

ASS. REC. BY:

REF:

TM1 / CC3/TMI20008233/Kqf3

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:

862,845.00

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs: 1 1/2 - 02 days

Res.: Yes or No

Lum Sum:

1-B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Got injury

11/08/20@11.32am Email GIA, police report & estimate and revised to TMI.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + FLS. \$

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

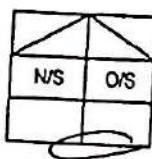
: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$



Veh No: SHD5986G Yr Regn: 11, 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toy Prius C.C. 1798
 Colour M.P. White/Red A/C: Insured / Std / NI / NA
 Sp. Reading 167778 T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: JTDKB3FU403 075687
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brakes: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Scikin
 Front
 R/Bal. 9 mm
 L/Bal. 9 mm
 D.O.A. 5/8/20
 Survey held at
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Rear
 R/Bal. 9 mm
 L/Bal. 9 mm
 D.O.I. 7/8/2020

Not Not hauled
Preserving B4 paint

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

SHD 5986G

AAD2008-031

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

07 AUG 2020

SHD 5986G

JTDKB3FU403075667

TOYOTA

PRIUS

5.8.2020

TOKIO MARINE

1/11/2018

PART		LIST	
1	REAR BUMPER	\$ R	442.60 X
1	REAR BUMPER REINFORCEMENT	\$	332.70 7
1	REAR BUMPER TOWING COVER	\$	15.40 ✓
1	GUARD, REAR BUMPER, CENTER	\$	576.30 ✓
1	REAR BUMPER SIDE RETAINER LH	\$	116.50
1	REAR BUMPER SIDE RETAINER RH	\$	117.70
1	REAR TAILGATE	\$	1,147.80
1	REAR TAILGATE OUTER GARNISH	\$	925.60
1	REAR TAILGATE WEATHERSTRIP	\$	372.30
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	650.30
1	TAILLAMP LOWER RH	\$	502.00
1	TAILLAMP UPPER RH	\$	451.80
1	REAR BUMPER SIDE RH	\$	123.70
1	REAR BUMPER SIDE LH	\$	123.70
1	TAILLAMP LOWER LH	\$	502.00
1	TAILLAMP UPPER LH	\$	443.30
1	COVER, DECK TRIM, REAR	\$	126.70
1	COVER, FLOOR UNDER, NO.1	\$	175.10
1	COVER, FLOOR UNDER, NO.2	\$	241.90
1	COVER, REAR FLOOR	\$	229.90
1	REAR COMBINATION LAMP COVER	\$	64.50
TOTAL		\$	7,681.80
25%		\$	1,920.45
		\$	5,761.35

Special Nett

Trans-cab Auto Services Pte Ltd

AAD2008-031

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 5986G

1SET PARKING AID	\$	Sm	700.00	X
1SET REAR BUMPER CLIP	\$	na	75.00	X
1 REAR TAILGATE TOYOTA LOGO	\$	na	47.00	X
1 REAR TAILGATE WORDING 'PRIUS'	\$	na	52.90	X
1 REAR TAILGATE WORDING 'HYBRID'	\$	na	53.50	X
1 REAR TAILGATE STICKER 'TRANS-CAB'	\$	na	80.00	X
1 REAR TAILGATE STICKER '6555-3333'	\$	na	80.00	X
1 REAR BUMPER PROTECTOR	\$	na	180.00	3050
1 REAR WHEEL RIM	\$	Sm	1,879.40	
1 REAR TYRE 195/65/15	\$	Sm	350.00	
1 REAR RH BUMPER RETAINER CLIP	\$	na	65.00	
1 REAR LH BUMPER RETAINER CLIP	\$	na	65.00	
1SET TAILLAMP LOWER CLIP	\$	na	40.00	
1SET TAILLAMP UPPER CLIP	\$	na	40.00	
1 Rear Licence Plate with Moulding	\$	na	130.00	
1 REAR END PANEL INNER TRIM CLIP	\$	na	55.00	
TOTAL	\$		3,892.80	

TOTAL PARTS	\$	9,654.15
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LABOUR

To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	na	170.00	X
To transfer of Rear Bumper fittings, attachments and perform water seepage test.	\$	na	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	na	380.00	X
Putty And Spray Painting Of The Affected Portion.	\$		2,000.00	2201

Trans-cab Auto Services Pte Ltd**AAD2008-031**

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SHD 5986G

To reinstall rear bumper parking sensor.	\$	170.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,000.00	1501
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	X
TOTAL	\$	5,650.00	
Over All Total	\$	15,304.15	

(PART-BY-PART) Repair Days**20 Days****For Official Use****1 1/2 days**

Prepared By :	_____
	(Accident Dept)
Verify By :	_____
	(Accident Workshop)
Checked By :	_____
	(Finance Dept)

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	06/08/2020 14:35
Date Of Accident	05/08/2020 14:20
Exact Location Of Accident	BUKIT HO SWEE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5986G
Insured/Policyholder	
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-62866666

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 (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/P2348706
Cover Note Number	

Driver

Name of Driver	TOH GIN CHENG
NRIC No	SXXXX576Z
Date Of Birth	25/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1990
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96960581
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 605 JURONG WEST STREET 62 #05-211
Postcode	640605
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200806/2017

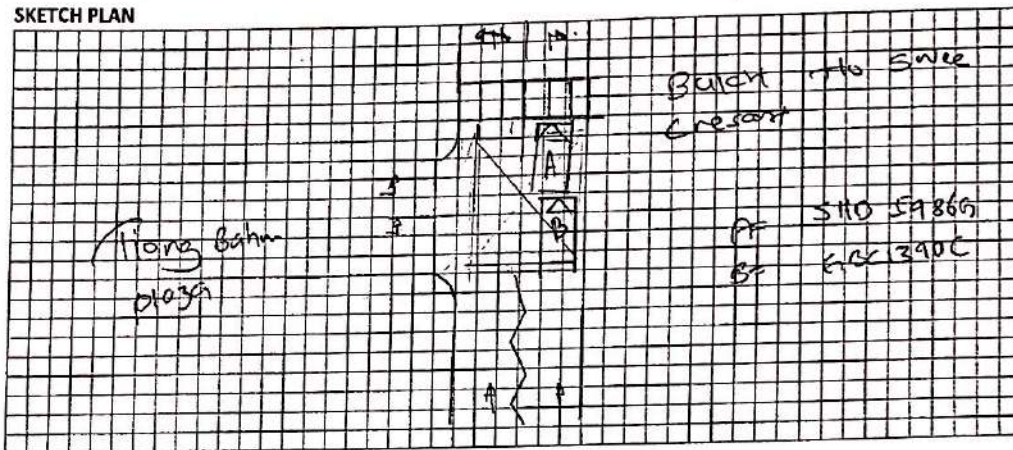
Attachment(s)

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	GBC1390C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	ROSLI BIN OSMAN
NRIC/Passport Number	SXXXX249C
Contact Number	82554062
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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



**SINGAPORE
POLICE FORCE**



T/20200806/2017

1 of 4

Report No. T/20200806/2017

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2020 10:59	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: TOH GIN CHENG		Address: APT BLK 605 JURONG WEST STREET 62 #05-211 SINGAPORE 640605	
ID Type / ID No.: NRIC NO / S1693576Z		Contact No.: Home/Office: Mobile: 96960581	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 25/09/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/08/2020 14:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT HO SWEE CRESCENT				
At the yellow box area coming out from the drop off point of Tiong Bharu Plaza, before zebra crossing.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBC1390C	Van				Slightly Damaged	0
SHD5986G	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200806/2017

2 of 4

Report No. T/20200806/2017

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver			
Name	ROSLI BIN OSMAN		ID No. S1785249C
Related Vehicle	GBC1390C (Van)		Contact No. 82554062
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TOH GIN CHENG		ID No. S1693576Z
Related Vehicle	SHD5986G (Car)		Contact No. 96960581
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	05/08/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, after I dropped off my passengers at Tiong Bahru Plaza, I was driving my taxi, V1)SHD5986G coming out from the drop-off point of Tiong Bahru Plaza and turning left into Bukit Ho Swee Crescent. As I was approaching a zebra crossing on the said road, I stopped before the zebra crossing in the yellow box area as there was a pedestrian who seemed to be about to cross the road. Then, the front side of a van, V2)GBC1390C collided onto the right rear side of V1. I could feel the impacts of collision as it happened. After we came down from our vehicles to make a check on the our vehicles, we exchanged particulars. The driver of the said van is Mr Rosli. He suggested to privately settle the accident but I did not want to privately settle it as I think it will be safer to claim insurance since my vehicle belonged to my taxi company, Trans-cab. After I have taken some photos of the scene, we then left the scene.

I wish to state that there is no in-car camera in my vehicle. I have gotten a 4-days MC (MC No.: 0000044173) from Intermedical 24 Hr Clinic. I have sustained injuries on the back of my head, back of my shoulders and my lower back. The rear lower bumper of my vehicle has sustained some scratches. The cover of my vehicle's rear sensor has also dropped off due to this accident. No government property was damaged. No foreign vehicle was involved. No traffic police nor ambulance has attended to the scene. No pedestrian, cyclist nor PDM rider was involved. I am lodging this report for insurance claiming purpose.

V2)GBC1390C

V2's owner's particulars:
S1785249C