



**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

**SHC5225A****AAD20010-066***Not Authorized**Resurvey B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**18 OCT 2020****SHC5225A**

JTDKB3FU303091228

TOYOTA

PRIUS G4

15/10/2020

**AIG**

3/8/2020

	<b>PART</b>
1	PANEL SUB-ASSY, FRONT DOOR, RH
1	MOTOR ASSY, POWER WINDOW REGULATOR, RH
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH
1	TAPE, BLACK OUT, NO.1 FRT RH
1	TAPE, BLACK OUT, NO.2 FRT RH
1	TAPE, BLACK OUT, NO.3 FRT RH
1	PANEL SUB-ASSY, REAR DOOR, RH
1	TAPE, BLACK OUT, NO.1 REAR RH
1	TAPE, BLACK OUT, NO.2 REAR RH
1	TAPE, BLACK OUT, NO.3 REAR RH
1	HINGE ASSY, REAR DOOR, LOWER RH
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH
1	MOULDING ASSY, BODY ROCKER PANEL, RH
1	REINFORCEMENT SUB-ASSY, ROCKER PANEL, RH
1	PANEL SUB-ASSY, QUARTER, RH

	<b>LIST</b>	
\$	<i>11</i>	1,300.70 X
\$	<i>12</i>	926.00 X
\$	<i>11</i>	238.30 X
\$	<i>12</i>	13.30 X
\$	<i>12</i>	43.50 X
\$	<i>12</i>	26.30 X
\$	<i>B4/warp</i>	1,294.90 ✓
\$	<i>12</i>	21.90 —
\$	<i>12</i>	34.90 —
\$	<i>12</i>	15.40 —
\$	<i>11</i>	87.10 X
\$	<i>12</i>	206.70 X
\$	<i>11</i>	594.80 X
\$	<i>12</i>	343.40 X
\$	<i>12</i>	871.50 ✓

<b>TOTAL</b>	\$	<b>6,018.70</b>
<b>25%</b>	\$	<b>1,504.68</b>
	\$	<b>4,514.03</b>

**Special Nett**

1	FRONT DOOR STICKER 'TRANS-CAB'
1	REAR DOOR STICKER "6555-3333"
1	REAR FENDER LINER CLIP
1	REAR BUMPER CLIP
1SET	ROCKER PANEL MOULDING CLIP

\$	<i>12</i>	100.00 <i>6012</i>
\$	<i>12</i>	100.00 <i>6012</i>
\$	<i>12</i>	75.00 X
\$	<i>12</i>	85.00 X
\$	<i>12</i>	65.00 X
<b>TOTAL</b>	\$	<b>425.00</b>

<b>TOTAL PARTS</b>	\$	<b>4,939.03</b>
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SHC5225A

**LABOUR**

To transfer of door fittings, attachment and perform water seepage test.	\$	300.00	601
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,400.00	8001
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	601
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	1001
Putty And Spray Painting Of The Affected Portion.	\$	1,400.00	8801
To Check Electrical Lighting Concerned.	\$	170.00	201

<b>TOTAL</b>	\$	<b>4,120.00</b>
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<b>Over All Total</b>	\$	<b>9,059.03</b>
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**(PART-BY-PART) Repair Days**

20 days

6 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	15/10/2020 11:01
Date Of Accident	15/10/2020 10:15
Exact Location Of Accident	CTE SLIP ROAD TOWARDS TOA PAYOH (EXIT 16)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5225A
<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-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	SOH CHOON SENG
NRIC No	SXXXX519G
Date Of Birth	05/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1977
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81258378
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address BLK 205C COMPASSVALE LANE  
#16-33  
Postcode 543205  
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 SIDE SWIPE  
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) 2  
Passenger 1 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 15.10.2020 at about 1015hours, I was travelling straight on the extreme left lane along CTE slip road towards Toa Payoh (EXIT 16). Suddenly I felt an impact. Vehicle B (SCL39R) swerved into my lane from the Chevron Lane and hit onto my taxi's right side portion

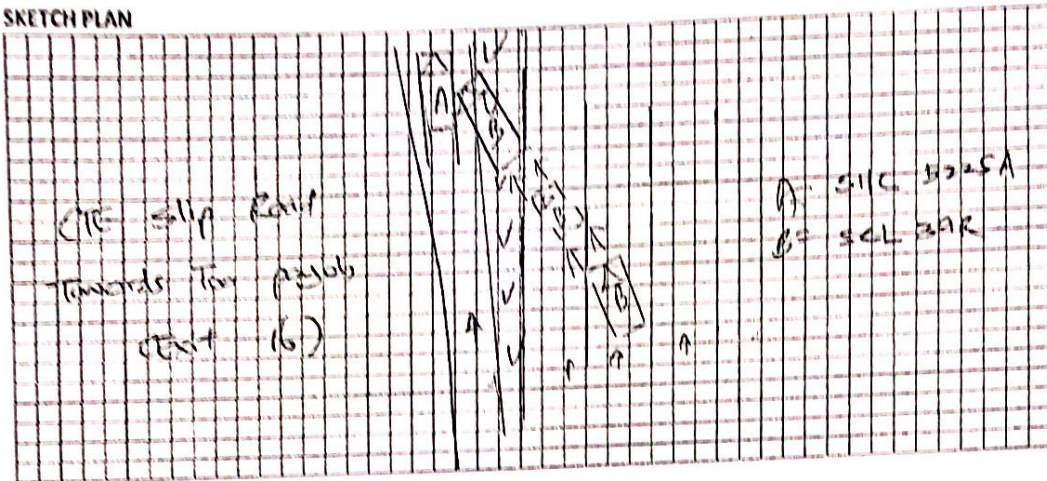
#### Attachment(s)

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 SCL39R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach CIV 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

2