

ASS. REC. BY:

REF:

F02/

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:

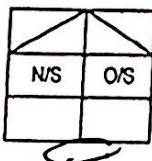
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 53117

Yr Regn:

OF, 20

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

Truck / Trailer or

Make:

Toy Pons

C.C.

1798

Colour

MP. White 1Pw

A/C:

Insured / Std / NI / NA

Sp. Reading

12533

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J70K B 31-4 303091200

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

BS / DON / 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.

26/8/20

D.O.I.

31/8/2020

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

Not Authorised
Resurvey B4 paint

Trans-cab Auto Services Pte Ltd

AAD2008-119

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5311J

31 AUG 2020

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

SHC 5311J

JTDKB3FU303091200

TOYOTA

PRIUS

26.8.2020

FCIL

14/7/2020

PART		LIST	
1	COVER, REAR BUMPER	\$	485.60 X
1	REAR BUMPER TOWING COVER	\$	22.00 X
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70 X
1	GUARD, REAR BUMPER, CENTER	\$	374.50 ✓
1	REAR BUMPER SIDE RETAINER LH	\$	132.60 X
1	REFLECTOR ASSY, REFLEX	\$	39.00 X
1	REAR TAILGATE OUTER GARNISH	\$	913.60 X
1	REAR TAILGATE WEATHERSTRIP	\$	372.30 X
1	LENS & BODY, REAR COMBINATION LAMP, NO.2	\$	261.00 X
1	LENS & BODY, REAR COMBINATION LAMP	\$	339.60 X
1	LAMP ASSY, REAR	\$	293.60 X
TOTAL		\$	3,566.50
25%		\$	891.63
		\$	2,674.88

Special Nett

1SET	PARKING AID	\$	700.00 X
1SET	REAR BUMPER CLIP	\$	75.00 X
1	REAR TAILGATE TOYOTA LOGO	\$	47.90 X
1	REAR TAILGATE WORDING 'PRIUS'	\$	54.60 X
1	REAR TAILGATE WORDING 'HYBRID'	\$	54.60 X
1	REAR TAILGATE STICKER 'TRANS-CAB'	\$	80.00 X
1	REAR TAILGATE STICKER '6555-3333'	\$	80.00 X
1	REAR BUMPER RETAINER CLIP	\$	65.00 X

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SHC 5311J

1	Rear licence plate with holder	\$	<i>pn</i>	140.00	X
1	Rear Bumper Protector	\$	<i>nn</i>	180.00	X
TOTAL		\$		1,477.10	

TOTAL PARTS	\$	4,151.98
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LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	<i>nn</i>	1,200.00	X <i>1200</i>
To reinstall rear bumper parking sensor.	\$	<i>nn</i>	170.00	X
To Check Electrical Lighting Concerned.	\$	<i>nn</i>	170.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,200.00	<i>600</i>
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i>	250.00	X
TOTAL	\$		2,990.00	

Over All Total	\$	7,141.98
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(PART-BY-PART) Repair Days

~~15~~ Days*1 day*

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	27/08/2020 09:52
Date Of Accident	26/08/2020 17:50
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5311J
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	LIM AH HOCK
NRIC No	SXXXX285B
Date Of Birth	21/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1979
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81812113
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 979 JURONG WEST STREET 93 #07-329
Postcode	640979
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN CHILD 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 26/08/2020 AT ABOUT 1750HRS, I WAS TRAVELLING STRAIGHT ALONG THE THIRD LANE OF UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS, THE TRAFFIC WAS HEAVY AT THAT MOMENT. THE VEHICLE IN FRONT OF MY STOPPED AND I FOLLOWED SUIT. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY TAXI. VEHICLE B(GBG2924K) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF MY TAXI.

Attachment(s)

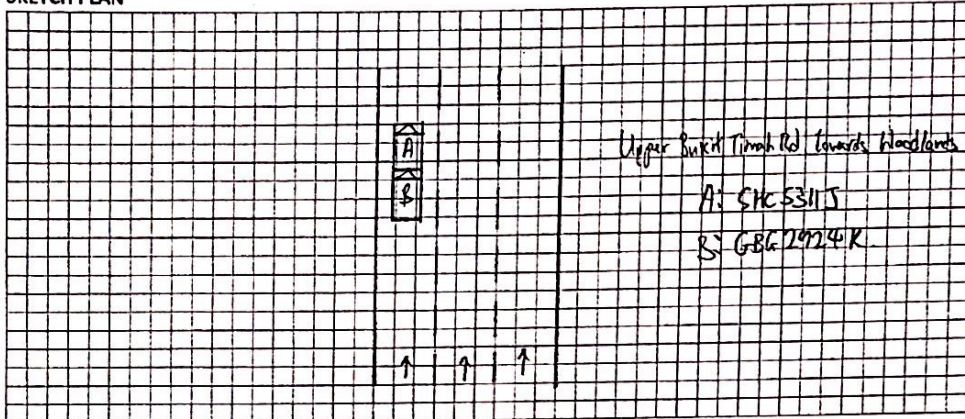
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2924K
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JACOB PANCHO VERGARA
NRIC/Passport Number	GXXXX007W
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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