

ASS. REC. BY:

REF:

C72/

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:

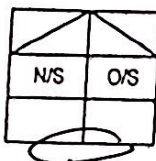
Excess:

(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:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S110 5375U

Yr Regn:

11/18

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

Truck / Traller or

Make:

Toy Priv

c.c

1798

Colour

M.P. White / R

A/C:

Insured / Std / NI / NA

Sp. Reading

191297

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 703077042

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Daiun

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

30/9/20

D.O.I.

2/10/2020

Survey held at

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

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

Date / Time

Action / Instruction

1 Got BI

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ - RS. \$

) Fixing

) Others

TOTAL

Report Format :

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

Not Authorised  
Recovery B4 point

AAD2010-004

**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 5375U**

Vehicle No.: 02 OCT 2020  
Chassis No.:  
Vehicle Make:  
Vehicle Model:  
Date of Accident :  
Third Party Insurer :  
Date of Registration:

- |   | PART                                 |
|---|--------------------------------------|
| 1 | COVER, REAR BUMPER                   |
| 1 | REINFORCEMENT SUB-ASSY, REAR BUMPER  |
| 1 | COVER, REAR BUMPER, LOWER            |
| 1 | GUARD, REAR BUMPER, CENTER           |
| 1 | PANEL SUB-ASSY, BACK DOOR            |
| 1 | GARNISH SUB-ASSY, BACK DOOR, OUTSIDE |
| 1 | WEATHERSTRIP, BACK DOOR              |
| 1 | PANEL SUB-ASSY, BODY LOWER BACK      |
| 1 | COVER, DECK TRIM, REAR               |
| 1 | SWITCH ASSY, BACK DOOR OPENER        |

**SHD 5375U**

JTDKB3FU703077042

TOYOTA

PRIUS

30.9.2020

**CHINA TAIPING**

22/11/2018

LIST	
\$	Buel/Na 442.60 ✓
\$	332.70 ?
\$	Na 15.40 ✓
\$	BH/CM 576.30 ✓
\$	R 1,147.80 X
\$	Sn 925.60 X
\$	Sn 372.30 X
\$	R 650.30 X
\$	Sn 126.70 X
\$	Sn 179.10 X
<b>TOTAL</b>	<b>\$ 4,768.80</b>
<b>25%</b>	<b>\$ 1,192.20</b>
	<b>\$ 3,576.60</b>

**Special Nett**

- |      |                                   |
|------|-----------------------------------|
| 1SET | PARKING AID                       |
| 1SET | REAR BUMPER CLIP                  |
| 1    | REAR TAILGATE TOYOTA LOGO         |
| 1    | REAR TAILGATE WORDING 'PRIUS'     |
| 1    | REAR TAILGATE WORDING 'HYBRID'    |
| 1    | REAR TAILGATE STICKER 'TRANS-CAB' |
| 1    | REAR TAILGATE STICKER '6555-3333' |
| 1    | REAR BUMPER PROTECTOR             |
| 1    | Rear Licence Plate with Holder    |
| 2    | WINDSCREEN SEALANT                |
| 1    | WINDSCREEN INNER SPONGE SEAL      |

\$	Sn 700.00 ✓
\$	Na 90.00 605N
\$	Na 47.90 X
\$	Na 54.60 X
\$	Na 54.60 X
\$	Na 80.00 X
\$	Na 80.00 X
\$	Na 180.00 305N
\$	Sn 140.00 X
\$	Na 150.00 X
\$	Na 130.00 X



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SHD 5375U

## 1 WINDSCREEN MOULDING

\$	<i>nn</i> 200.00	X
<b>TOTAL</b>	<b>\$ 1,907.10</b>	

<b>TOTAL PARTS</b>	<b>\$ 5,483.70</b>
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**LABOUR**

Putty And Spray Painting Of The Affected Portion.

\$	1,200.00	<i>2200</i>
----	----------	-------------

To reinstall rear bumper parking sensor.

\$	170.00	<i>500</i>
----	--------	------------

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

\$	<i>nn</i> 250.00	X
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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$	1,200.00	<i>2000</i>
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To Check Electrical Lighting Concerned.

\$	170.00	<i>100</i>
----	--------	------------

To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.

\$	<i>nn</i> 300.00	X
<b>TOTAL</b>	<b>\$ 3,290.00</b>	

<b>Over All Total</b>	<b>\$ 8,773.70</b>
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**(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	01/10/2020 13:20
Date Of Accident	30/09/2020 18:35
Exact Location Of Accident	BISHAN ROAD TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5375U
<b>Insured/Policyholder</b>	
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	LAW ZE HUI
NRIC No	SXXXX447E
Date Of Birth	08/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1998
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98438475
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 268B COMPASSVALE LINK  
#16-27  
Postcode 542268  
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 CHAIN COLLISION  
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 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) 2  
Passenger 1 NAME: : NGUYEN THI KIM CAM  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT T/20201001/2051

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF8364Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KOH YONG HONG  
NRIC/Passport Number SXXXX680Z



Contact Number 88121360

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA1375B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIN QINGHONG

NRIC/Passport Number GXXXX660X

Contact Number 90091910

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LAW ZE HUI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD5375U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

Butan  
8421 ←

Butan Rd. towards A.M.K.

↑ ↑ ↑

A  
B  
C

A CHD5375U  
B SLF8364Z  
C SKA 1375B

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report T/20201001/2051

**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

2



# SINGAPORE POLICE FORCE



T/20201001/2051

1 of 4

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20201001/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2020 12:28		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: LAW ZE HUI			Address: APT BLK 268B COMPASSVALE LINK #16-27 SINGAPORE 542268		
ID Type / ID No.: NRIC NO / S7527447E			Contact No.: Home/Office: Mobile: 98438475		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 08/09/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2020 18:35	Type of Location: Straight Road
Location:  BISHAN ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHD5375U	Car	TOYOTA	PRIUS	Red	Slightly Damaged	1
SKA1375B	Car	HYUNDAI		Blue		0
SLF8364Z	Car	HONDA	VEZEL	Grey		0





**SINGAPORE  
POLICE FORCE**



T/20201001/2051

2 of 4

Report No. T/20201001/2051

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAW ZE HUI	ID No.	S7527447E
Related Vehicle	SHD5375U (Car)	Contact No.	98438475
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/10/2020	Date Discharge	01/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	NGUYEN THI KIM CAM	ID No.	0
Related Vehicle	SHD5375U (Car)	Contact No.	84860553
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	NIL
Driver			
Name	LIN QINGHONG	ID No.	G7550660X
Related Vehicle	SKA1375B (Car)	Contact No.	90091910
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	NIL



**SINGAPORE  
POLICE FORCE**



T/20201001/2051

3 of 4

Report No. T/20201001/2051

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT**

Driver			
Name	KOH YONG HONG	ID No.	S7332680Z
Related Vehicle	SLF8364Z (Car)	Contact No.	88121360
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	NIL

**Brief Details.**

On 01/10/2020 at about 6.35pm, I was performing cabby duties on board V1 (SHD5375U). During which, I was ferrying a passenger from Toa Payoh Lorong 1 to Ang Mo Kio Avenue 1 and was travelling along Bishan Road towards Ang Mo Kio on the middle lane of the 3 lane road. At that point in time, it was drizzling and the road surface was slightly wet. Traffic was also rather heavy and slow moving.

After I past Bishan Lane, the traffic in front of me came to a standstill. As such, I slowed down and prepared to stop. Whilst doing so, I felt an impact from the rear of V1. I later checked and discovered that V3 (SKA1375B) had collided into the rear of V2 (SLF8364Z) resulting in a chain collision with the said vehicle colliding into the rear of V1. All drivers later alighted from the vehicle and we exchanged necessary details before we continued with our journey. I did not observe any visible injuries on the other drivers nor did anyone request for any medical attention.

During the incident, I felt pain on my neck and lower back. Thus, on 01/1/2020, I sought medical treatment at Edgedale Medical Clinic where I was issued with 5 days MC.

I wish to state that the damages to my vehicle were on the rear bumper which was dented in. The reverse sensor was also dislodged. I further state that I have in-car camera installed in my vehicle.