

ASS. REC. BY:

REF:

TP/CS/TP20008408/Ksf3

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:

days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S140 998514

Yr Regn:

08.20

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

AC:

Insured / Std / NI / NA

Sp. Reading

2777

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31F4803091272

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

8/8/20

D.O.I.

13/8/2020

Survey held at

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

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

Date / Time

Action / Instruction

859.20 TO SUBMIT
(\$ 7,460.73/RED - 90%)

Date/Time, File Pass to?

27/08/2020

1) TYPIST

Date/Time, File Return to?



: Prel. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

INDEPENDENT

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

P/P \$ 859.20

Not Authorized
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 9985H

AAD2008-045

8859.20

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHD 9985H

JTDKB3FU603091272

TOYOTA

PRIUS

8.8.2020

DIRECT ASIA

6/8/2020

PART		LIST	
1	COVER, REAR BUMPER	\$	nd tem 485.60 ✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	n 332.70
1	GUARD, REAR BUMPER, CENTER	\$	sn 374.50
1	REAR BUMPER SIDE RETAINER LH	\$	sn 132.60
1	REAR BUMPER SIDE RETAINER RH	\$	sn 132.60
1	REFLECTOR ASSY, REFLEX	\$	sn 39.00
1	REAR TAILGATE OUTER GARNISH	\$	sn 913.60
1	REAR TAILGATE WEATHERSTRIP	\$	sn 372.30
1	LENS & BODY, REAR COMBINATION LAMP, NO.2	\$	sn 261.00
1	LENS & BODY, REAR COMBINATION LAMP	\$	sn 339.60
1	LAMP ASSY, REAR	\$	sn 293.60
TOTAL		\$	3,677.10
25%		\$	919.28
		\$	2,757.83

Special Nett			
1SET	PARKING AID	\$	sn 700.00 X
1SET	REAR BUMPER CLIP	\$	na 75.00 ✓
1	REAR TAILGATE TOYOTA LOGO	\$	na 47.90
1	REAR TAILGATE WORDING 'PRIUS'	\$	na 54.60
1	REAR TAILGATE WORDING 'HYBRID'	\$	na 54.60
1	REAR TAILGATE STICKER 'TRANS-CAB'	\$	na 80.00
1	REAR TAILGATE STICKER '6555-3333'	\$	na 80.00
1	REAR RH BUMPER RETAINER CLIP	\$	na 65.00
1	REAR LH BUMPER RETAINER CLIP	\$	na 65.00
TOTAL		\$	1,222.10

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AAD2008-045

TOTAL PARTS	\$	3,979.93
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LABOUR

To transfer of Rear Bumper fittings, attachments and perform water seepage test.	\$	~ 170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	~ 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	2201
To reinstall rear bumper parking sensor.	\$	170.00	501
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	\$	1,600.00	1501
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	~ 250.00	X

TOTAL	\$	4,340.00
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Over All Total	\$	8,319.93
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(PART-BY-PART) Repair Days**20 Days**

2 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	11/08/2020 15:24
Date Of Accident	08/08/2020 12:20
Exact Location Of Accident	CHOA CHU KANG NORTH 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9985H
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	NEO KOK SERN
NRIC No	SXXXX571I
Date Of Birth	05/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2007
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91178988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 577 HOUGANG AVENUE 4 #04-668
Postcode	530577
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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 08/08/2020 AT ABOUT 1220HRS, I WAS STATIONARY AT THE TRAFFIC LIGHT ON THE SECOND LANE OF CHOA CHU KANG NORTH 6 DUE TO RED LIGHT. I SUDDENLY FELT AN IMPACT FROM THE REAR OF MY TAXI. VEHICLE B(SLK1844A) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF MY TAXI.

Attachment(s)

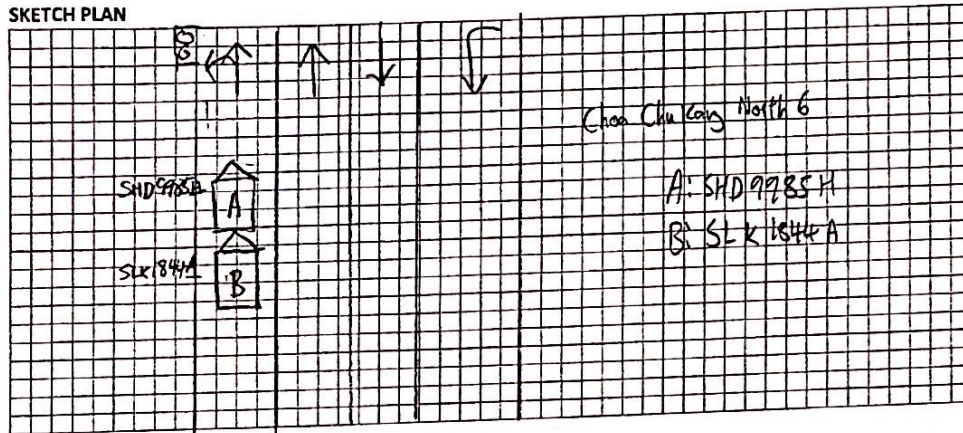
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1844A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SIEW TIN
NRIC/Passport Number	SXXXX562B
Contact Number	

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.:

GIARMC SketchPlanForm_V3

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