

ASS. REC. BY:

REF:

A161

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:

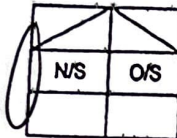
Excess:

(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:

04 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 378U

Yr Regn:

05.16

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1495

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

6775

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VIFIABLISAUC 282309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/80R16

R:

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

TOYO / YOKO or

FIRAZP

Front

Rear

R/Bal.

7

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

10/1/23

D.O.I.

12/1/2023

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation

S - RS. SI

Frt / Rs

Others

TOTAL

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

**SHD378U***Not Authored*  
*1/1/2023*

AAD2301-

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**12 JAN 2023****SHD378U**

VF1ABL15AUC282309

200303878K

RENAULT

LATITUDE

10/01/2023

**SKQ6794H/ ALG**

31/05/2016

**PART****LIST**

1 DOOR PANEL FRT LH	\$	<i>R</i> 2,844.66 ✓
1 DOOR MOULDING FRT LH	\$	<i>P</i> 100.50 X
1 DOOR HANDLE OUTER FRT LH	\$	<i>S</i> 169.50 X
1 DOOR HANDLE MODULE FRT LH	\$	<i>S</i> 133.40 X
1 DOOR REGULATOR FRT LH	\$	501.40 7
1 DOOR REGULATOR MOTOR FRT LH	\$	758.10 7
1 DOOR HINGE UPPER FRT LH	\$	<i>R</i> 274.50 X
1 DOOR HINGE LOWER FRT LH	\$	<i>R</i> 300.55 X
1 DOOR PANEL REAR LH	\$	<i>R</i> 2,844.66 ✓
1 DOOR HANDLE OUTER REAR RH	\$	<i>P</i> 42.10 X
1 DOOR HANDLE MODULE REAR RH	\$	<i>S</i> 133.40 X
1 DOOR REGULATOR REAR LH	\$	<i>P</i> 450.60 X
1 DOOR REGULATOR MOTOR REAR LH	\$	<i>S</i> 758.10 X
1 DOOR HINGE UPPER REAR LH	\$	<i>R</i> 241.60 X
1 DOOR HINGE LOWER REAR LH	\$	<i>R</i> 169.90 X
1 BUMPER COVER REAR	\$	<i>S</i> <i>R</i> 561.70 X
1 BUMPER BRACKET SIDE LH REAR	\$	<i>P</i> 80.80 X
1 BUMPER RETAINER LH REAR	\$	<i>S</i> 54.20 X
1 FENDER PANEL FRT LH	\$	<i>R</i> 437.10 ✓
1 WHEELARCH FRT LH	\$	<i>R</i> 191.40 ✓
1 FENDER PANEL REAR LH	\$	<i>R</i> 1,933.20 X
1 WHEELARCH REAR LH	\$	<i>S</i> 275.40 X
1 DOOR MIRROR LH	\$	<i>P</i> 1,483.40 X
1 HEADLAMP LH	\$	<i>P</i> 743.60 X
1 BUMPER BRACKET FRT LH (Headlamp Lower)	\$	<i>P</i> 116.47 X
1 WHEEL HUB CAP	\$	<i>R</i> 30.50 ✓



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AAD2301-

**SHD378U**

1 WHEEL HUB CAP

1 ROCKER PANEL OUTER LH

	\$	<i>sn</i>	30.50	X
	\$	<i>sn</i>	1,184.99	X
<b>TOTAL</b>	\$		<b>15,600.24</b>	
<b>10%</b>	\$		<b>1,560.02</b>	
	\$		<b>14,040.21</b>	

**Special Nett**

- 1 DOOR TRIM CLIP
- 1 DOOR MOULDING CLIP
- 1 DOOR STICKER TRANSCAB
- 1 DOOR STICKER 65553333
- 1 DOOR STICKER CLASSIC
- 1 RIM
- 1 TYRE
- 1 RIM
- 1 TYRE
- 1 FRT BUMPER CLIP
- 1 FENDER CLIP
- 1 FENDER LINER CLIP

	\$	<i>na</i>	70.00	X
	\$	<i>na</i>	70.00	X
	\$	<i>na</i>	100.00	<i>60sn</i>
	\$	<i>na</i>	100.00	<i>60sn</i>
	\$	<i>na</i>	100.00	<i>15sn</i>
	\$	<i>sn</i>	350.00	} X
	\$	<i>sn</i>	300.00	
	\$	<i>sn</i>	350.00	
	\$	<i>sn</i>	300.00	
	\$	<i>na</i>	65.00	
	\$	<i>na</i>	70.00	}
	\$	<i>na</i>	65.00	
<b>TOTAL</b>	\$		<b>1,940.00</b>	
<b>TOTAL PARTS</b>	\$		<b>15,980.21</b>	

**LABOUR**

To rust-proofing and apply undercoat of the affected areas.	\$	230.00	<i>90l</i>
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	<i>120l</i>
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>na</i> 170.00	X
Putty and spray painting of the affected portion.	\$	1,400.00	<i>1320l</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	<i>700l</i>

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**SHD378U**

AAD2301-

To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To check steering geometry and computer wheel alignment	\$	220.00	601
<b>TOTAL</b>	<b>\$</b>	<b>4,530.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>20,510.21</b>	

**(LUMPSUM) Repair Days**

**12 Days**

*4 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	11/01/2023 10:41 (SGT)
Reported by	Driver
Date of Accident	10/01/2023 20:10 (SGT)
Exact Location of Accident	58 Toh Tuck Rd, Singapore 596747
Additional Location Information	SIGNATURE PARK CONDO
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD378U
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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	TAN BIN HUAT
NRIC No	SXXXX202F
Date Of Birth	29/08/1957
Occupation	Outdoor



Date Of Driving Pass	26/03/1979
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97958564
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	220 ANG MO KIO AVE 1
Address complement	#12-799
Postcode	560220
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 10/1/2023 AT ABOUT 2010HOURS , I WAS DRIVING MY VEHICLE AT SIGNATURE PARK CONDO TOWARDS MAIN ROAD . WHEN I DRIVING STRAIGHT , SUDDENLY VEHICLE B TURNING OUT FROM BASEMENT CAR PARK AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE .

#### 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	SKQ6794H
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Signature Photo  
Circle

A: 8H0078U  
B: 0KQ6794H

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Wong Jun Keat

Witnessed by Reporting Centre  
Personnel



**Describe Circumstances of the Accident**

ON 10/1/2023 AT ABOUT 2010HOURS , I WAS DRIVING MY VEHICLE AT SIGNATURE PARK CONDO TOWARDS MAIN ROAD .  
WHEN I DRIVING STRAIGHT , SUDDENLY VEHICLE B TURNING OUT FROM BASEMENT CAR PARK AND COLLIDED ONTO LEFT  
SIDE OF MY VEHICLE .

**Declaration**

We declare the foregoing particulars are true in every respect.