

ASS. REC. BY:

REF:

AIG/

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

S/HB 96217

Yr Regn:

06, 1P

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

Truck / Trailer or

Make:

Toy Pons

c.c

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

176942

T/Radlo:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 00 3081403

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inopder / Jammed / Leaked / Burnt or

Brake: Inopder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

Sailon 195/65R15

R:

Fina BP

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

26/10/20

D.O.I.

28/10/2020

Survey held at

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

015 17

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

Date / Time

Action / Instruction

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:

S - RS, SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

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

SHB9621T

AAD2010-120

*Not Authored**Presumy B4 point*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

20 OCT 2020

SHB9621T

JTDKB3FU003081403

TOYOTA

PRIUS

26/10/2020

AIG

18/06/2019

- PART**
- 1 COVER, FRONT BUMPER
 - 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
 - 1 REINFORCEMENT, FRONT BUMPER, NO.2
 - 1 FRONT BUMPER SIDE RETAINER RH
 - 1 BRACKET, FRONT BUMPER SIDE, RH
 - 1 SUPPORT, FRONT BUMPER SIDE, RH
 - 1 EXTENSION, FRONT BUMPER, RH
 - 1 BRACKET, HEADLAMP, RH
 - 1 UNIT ASSY, HEADLAMP, RH
 - 1 LAMP ASSY, FOG, RH
 - 1 LINER, FRONT FENDER, RH
 - 1 FENDER SUB-ASSY, FRONT RH

LIST	
\$	<i>Br/Th</i> 516.00 ✓
\$	<i>n</i> 716.60
\$	<i>n</i> 246.10
\$	<i>Sn</i> 80.10 } X
\$	<i>Sn</i> 59.30
\$	<i>Sn</i> 80.10
\$	<i>Sn</i> 120.10
\$	<i>Sn</i> 34.80
\$	2,637.60 ?
\$	951.40 ?
\$	<i>Sn</i> 206.70 X
\$	<i>n</i> 977.80 X
TOTAL	\$ 6,626.60
25%	\$ 2,828.00
	\$ 8,484.00

- Special Nett**
- 1 FRONT FENDER EMBLEM LH
 - 1 WHEEL RIM COVER
 - 1 TYRE 195/65/15
 - 1SET FRONT FENDER LINER CLIP
 - 1SET FRONT BUMPER CLIP

\$	<i>nn</i> 150.00 X
\$	<i>Sn</i> 211.50 X
\$	<i>Sn</i> 350.00 X
\$	<i>nn</i> 75.00 X
\$	<i>nn</i> 90.00 ✓
TOTAL	\$ 876.50

TOTAL PARTS \$ 9,530.50**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

SHB9621T**AAD2010-120**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	1,600.00	2001
	\$	380.00	
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn 240.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	2201
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	151

TOTAL \$ 4,380.00**Over All Total \$ 13,740.50****(PART-BY-PART) Repair Days****10 days****2 day****For Official Use**Prepared By : _____
(Accident Dept)Verify By : _____
(Accident Workshop)

Checked By : _____

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	27/10/2020 15:50
Date Of Accident	26/10/2020 21:30
Exact Location Of Accident	PASIR RIS DRIVE 1 TOWARDS PASIR RIS STREET 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9621T
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	CHUA SENG CHAI
NRIC No	SXXXX462Z
Date Of Birth	16/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1976
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98469772
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 164 SIMEI ROAD
#03-408
Postcode 520164
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 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) 3
Passenger 1 NAME: : UNKNOWN
GENDER: : MALE
Passenger 2 NAME: : UNKNOWN
GENDER: : FEMALE

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 26.10.2020 at about 2130hrs, I was travelling on the extreme left lane along Pasir Ris Drive 1 towards Pasir Ris Street 12 when the traffic light was green on my favour, suddenly I felt an impact. Vehicle B (SLA5622A) which came from opposite lane made a right turn without checking for oncoming vehicle, traffic light and hit onto my taxi's right side front portion

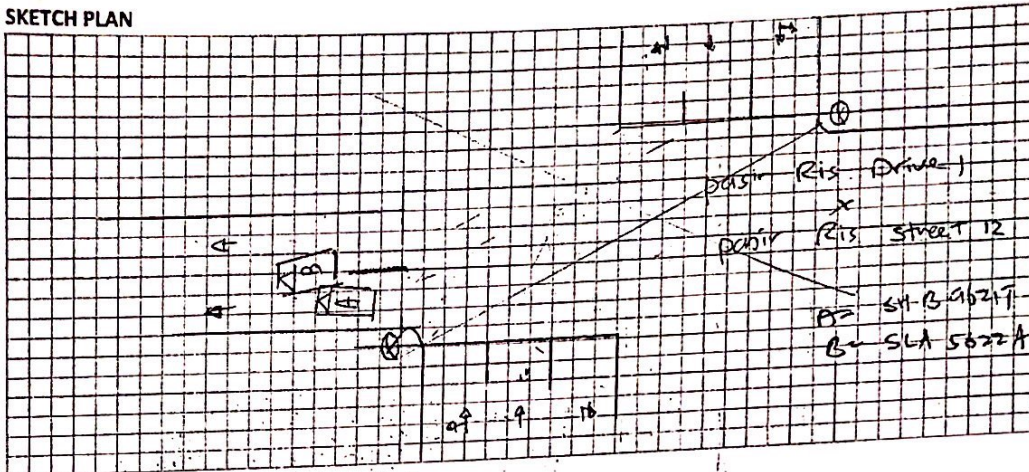
Attachment(s)

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 SLA5622A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number SXXXX392A
Contact Number 90063397

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P15 See attach GA 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.:

GIAR/MC SketchPlanForm_V3

2