

ASS. REC. BY:

REF: 17021

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:

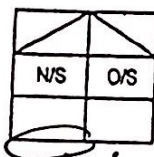
Excess:

(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:

1 1/2 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S11B 76482 Yr Regn: 08, 19

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

Truck / Trailer or

Make:

Toy PWS

c.c

1798

Colour:

m.p. white / Red

A/C: Insured / Std / NI / NA

Sp. Reading

14.9522

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

J70K B3FU X 030-82580

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 / Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

23/10/20

D.O.I.

26/10/2020

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. 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 Authorized
Person B4 paint

AAD2010-102

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

SHB7648E

Vehicle No.:

Chassis No.:

Vehicle Make:

26 OCT 2020

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHB7648E

JTDKB3FUX03082560

TOYOTA

PRIUS

23/10/2020

FIRST CAPITAL

1/8/2019

PART		LIST	
1	COVER, REAR BUMPER	\$	442.60 X
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70 ?
1	GUARD, REAR BUMPER, CENTER	\$	576.30 ✓
1	RETAINER, REAR BUMPER SIDE, RH	\$	117.70 X
1	PANEL SUB-ASSY, BACK DOOR	\$	1,147.80 X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	650.30 X
1	FILLER, REAR BUMPER EXTENSION, RH	\$	123.70 X
1	FILLER, REAR BUMPER EXTENSION, LH	\$	123.70 ?
1	LENS AND BODY, REAR LAMP, LH	\$	502.00
1	LENS & BODY, REAR COMBINATION LAMP, LH	\$	443.30
1	LENS AND BODY, REAR LAMP, RH	\$	502.00
1	LENS & BODY, REAR COMBINATION LAMP, RH	\$	451.80 X
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	47.90
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	54.60
1	PLATE, BACK DOOR NAME, NO.1	\$	54.60
TOTAL		\$	5,571.00
25%		\$	1,392.75
		\$	4,178.25

Special Nett

1SET PARKING AID	\$	700.00 X
1SET REAR BUMPER CLIP	\$	85.00 X
1 REAR BUMPER PROTECTOR	\$	180.00 X
1 REAR BUMPER RETAINER CLIP	\$	75.00 X
1SET TAILLAMP CLIP	\$	50.00 X

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SHB7648E

1 BOOTLID STICKER 'TRANSCAB'
1 BOOTLID STICKER '65553333'
1SET REAR NUMBER PLATE WITH HOLDER

\$	na	100.00	X
\$	na	100.00	X
\$	na	120.00	X
TOTAL	\$	1,410.00	

TOTAL PARTS	\$	5,588.25
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LABOUR

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

\$	na	240.00	X
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To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$	na	380.00	X
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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$		1,600.00	1501
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To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$		380.00	X
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Putty And Spray Painting Of The Affected Portion.

\$		1,600.00	2201
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To reinstall rear bumper parking sensor.

\$		170.00	X
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To Check Electrical Lighting Concerned.

\$	na	170.00	X
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To check steering geometry and computer wheel alignment

\$	na	220.00	X
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To remove and refit of rear fender fittings, attachment and perform water seepage test.

\$	na	170.00	X
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TOTAL	\$	4,930.00
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Over All Total	\$	10,518.25
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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 23/10/2020 16:47
Date Of Accident 23/10/2020 01:15
Exact Location Of Accident HOLLAND AVENUE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7648E

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 HIRER 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 CHUNG KWAI HONG
NRIC No SXXXX193A
Date Of Birth 16/11/1948
Occupation OUTDOOR
Date Of Driving Pass 31/05/1971
Driving Experience 49 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98586640
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 665A PUNGGOL DRIVE
#06-506
Postcode 821665
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - RELIEF
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 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 23.10.2020 at about 0115hours, I was travelling straight on the extreme left lane along Holland Avenue, suddenly I felt an impact. Vehicle B (SH8977L) hit onto my taxi's rear portion

Attachment(s)

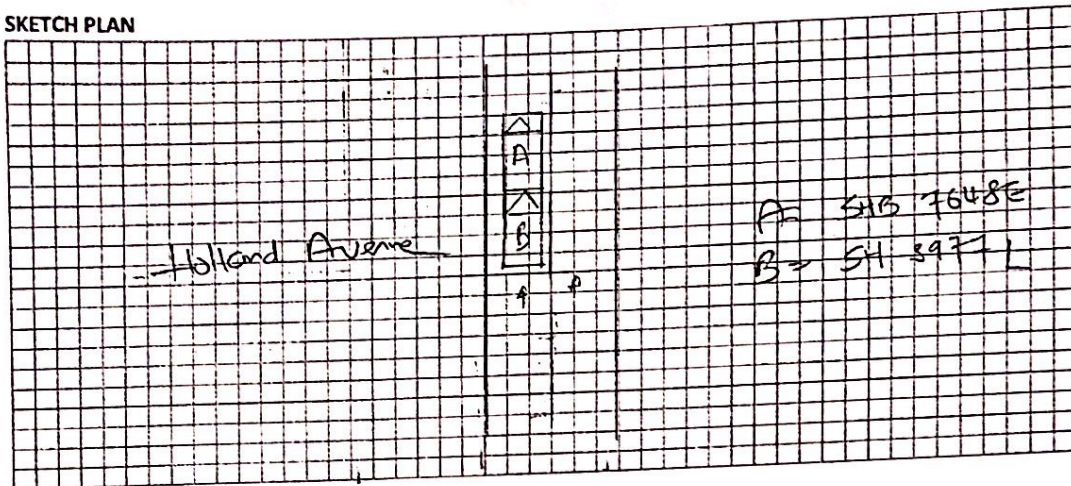
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8977L
Vehicle Make/Model/Colour COMFORT TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver LEE GHEE TIONG
NRIC/Passport Number SXXXX672E
Contact Number 91183308
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach SA Report

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARIAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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