

ASS. REC. BY: Kenneth

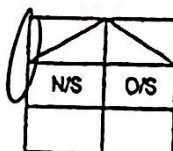
REF: ERR/200130151KV

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 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: 04 days Res.: Yes or No

Lum Sum: 1.21 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 79192 Yr Regn: 08, 19
 Type: M/Car / M/Cycle / Bus / Van / Lorry / 7 / Prime Mover /
 Truck / Trailer or
 Make: Toy Prius c.c. 1798
 Colour M.P. White 1st A/C: Insured / Std / NI / NA
 Sp. Reading 93283 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU003083328
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Portun

Front	Rear
R/Bal. <u>9</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>9</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>24/11/20</u>	D.O.I. <u>25/11/2020</u>

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
N/S Rm body

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 15/1/21-Typist

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ - RS. \$

Fees

Others

Report Format: TP

Lump Sum / I.B.I: (\$ 6959.80)

TOTAL

Not Authash
Pulvey B4 paint

Trans-cab Auto Services Pte Ltd

AAD2011-130

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB7919Z

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

25 NOV 2020

SHB7919Z

JTDKB3FU003083328

TOYOTA

PRIUS

24/11/2020

ERGO

30/08/2019

PART	LIST		
1 COVER, FRONT BUMPER	\$ CM 516.00	✓	
1 RETAINER, REAR BUMPER SIDE, LH	\$ D11 116.50	✓	
1 UNIT, HEADLAMP, LH	\$ M31 M 1,781.10	✓	
1 COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	\$ 960.50	?	
1 LAMP ASSY, FOG, LH	\$ S 951.40	X	
1 PANEL SUB-ASSY, FRONT DOOR, LH	\$ R 1,300.70	✓	
1 WEATHERSTRIP, FRONT DOOR, LH	\$ S 231.30	X	
1 HINGE ASSY, FRONT DOOR, LOWER LH	\$ R 110.60	X	
1 HINGE ASSY, FRONT DOOR, UPPER LH	\$ R 97.50	X	
1 TAPE, BLACK OUT, NO.1 FRT LH	\$ M 13.30	✓	
1 TAPE, BLACK OUT, NO.2 FRT LH	\$ M 43.50	✓	
1 TAPE, BLACK OUT, NO.3 FRT LH	\$ M 26.30	✓	
1 MOTOR ASSY, POWER WINDOW REGULATOR, FRT LH	\$ S 926.00	X	
1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH	\$ S 238.30	X	
1 MOULDING, FRONT DOOR WINDOW FRAME, FRONT LH	\$ S 38.60	X	
1 WEATHERSTRIP, FRONT DOOR FIX WINDOW, LH	\$ S 76.40	X	
1 FENDER SUB-ASSY, FRONT LH	\$ R 977.80	✓	
1 EMBLEM, SIDE PANEL	\$ M 54.60	✓	
1 LINER, FRONT FENDER, LH	\$ CM 202.50	✓	
1 MIRROR ASSY, OUTER REAR VIEW, LH	\$ CM 1,339.30	✓	
1 COVER SUB-ASSY, FRONT PILLAR, UPR LH	\$ S 100.40	X	
1 MOULDING, WINDSHIELD, OUTSIDE LH	\$ S 85.50	X	
1 MOULDING ASSY, BODY ROCKER PANEL, LH	\$ B 594.80	✓	
1 REINFORCE SUB-ASSY, ROCKER, OUTER LH	\$ R 583.40	X	
1 REINFORCEMENT SUB-ASSY, ROCKER PANEL, LH	\$ R 343.40	X	
TOTAL	\$ 11,709.70		

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SHB7919Z

25%	\$	2,927.43
	\$	8,782.28

Special Nett

1 FENDER CLIP	\$	na	65.00	✓
1 FENDER LINDER CLIP	\$	Renew	65.00	X
1 FRT BUMPER CLIP	\$	na	65.00	✓
1SET DOOR WEATHERSTRIP CLIP	\$	na	65.00	X
1 FRT DOOR STICKER	\$	na	100.00	60sn
1 TYRE	\$	sn	350.00	X
1 RIM	\$	sn	1,879.40	X
1 RIM COVER	\$	sn	400.00	X
1SET CLIP, ROCKER PANEL MOULDING	\$	na	65.00	✓
TOTAL	\$		3,054.40	

TOTAL PARTS	\$	11,836.68
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LABOUR

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

\$		1,400.00	500
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Putty And Spray Painting Of The Affected Portion.

\$		1,400.00	900
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To Rust-Proofing and apply undercoat Of The Affected Areas.

\$		240.00	80
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To Check Electrical Lighting Concerned.

\$		170.00	20
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TOTAL	\$	3,590.00
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Over All Total	\$	15,426.68
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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	24/11/2020 18:15
Date Of Accident	24/11/2020 16:30
Exact Location Of Accident	UPPER SERANGOON ROAD TOWARDS POTONG PASIR NEAR KOV
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7919Z
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 5DR HATCHBACK (AUTO)
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	N.A

Driver

Name of Driver	LIM CHIN HONG
NRIC No	SXXXX310H
Date Of Birth	04/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1986
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98181872
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NA
Postcode	
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 - CHANGE/CROSS LANE
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?	
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: : JARED TAN 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

I WAS DRIVING ALONG UPPER SERANGOON ROAD TOWARDS POTONG PASIR . WHEN I DRIVING IN MY LANE , SUDDENLY VEHICLE B FILTER INTO MY LANE WITHOUT CHECKING AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE . NO INJURIES INVOLVED .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO UPLOADED
Was there any audio recorded?	NO

Details of Witness 1

Name	JARED TAN
Phone Number	94230555
Email Address	

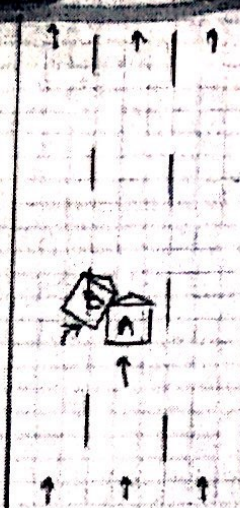
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5388Z
Vehicle Make/Model/Colour	TOYOTA / DYNA 150 MANUAL
Details Of Properties	N.A
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RYAN YEOH ZHAN MING

SKETCH PLAN

A: SHB7192

B: GSE6552



Upper
sewing pool

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

WONG JUN KEAT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: