

ASS. REC. BY:

REF:

TMI / CC3/TMI 20002828/K4f3

## 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.

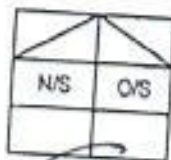
Sum Insured:

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:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S110 95002

Yr Regn:

03, 19

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

Truck / Trailer or

Make:

Toyota Prius

cc 1798

Colour

M. White / R

A/C: Insured / Std / NI / NA

Sp. Reading

107347

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31F-U 403080996

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

Sailun

195/65R15

R:

Giti

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

Front

R/Bal.

8

mm

Rear

R/Bal.

9

mm

L/Bal.

8

mm

L/Bal.

9

mm

D.O.A.

17/2/20

D.O.I.

18/2/2020

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

S110 95002 - (2) / ASM 19012202 / Fgth

S110 95368 - x

D.O. 02/07/2019

19/02/2020 Revised via email.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - R/S, \$

: Fuel

: Others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 19/2/2020

Our Ref: CC3/TMI20002828/Ktf3

The Motor Claims Department  
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Sirs/Mdm

**PRELIMINARY ADVICE OF VEHICLE NO. SHD 9500Z**

Please be informed that we had conducted the inspection of the above-mentioned vehicle on 18/2/2020 at the premises of M/s Transcab and have the following to report: -

Workshop Estimate Amount	: S\$ 30,668.13
Revised Estimate Amount	: S\$ 3,488.85
"Check" Items Amount	: S\$ 804.50
Market Value	: S\$
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

**Description of Damage:**

The vehicle sustained damages  
at the rear portion.  
Repair days: 4



**Comments/ Present Status:**

Damages Consistent.

Yours faithfully

Kenneth

Automotive Assessor

**Trans-cab Auto Services Pte Ltd**

AAD2002-118

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 9500Z

To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	nn	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$		170.00	661
To transfer of Rear Bumper fittings, attachments and perform water seepage test.	\$	nn	170.00	X
To transfer of rear windscreen glass to facilitate bodywork repair.	\$	nn	170.00	X
To Rust-Proofing Of The Affected Areas.	\$		170.00	?
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	nn	170.00	X
Putty And Spray Painting Of The Affected Portion.	\$		7,500.00	661
To supply and re-do rear luggage floor panel insulation padding.	\$	nn	380.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn	380.00	X
To transfer of rear luggage floor panel fittings, attachment and perform water seepage test.	\$	nn	170.00	X
To repair and realign rear exhaust pipe.	\$	nn	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	201
To transfer of tire, rim and on wheel balancing.	\$	nn	170.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn	380.00	X



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AAD2002-118

<b>TOTAL</b>	<b>\$</b>	<b>10,637.10</b>
<b>25%</b>	<b>\$</b>	<b>2,659.28</b>
	<b>\$</b>	<b>7,977.83</b>

**Special Nett**

1SET PARKING AID	\$	Nd	700.00	200sn
1SET REAR BUMPER CLIP	\$	Nd	66.00	—
2 REAR WINDSCREEN SEALANT	\$	Nd	100.00	X
1 WINDSCREEN MOULDING	\$	Nd	160.00	X
1 REAR WINDSCREEN INNER SPONGE SEAL	\$	Nd	100.00	X
1 REAR TAILGATE TOYOTA LOGO	\$	Nd	47.00	—
1 REAR TAILGATE WORDING 'PRIUS'	\$	Nd	52.90	—
1 REAR TAILGATE WORDING 'HYBRID'	\$	Nd	53.50	—
1 REAR TAILGATE STICKER 'TRANS-CAB'	\$	Nd	80.00	30sn
1 REAR TAILGATE STICKER '6555-3333'	\$	Nd	80.00	30sn
1 REAR BUMPER PROTECTOR	\$	Nd	100.00	X
1 SPARE WHEEL RIM	\$	SL	1,879.40	X
1 SPARE WHEEL RIM COVER	\$	SL	211.50	X
1SET REAR NUMBER PLATE WITH HOLDER	\$	R	200.00	X
1 SPARE TYRE 195/65/15	\$	PL	350.00	X
1SET REAR BUMPER RETAINER LH CLIP	\$	Nd	35.00	X
1SET REAR BUMPER RETAINER RH CLIP	\$	Nd	35.00	X
1SET TAILLAMP CLIP LH	\$	Nd	30.00	X
1SET TAILLAMP CLIP RH	\$	Nd	30.00	X
<b>TOTAL</b>	<b>\$</b>		<b>4,310.30</b>	

<b>TOTAL PARTS</b>	<b>\$</b>	<b>12,288.13</b>
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**LABOUR**

Panel Beating, Knocking And Straightening The Necessary  
Portion, Remove And Renewal Of Parts, Adjust And Realign The  
Same

\$	7,500.00	500
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To check steering geometry and computer wheel alignment	\$	Nd	220.00	X
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**SHD 9500Z****AAD2002-118***Not Authorized  
Reserv B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

18 FEB 2020

**SHD 9500Z**

JTDKB3FU403080996

TOYOTA

PRIUS

17.2.2020

**TOKIO MARINE**

31/5/2019

PART		LIST	
1	REAR BUMPER	\$	<i>Bu</i> 442.60 ✓
1	REAR BUMPER RE-INFORCEMENT	\$	<i>Bu</i> 332.70 ✓
1	REAR BUMPER TOWING COVER	\$	<i>Bu</i> 15.40 ✓
1	REAR BUMPER UNDER COVER (BLACK)	\$	<i>Bu</i> 576.30 ✓
1	REAR BUMPER SIDE RETAINER LH	\$	<i>Lu</i> 116.50 X
1	REAR BUMPER SIDE RETAINER RH	\$	<i>Lu</i> 117.70 X
1	REAR TAILGATE	\$	<i>Lu</i> 1,147.80 X
1	REAR TAILGATE OUTER GARNISH	\$	<i>my cm</i> 925.60 ✓
1	ANTENNA, ELECTRICAL KEY	\$	72.00 ?
1	COVER, REAR COMBINATION LAMP, RH	\$	<i>Lu</i> 64.50 X
1	COVER, REAR COMBINATION LAMP, LH	\$	<i>Lu</i> 64.50 X
1	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER RH	\$	<i>Lu</i> 56.50 X
1	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER LH	\$	<i>Lu</i> 56.50 X
1	REAR TAILGATE WEATHERSTRIP	\$	<i>Lu</i> 372.30 X
1	LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH	\$	<i>Lu</i> 467.00 X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	650.30 ?
1	TAILLAMP LOWER RH	\$	<i>Lu</i> 502.00 X
1	TAILLAMP UPPER RH	\$	<i>Lu</i> 451.80 X
1	REAR BUMPER SIDE RH	\$	123.70 ?
1	REAR BUMPER SIDE LH	\$	<i>Lu</i> 123.70 X
1	TAILLAMP LOWER LH	\$	<i>Lu</i> 502.00 X
1	TAILLAMP UPPER LH	\$	<i>Lu</i> 443.30 X
1	COVER, FLOOR UNDER, NO.1	\$	<i>Lu</i> 175.10 X
1	COVER, FLOOR UNDER, NO.2	\$	<i>Lu</i> 241.90 X
1	COVER, REAR FLOOR	\$	<i>Lu</i> 229.90 X
1	COVER, DECK TRIM, REAR	\$	<i>Lu</i> 126.70 X
1	PAN, REAR FLOOR	\$	<i>Lu</i> 583.40 X
1	PIPE ASSY, EXHAUST, TAIL	\$	<i>Lu</i> 1,655.40 X

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**SHD 9500Z****AAD2002-118**

Towing Fees	\$	<i>na</i>	150.00	<i>X</i>
To reinstall rear bumper parking sensor.	\$		170.00	<i>501</i>
<b>TOTAL</b>	<b>\$</b>		<b>18,380.00</b>	
<b>Over All Total</b>	<b>\$</b>		<b>30,668.13</b>	

**(PART-BY-PART) Repair Days***25 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 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 Report	17/02/2020 13:27
Date Of Accident	17/02/2020 11:10
Exact Location Of Accident	CLEMENTI AVE 5 SLIP ROAD TOWARDS CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9500Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P2203857
Cover Note Number	

### Driver

Name of Driver	GONZALES ANTONIO ALMANDO
NRIC No	SXXXX422I
Date Of Birth	02/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1975
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96819438
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 212 CHOA CHU KANG CENTRAL #02-132
Postcode	680212
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 17/02/2020 AT ABOUT 1110HRS, I STOPPED MY VEHICLE AT THE SLIP ROAD OF CLEMENTI AVENUE 5 TOWARDS CLEMENTI AVENUE 2 TO CHECK FOR ON-COMING VEHICLES. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY TAXI. VEHICLE B(SJQ8586R) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ8586R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.
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7. By the lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

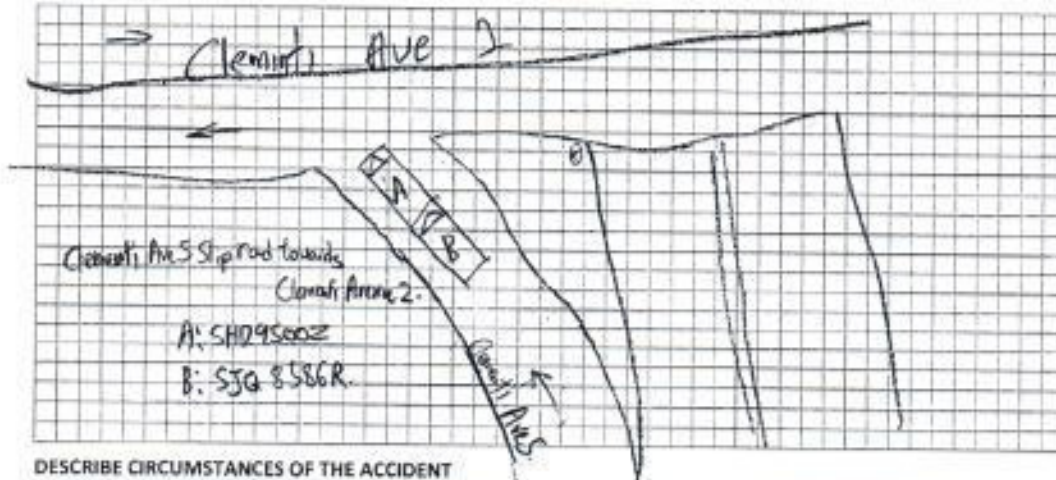


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GFA Report.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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