

ASS. REG. BY:

REF: TMI/

CC3/TMI20008315/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. MK000836Claims No. M2004144

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S/D 95964 Yr Regn: 03, 19

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

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour M.P. White / Red A/C: Insured / Std / NI / NASp. Reading 139767 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD KB3FU 903079598Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Sailun

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 8/8/20

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 11/8/2020

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.

Date / Time Action / Instruction

12/08/20@2.47pm Email GIA report & estimate and revised to TML

16/09/20@10.25am confirmed with Wai Yin final fig \$5099.80, 2 days (Red \$20334, 80%)

Date/Time, File Pass to?

☐ : Prell. Report

16/09 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

S + RS. SI

Fees

Others

TOTAL

Report Format : MER-TPLump Sum / I.B.I. (\$) 5099.80

Not Authored
Resurvey B4 paint

AAD2008-036

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 9596Y

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

11 AUG 2020

SHD 9596Y

JTDKB3FU903079598

TOYOTA

PRIUS

6.8.2020

TOKIO MARINE

29/3/2019

	PART		LIST	
1	FRONT BUMPER	\$	Tn 516.00	✓
1	FRONT BUMPER SIDE RETAINER LH	\$	CM 82.30	✓
1	COVER SUB-ASSY, ENGINE UNDER, NO.2	\$	Sn 241.90	X
1	EXTENSION, FRONT BUMPER, LH	\$	Sn 120.10	X
1	FRONT LED LAMP (LOWER) LH	\$	CM 951.40	✓
1	FRONT HEADLAMP LH	\$	CM 2,637.60	✓
1	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	\$	Sn 960.50	X
1	MOTOR, HEADLAMP LEVELING, LH	\$	Sn 487.50	X
1	FRONT FENDER LH	\$	Bt 977.80	✓
1	LINER, FRONT FENDER, LH	\$	Diy 206.70	✓
1	FRONT FENDER EMBLEM LH	\$	Sn 54.60	✓
1	FRONT BONNET	\$	R 983.10	X
1	HINGE ASSY, HOOD, LH	\$	R 58.90	X
1	GRILLE, RADIATOR, LOWER NO.1	\$	Sn 170.10	} X
1	SUPPORT, RADIATOR, UPPER LH	\$	Sn 78.90	
1	HUB SUB-ASSY, FRONT AXLE, LH	\$	Sn 668.90	
1	ARM SUB-ASSY, FRONT SUSPENSION, LOWER NO.1 LH	\$	Sn 760.10	
1	JOINT ASSY, LOWER BALL, FRONT LH	\$	Sn 238.40	
1	KNUCKLE, STEERING, LH	\$	Sn 663.40	
1	ABSORBER ASSY, SHOCK, FRONT LH	\$	Sn 438.30	
1	SUPPORT SUB-ASSY, FRONT SUSPENSION, LH	\$	Sn 236.40	
1	WIRE, ENGINE ROOM MAIN	\$	Sn 7,323.90	X
1	BATTERY	\$	Sn 1,584.90	X
1	CLAMP SUB-ASSY, BATTERY	\$	R 115.50	X
TOTAL		\$	20,557.20	
25%		\$	5,139.30	
		\$	15,417.90	

Special Nett

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SHD 9596Y**AAD2008-036**

- 1 FRONT WHEEL RIM
- 1 FRONT WHEEL RIM COVER
- 1 FRONT TYRE 195/65/15
- 1SET CLIP, FRONT FENDER LINER
- 1 FRONT NUMBER PLATE WITH MOULDING
- 1SET BUMPER CLIP FRT
- 1SET FRONT BUMPER RETAINER CLIP

\$	<i>Sn</i>	1,879.40	X
\$	<i>Sn</i>	211.50	X
\$	<i>Sn</i>	350.00	X
\$	<i>nn</i>	65.00	✓
\$	<i>Sn</i>	200.00	X
\$	<i>nn</i>	75.00	✓
\$	<i>nn</i>	65.00	X
TOTAL		\$ 2,845.90	

TOTAL PARTS \$ 18,263.80**LABOUR**

To transfer of Fender fittings, attachments and perform water seepage test.

\$ *nn* 170.00 X

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

\$ 2,200.00 *400/*

To transfer of Front Bumper fittings, attachments and perform water seepage test.

\$ *nn* 170.00 X

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ *nn* 380.00 X

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 X

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 *440/*

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 250.00 *30/*

To Check Electrical Lighting Concerned.

\$ 170.00 *20/*

Trans-cab Auto Services Pte Ltd

AAD2008-036

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SHD 9596Y

To dismantle and refit front end suspension, undercarriage parts, final checking and testing.

\$ *nn* 380.00 X

To check ABS and brake efficiency, final checking and testing.

\$ *nn* 380.00 X

To dismantle, test and refit electrical wiring, fuse box and relay to diagnose electrical connection issue.

\$ *nn* 480.00 X**TOTAL** \$ **7,170.00****Over All Total** \$ **25,433.80****(PART-BY-PART) Repair Days**~~20~~ days*2* days**For Official Use**

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	07/08/2020 13:51
Date Of Accident	06/08/2020 17:20
Exact Location Of Accident	BLK 69 BEDOK SOUTH ROAD OPEN-SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9596Y
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-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/P2348706
Cover Note Number	

Driver

Name of Driver	NG LIP YAH
NRIC No	SXXXX767C
Date Of Birth	31/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1963
Driving Experience	57 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90299103
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 408 BEDOK NORTH AVENUE 2 #11-40
Postcode	460408
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 - MAJOR/MINOR RD
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 06/08/2020 AT ABOUT 1720HRS, I WAS TRAVELLING STRAIGHT IN THE CARPARK OF BLK 69 BEDOK SOUTH ROAD. I SUDDENLY FELT AN IMPACT ON THE FRONT LEFT PORTION OF MY TAXI, VEHICLE B(GBE491R) HAS REVERSED OUT OF THE PARKING LOT AND COLLIDED ONTO MY TAXI'S FRONT LEFT PORTION.

Attachment(s)

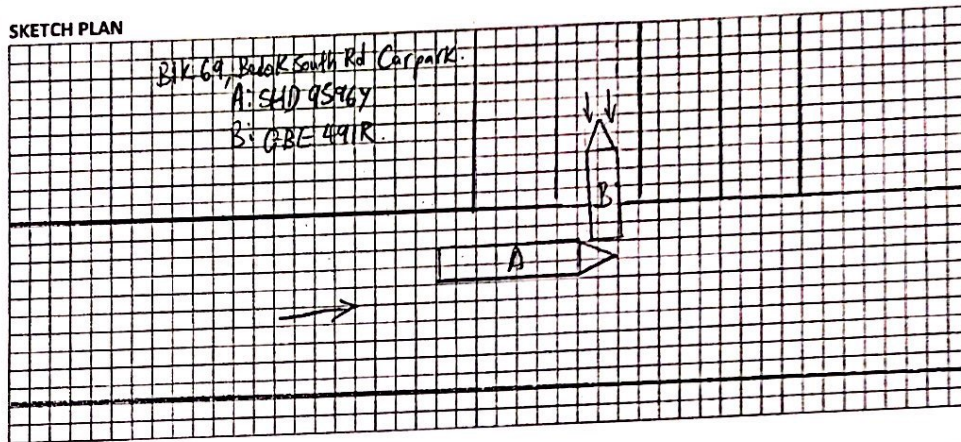
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE491R
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MURUGIAH PRABHAHARAN
NRIC/Passport Number	SXXXX044Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report.

DECLARATION

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

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.:

GIA/RC SketchPlanForm_V3

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