

ASS. REC. BY:

REF:

EG2/2000 9728 1Kt

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:

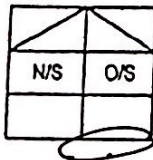
Excess:

(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:

02 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:

S1105661 T

Yr Regn:

08, 25 18

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

Truck / Trailer or

Make:

Toy Provis

c.c

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

294992

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31F-U 403074051

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 / Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Skidun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/9/20

D.O.I.

11/9/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got BI

part by part \$1409.18, 2days(red:7266.37;83%)

Date/Time, File Pass to?

☐

Prell. Report

Days Of Repair:

2

1)

☐

Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation:

S + R.S. SI

Fees

Others

TOTAL

Report Format:

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

Not Authored
Reservy B4 paint

AAD2009-051

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 5661T

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

11 SEP 2020

SHD 5661T

JTDKB3FU403074051

TOYOTA

PRIUS

10.9.2020

ERGO

26/10/2018

- | | PART |
|---|-------------------------------------|
| 1 | COVER, REAR BUMPER |
| 1 | REINFORCEMENT SUB-ASSY, REAR BUMPER |
| 1 | COVER, REAR BUMPER, LOWER |
| 1 | GUARD, REAR BUMPER, CENTER |
| 1 | RETAINER, REAR BUMPER SIDE, RH |
| 1 | FILLER, REAR BUMPER EXTENSION, RH |
| 1 | PANEL SUB-ASSY, QUARTER, RH |
| 1 | LINER, REAR WHEEL HOUSE, RH |
| 1 | SEAL, REAR BUMPER SIDE, RH |

	LIST	
\$	Ber	442.60 ✓
\$		332.70 ?
\$	Pr	15.40 X
\$	nd/wr	576.30 ✓
\$	Pr	117.70 X
\$		123.70 ?
\$	R	871.50 X
\$	Pr	139.80 X
\$	Pr	88.50 X
TOTAL	\$	2,708.20
25%	\$	677.05
	\$	2,031.15

Special Nett

- | | |
|------|--------------------------------|
| 1SET | PARKING AID |
| 1SET | REAR BUMPER CLIP |
| 1 | REAR BUMPER PROTECTOR |
| 1 | REAR WHEEL RIM |
| 1 | REAR BUMPER RETAINER CLIP |
| 1 | Rear Licence Plate with Holder |
| 1 | Rear Fender Liner Clip |

\$	Pr	700.00 X
\$	Pr	75.00 ✓
\$	Pr	180.00 3050
\$	Pr	1,879.40 X
\$	Pr	65.00 X
\$	Pr	130.00 X
\$	Pr	65.00 X
TOTAL	\$	3,094.40

TOTAL PARTS \$ 5,125.55

LABOUR

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 5661T**AAD2009-051**

To remove and refit of rear bumper fittings, attachment to facilitate bodywork repair.	\$	nn	170.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,200.00	280/
To reinstall rear bumper parking sensor.	\$		170.00	50/
To transfer of tire, rim and on wheel balancing.	\$	nn	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	10/
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,200.00	200/
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	250.00	X
To check steering geometry and computer wheel alignment	\$	nn	220.00	X

TOTAL \$ **3,550.00****Over All Total** \$ **8,675.55****(PART-BY-PART) Repair Days****15 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 10/09/2020 15:06
Date Of Accident 10/09/2020 10:00
Exact Location Of Accident PIONEER ROAD NORTH
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5661T
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 LIM KIT LENG
NRIC No SXXXX986H
Date Of Birth 25/09/1959
Occupation OUTDOOR
Date Of Driving Pass 16/06/2020
Driving Experience 0 YEAR AND 2 MONTH
Gender MALE
Mobile Number (LOCAL) +65-91722558
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 310C PUNGGOL WALK
#10-608
Postcode 823310
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions RAINING
Road Surface WET

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) 2
Passenger 1 NAME: : HAIRANI HUSSIN - 96714381
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES NORTH NPP
Police Station Address ROAD: 461 TAMPINES ST 44 #01-56, POSTCODE: 520461, 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/20200910/2036

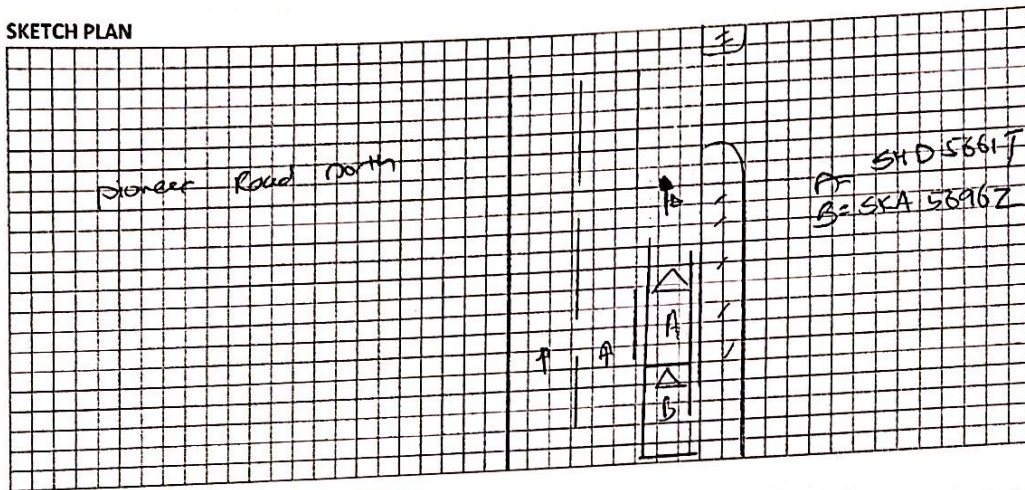
Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE TOO BIG
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA5696Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

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:

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

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



**SINGAPORE
POLICE FORCE**



T/20200910/2036

1 of 3

Report No. T/20200910/2036

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2020 12:45
Vide Report No.:
Station Diary No.: 8

Name of Informant: LIM KIT LENG		Address: APT BLK 310C PUNGGOL WALK #10-608 SINGAPORE 823310	
ID Type / ID No.: NRIC NO / S1396986H		Contact No.: Home/Office:	Mobile: 91722558
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 25/09/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/09/2020 10:00
Location: PIONEER ROAD NORTH		Type of Location: Straight Road	
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:
Traffic Flow:		Traffic Control:	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
SHD5661T	Car					1
SKA5696Z	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20200910/2036

2 of 3

Report No. T/20200910/2036

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver		ID No.	
Name	LIM KIT LENG	Contact No.	91722558
Related Vehicle	SHD5661T (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Date Treatment	10/09/2020
No. of Days granted Medical Leave	03	Date Discharge	10/09/2020
		Degree of Injury	Slight

Brief Details.

On the above mentioned date time and location while travelling, I was on the most right lane of a 3 lane road. As it was raining heavily, and there is another two vehicles ahead of me trying to make a right turn, I drive slowly and was about to make a stop when I felt a impact on my rear. I discovered another vehicle (SKA5696Z) had collided onto my rear and when I alighted to make a check, I noticed that my rear bonnet and light was badly dented and one of the vehicle parts attached to my rear fall off as well. When I return to the car to take my phone to take photos, the other driver had actually meddled with my parts and tried to place it back into my vehicle and inform that my vehicle was not damaged.

I ask for his particulars (Male, Malay, Around 30s) and he refuse to give it to me and we both left afterwhich as nobody was injured at the point of time.

I wish to state that I have a passenger onboard and he inform he is not injured and is okay to be a witness as well (Hairani Hussin, 96714381) and afterwhich I continue to send him to his destination.

Afterwhich I felt unwell and proceeded to the said clinic and was given a 3 days MC for neck and back stiffness.

The whole incident was also captured by my onboard front CCTV and I have yet to proceed to my company (Transcab) insurance.