

ASS. REC. BY:

REF:

CC3/TMI20008653/Kvf3

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: SLF 16611

Policy No. MR003940

Claims No. M2003988

Sum Insured:

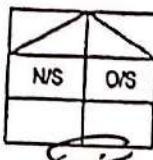
Excess:

(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:

02 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:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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

31/8/20 Final fig \$1463.50 confirmed by email (Red 10,600.53, 88%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 31/8/20-Typist

Report Format: Merimen

Lump Sum / I.B.I: (\$ 1463.50)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

✓ Not Authorized
Recovery Bypaint

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

SHB 7658B

AAD2008-066

18 AUG 2020

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration:

SHB 7658B

JTDKB3FU803080094

TOYOTA

PRIUS

15.8.2020

TOKIO MARINE

24-05-19

	PART		LIST	
1	REAR BUMPER	\$	Bu 442.60	✓
1	REAR BUMPER TOWING COVER	\$	mi's 15.40	✓
1	GUARD, REAR BUMPER, CENTER	\$	Bu 576.30	✓
1	REAR BUMPER REINFORCEMENT	\$?
1	REAR BUMPER SIDE RETAINER RH	\$	Bu 117.70	X
1	ANTENNA, ELECTRICAL KEY	\$	Bu 72.00	X
1	REAR TAILGATE OUTER GARNISH	\$	Bu 925.60	X
1	REAR TAILGATE WEATHERSTRIP	\$	Bu 372.30	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	K 650.30	X
1	REAR BUMPER SIDE RH	\$?
1	TAILLAMP LOWER RH	\$	Bu 502.00	} X
1	TAILLAMP UPPER RH	\$	Bu 451.80	
1	COVER, DECK TRIM, REAR	\$	Bu 126.70	
1	COVER, FLOOR UNDER, NO.1	\$	Bu 175.10	
1	COVER, REAR FLOOR	\$	Bu 229.90	
1	PANEL SUB-ASSY, QUARTER, RH	\$	K 871.50	
1	REAR FENDER LINER	\$	Bu 139.80	
1	SEAL, REAR BUMPER SIDE, RH	\$	Bu 88.50	
TOTAL		\$	6,213.90	
25%		\$	1,553.48	
		\$	4,660.43	

Special Nett

1SET	PARKING AID	\$	Bu 700.00	X
1SET	REAR BUMPER CLIP	\$	Bu 80.00	✓
1	REAR TAILGATE TOYOTA LOGO	\$	Bu 47.90	X

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1	REAR TAILGATE WORDING 'PRIUS'	\$	na	54.60	X
1	REAR TAILGATE WORDING 'HYBRID'	\$	na	54.60	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	30% na
1	REAR WHEEL COVER	\$	na	211.50	
1SET	REAR BUMPER RETAINER CLIP	\$	na	70.00	} X
1SET	TAILLAMP LOWER CLIP	\$	na	40.00	
1SET	TAILLAMP UPPER CLIP	\$	na	40.00	
2	REAR WINDSCREEN SEALANT	\$	na	150.00	
1	WINDSCREEN MOULDING	\$	na	200.00	
1	REAR WINDSCREEN INNER SPONGE SEAL	\$	na	120.00	
1SET	REAR FENDER LINER CLIP	\$	na	70.00	
1SET	END PANEL TRIM CLIP	\$	na	55.00	
2	SEAM SEALANT	\$	na	170.00	
1	Rear Licence Plate with Holder	\$	na	130.00	
TOTAL		\$		2,533.60	

TOTAL PARTS	\$	7,194.03
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LABOUR

To transfer of tire, rim and on wheel balancing.	\$	na	170.00	X
To reinstall rear bumper parking sensor.	\$		170.00	50%
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,400.00	200%
Putty And Spray Painting Of The Affected Portion.	\$		1,400.00	220%
To check steering geometry and computer wheel alignment	\$		220.00	X
To Check Electrical Lighting Concerned.	\$		170.00	15%

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To remove and refit interior fittings, trimings, garnish,
fittings and other, to enable repair. \$ *~* 380.00 X

To transfer of Rear Bumper fittings, attachments and
perform water seepage test. \$ *~* 170.00 X

To Rust-Proofing and apply undercoat Of The
Affected Areas. \$ *~* 240.00 X

To transfer of rear windscreen glass to facilitate
bodywork repair. \$ *~* 170.00 X

To transfer of end panel fittings, attachments and
perform water seepage test. \$ *~* 380.00 X

TOTAL \$ 4,870.00**Over All Total \$ 12,064.03****(PART-BY-PART) Repair Days** *20 Days**2 days***For Official Use**

Prepared By : _____
(Accident Dept)

Verify By : _____
(Accident Workshop)

Checked By : _____

KK 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 17/08/2020 08:58
Date Of Accident 15/08/2020 20:00
Exact Location Of Accident WOODLANDS AVENUE 12
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7658B
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 TAN KAH SENG
NRIC No SXXXX342D
Date Of Birth 23/09/1958
Occupation OUTDOOR
Date Of Driving Pass 22/12/1977
Driving Experience 42 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90029633
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 645 JURONG WEST STREET 61
#13-110
Postcode 640645
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 CHAIN COLLISION
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 3
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) 3
Passenger 1 NAME: : MISS SEOW
GENDER: : FEMALE
Passenger 2 NAME: : UNKNOWN CHILD
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name HOGANG N.P.C
Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200816/2032

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 Witness 1

Name MISS SEOW
Phone Number 82996468
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF1661L

Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR TEO
NRIC/Passport Number
Contact Number 82330930
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA8719Z
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)

DETAILS OF INJURED PERSON 1

Name TAN KAH SENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB7658B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode



SINGAPORE POLICE FORCE



T/20200816/2032

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200816/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2020 12:45	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: TAN KAH SENG			Address: APT BLK 645 JURONG WEST STREET 61 #13-110 SINGAPORE 640645	
ID Type / ID No.: NRIC NO / S1285342D			Contact No.: Home/Office:	Mobile: 90029633
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 23/09/1958	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2020 20:00	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
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
SHB7658B	Car				Slightly Damaged	2
SLF1661L	Car				Slightly Damaged	0
SMA8719Z	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200816/2032

Police Station Of Origin:
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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 4

Report No. T/20200816/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Miss Seow	ID No.	NIL
Related Vehicle	SHB7658B (Car)	Contact No.	82996468
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	Slight
Driver			
Name	TAN KAH SENG	ID No.	S1285342D
Related Vehicle	SHB7658B (Car)	Contact No.	90029633
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/08/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Mr Teo	ID No.	NIL
Related Vehicle	SLF1661L (Car)	Contact No.	82330930
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	Slight

Brief Details.

On the abovementioned date at the abovementioned time, I was driving my vehicle SHB7658B on the rightmost lane of Woodlands ave 12, which goes onto woodlands ave 5. I am a taxi driver and I was ferrying 2 passengers to Woodlands street 13 from Sembawang drive.

When the traffic light signal turned red, I proceeded to slowly brake to slow my vehicle down. I stopped behind a long queue of vehicles at the traffic light to turn right onto woodlands ave 5. After a few seconds, I heard and felt a sudden impact to the rear of my vehicle. I exited my vehicle and proceeded to take photos of my vehicle and vehicles SLF1661L and SMA8719Z. I exchanged particulars with the drivers of



**SINGAPORE
POLICE FORCE**



T/20200816/2032

3 of 4

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60 Hougang Avenue 9 SINGAPORE 538775

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Report No. T/20200816/2032

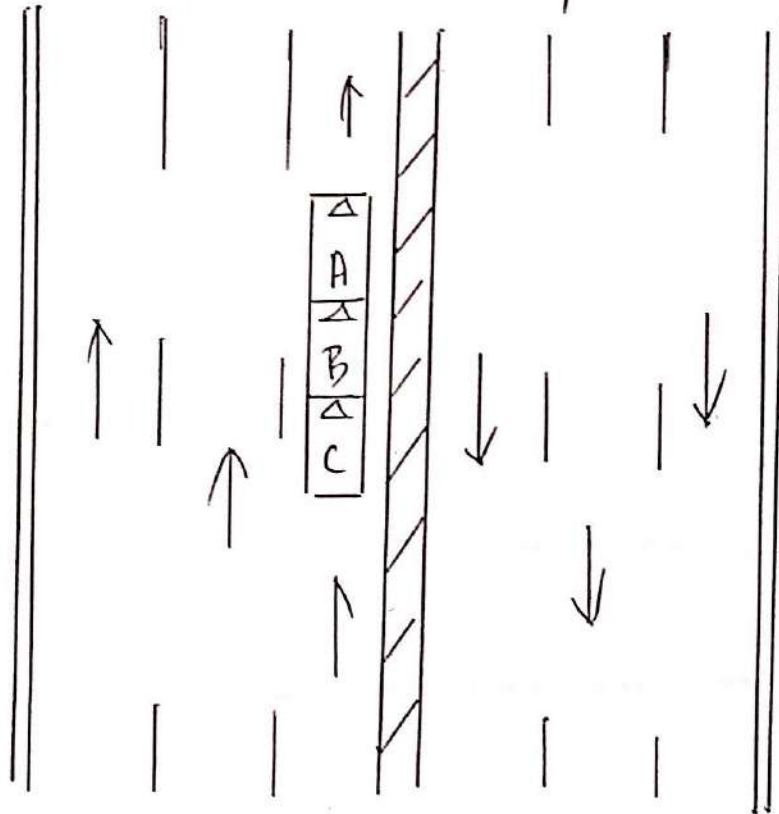
CONTINUATION OF REPORT

the said vehicles. I checked with my passenger Miss Seow whether she needed an ambulance and she said she did not. I then proceeded to drive Miss Seow and her daughter to Woodlands st 13.

On 16/8/2020 I went to Care Medical clinic to seek medical attention. I was given 5 days MC by Dr Lee Wee Kheng.

I am making this report for insurance purposes. I have made a separate sketch plan.

woodlands Ave 12 / Ave 5



A-SHB-7658-B

B-SLF-1661-L

C-SMA-8719-Z