909D
Vehicle Manufacturer	Kia



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Kee
Witnessed by Reporting Centre
Personnel