

ASS. REC. BY:

REF: FC21Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

N/S	O/S

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: _____

1.5.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D 9651 XYr Regn: 06, 19

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

Truck / Traller or _____

Make: ToyPrnt

c.c

1788Colour: White/Red

A/C: Insured / Std / NI / NA

Sp. Reading: 108851

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDK B3F4 103 081572Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

195/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pailun

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 9/10/20D.O.I. 15/10/2020

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fixes

Others

TOTAL

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

Not Attached

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

SHD9651X

AAD2010-043

15 OCT 2020

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

SHD9651X

JTDKB3FU103081572

TOYOTA

PRIUS

9/10/2020

FIRST CAPITAL

27/6/2019

- | | PART |
|---|----------------------------------|
| 1 | FENDER SUB-ASSY, FRONT RH |
| 1 | LINER, FRONT FENDER, RH |
| 1 | EMBLEM, SIDE PANEL |
| 1 | MIRROR ASSY, OUTER REAR VIEW, RH |
| 1 | PANEL SUB-ASSY, FRONT DOOR, 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 |

LIST	
\$	777.80 X
\$	206.70 X
\$	54.60 X
\$	1,436.60 X
\$	1,300.70 X
\$	13.30 X
\$	43.50 X
\$	26.30 X
TOTAL	\$ 4,059.50
25%	\$ 1,014.88
	\$ 3,044.63

- Pro* **Special Nett**
1 FRONT DOOR STICKER "TRANSCAB" *6555 3333*
1SET CLIP, FRONT FENDER LINER
1SET CLIP, FRONT DOOR WEATHERSTRIP

\$	100.00 <i>6555</i>
\$	65.00 X
\$	60.00 X
TOTAL	\$ 165.00

TOTAL PARTS \$ 3,209.63

LABOUR

To remove and refit interior fittings, trimings, garnish,
fittings and other, to enable repair.

\$ *nn* 380.00 X

AAD2010-043

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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,400.00	1501
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,400.00	4401
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn 240.00	X
To Check Electrical Lighting Concerned.	\$	nn 170.00	X
TOTAL	\$	3,760.00	

Over All Total \$ 6,969.63

(PART-BY-PART) Repair Days

15 days

2 days

For Official Use

Prepared By : _____
(Accident Dept)

Verify By : _____
(Accident Workshop)

Checked By : _____
(Finance Dept)

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 09/10/2020 15:06
Date Of Accident 09/10/2020 13:00
Exact Location Of Accident WOODLANDS SQUARE TAXI STAND
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9651X
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 ZEE DENG TUCK
NRIC No SXXXX442B
Date Of Birth 21/10/1951
Occupation OUTDOOR
Date Of Driving Pass 24/07/1984
Driving Experience 36 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94819496
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 628A WOODLANDS RING ROAD
#04-292
Postcode 731628
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 - OPENING DOOR OF VEHICLE
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) 1

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 09.10.2020 at about 1300Hours, I was travelling straight on the extreme left lane along Woodlands Square Taxi stand to pick up my passenger. Suddenly I felt an impact. Vehicle B (SHB6300P) which was stationary on my right open left passenger door without checking for oncoming vehicle and hit onto my taxi's right side portion

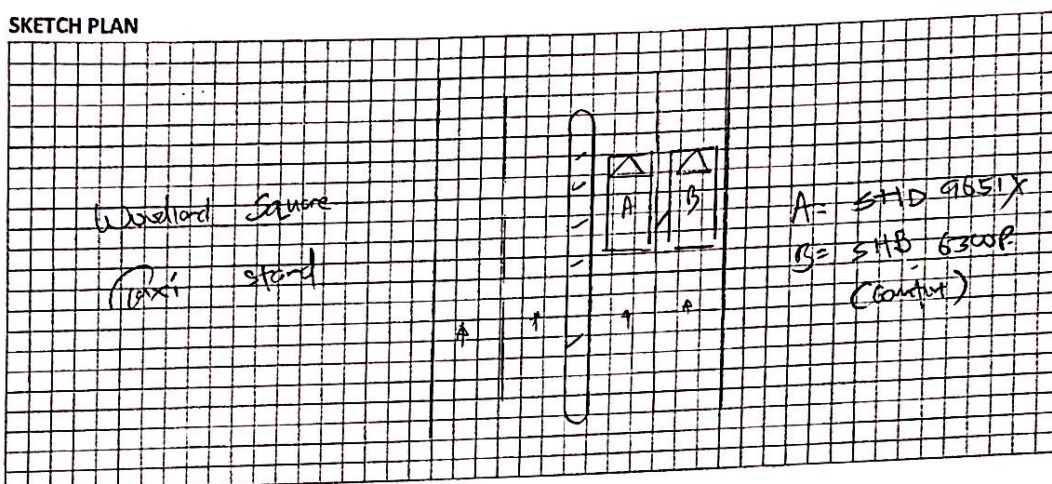
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB6300P
Vehicle Make/Model/Colour COMFORT TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls see attach GHA Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: