

ASS. REC. BY:

REF:

A161

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

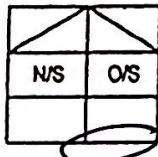
Claims No. _____

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: 2 1/2 days Res.: Yes or NoLum Sum: 13.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S/HO 9278R Yr Regn: 12, 18

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

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour M.P. White / Red A/C: Insured / Std / NI / NASp. Reading 203199 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKCB3FU 6030 77257Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD / Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Pailon

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 14/12/20D.O.I. 15/12/2020Survey held at ✓

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

Rear O/S

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: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS, \$ _____☐ : Interview (\$ _____) ☐ : Fines☐ : Tech Invs (\$ _____) ☐ : Others☐ : Weekend (\$ _____)

TOTAL

Report Format :

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

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

SHD9278R**AAD2012-***Not Authorised**Resurvey B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

15 DEC 2020**SHD9278R**

JTDKB3FU603077257

TOYOTA

PRIUS

14/12/2020

AIG

04/12/2018

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	GUARD, REAR BUMPER, CENTER
1	COVER, REAR BUMPER, LOWER
1	RETAINER, REAR BUMPER SIDE, LH
1	FILLER, REAR BUMPER EXTENSION, LH
1	FILLER, REAR BUMPER EXTENSION, RH
1	SEAL, REAR BUMPER SIDE, LH
1	LENS & BODY, REAR COMBINATION LAMP, RH
1	LENS AND BODY, REAR LAMP, RH
1	PANEL SUB-ASSY, BODY LOWER BACK
1	PANEL SUB-ASSY, QUARTER, RH
1	LINER, REAR WHEEL HOUSE, RH
1	PANEL SUB-ASSY, BACK DOOR
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
1	WEATHERSTRIP, BACK DOOR
1	SPOILER, SUB ASSY, REAR
1	STAY ASSY, BACK DOOR, LH
1	STAY ASSY, BACK DOOR, RH
1	HINGE ASSY, BACK DOOR, LH
1	HINGE ASSY, BACK DOOR, RH
1	COVER, FLOOR UNDER, NO.1 (LH)
1	COVER, FLOOR UNDER, NO.2 (RH)
1	COVER, REAR FLOOR (CTR)

	LIST	
\$	<i>Bul/Dir</i> 442.60	✓
\$	332.70	✓
\$	<i>nut/bol</i> 576.30	✓
\$	<i>nut</i> 15.40	✓
\$	<i>SL</i> 116.50	X
\$	<i>SL</i> 123.70	X
\$	<i>Dir SL</i> 123.70	✓
\$	<i>SL</i> 88.50	X
\$	<i>CM</i> 451.80	✓
\$	<i>CM</i> 502.00	✓
\$	<i>N</i> 651.00	X
\$	<i>N</i> 871.50	X
\$	<i>N</i> 139.80	X
\$	<i>N</i> 1,147.80	X
\$	<i>mfgm</i> 925.60	✓
\$	<i>SL</i> 372.30	} X
\$	<i>SL</i> 1,575.40	
\$	<i>SL</i> 242.50	
\$	<i>SL</i> 242.50	
\$	<i>N</i> 61.00	
\$	<i>N</i> 61.00	
\$	<i>SL</i> 175.10	
\$	<i>SL</i> 241.90	
\$	<i>SL</i> 229.90	
TOTAL	\$ 9,063.60	
25%	\$ 2,265.90	
	\$ 6,797.70	

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SHD9278R**AAD2012-****Special Nett**

1SET PARKING AID	\$	fm 700.00	X
1SET REAR BUMPER CLIP	\$	nn 95.00	665n
2 WINDSCREEN SEALANT	\$	nn 150.00	
1 WINDSCREEN MOULDING	\$	nn 200.00	
1 WINDSCREEN INNER SPONGE SEAL	\$	nn 130.00	
1 REAR TAILGATE TOYOTA LOGO	\$	nn 47.90	
1 REAR TAILGATE WORDING 'PRIUS'	\$	nn 54.60	
1 REAR TAILGATE WORDING 'HYBRID'	\$	nn 54.60	
1 REAR TAILGATE STICKER "Trans-Cab"	\$	nn 80.00	
1 REAR TAILGATE STICKER "6555-3333"	\$	nn 80.00	
1 REAR BUMPER PROTECTOR	\$	nn 180.00	
1SET REAR FENDER LINER CLIP	\$	nn 85.00	
1SET REAR BUMPER RETAINER CLIP	\$	nn 85.00	
1 REAR NUMBER PLATE WITH HOLDER	\$	nn 140.00	
1SET TAILLAMP LOWER CLIP	\$	nn 55.00	155n
1SET TAILLAMP UPPER CLIP	\$	nn 55.00	155n
1 END PANEL TRIM CLIP	\$	nn 65.00	X
1 REAR SPOILER CLIP	\$	nn 70.00	X
TOTAL	\$	2,327.10	

TOTAL PARTS \$ 9,124.80**LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ nn 300.00 X

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

\$ 380.00 601

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 2,200.00 4001

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ nn 380.00 X

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SHD9278R

To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	nn	180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	nn	480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	nn	480.00	X
To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.	\$	nn	380.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn	380.00	X
To check steering geometry and computer wheel alignment	\$	nn	220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	250.00	X
Towing Fees	\$	nn	150.00	X
Putty And Spray Painting Of The Affected Portion.	\$		2,200.00	6601
To reinstall rear bumper parking sensor.	\$		170.00	501
To Check Electrical Lighting Concerned.	\$		170.00	201
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	nn	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	h	220.00	X
To replace, refix and top up coolant for radiator	\$	h	170.00	X
To lift-up / out engine with gear box and refit.	\$	h	440.00	X

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To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.

\$ *nn* 380.00 X

To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.

\$ *nn* 380.00 X**TOTAL** \$ **10,290.00****Over All Total** \$ **19,414.80****(PART-BY-PART) Repair Days****25 DAYS***2 1/2 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

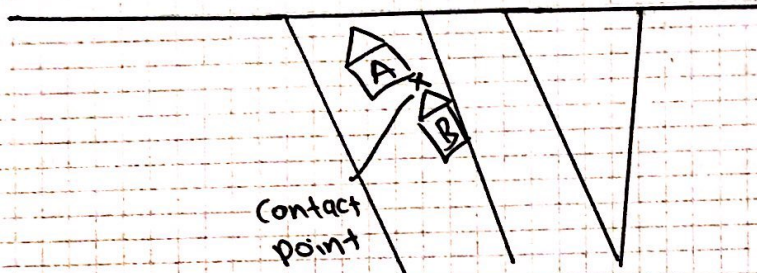
Signature:

Date:

SKETCH PLAN

ECP → Changi

14/12/20013043



vehA: SHD9278R
vehB: SMN1568U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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.:

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 Submission	15/12/2020 01:49 (SGT)
Date of Accident	14/12/2020 11:00 (SGT)
Exact Location of Accident	Suntec City, Singapore
Additional Location Information	SLIP ROAD TO ECP FROM SUNTEC TOWARDS AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9278R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2348706
Cover Note Number	-

DRIVER

Name of Driver	CHIA YONG LYE
NRIC No	SXXXX659I
Date Of Birth	05/10/1968
Occupation	Outdoor

Date Of Driving Pass 29/05/1992
 Driving experience 28 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number (Phone) +65-98672536
 Email Address -
 Address claims@transcab.com.sg
 Address complement NA
 Postcode -
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

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 the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name PASSENGER 1
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Ang Mo Kio North Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004849999
 Alt. Police Station Phone No (Fax) +65-62181399
 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 14/12/2020 AT ABOUT 1100HRS, I WAS DRIVING MY TAXI BEARING REGISTRATION PLATE NUMBER SHD9278R TRAVELLING ALONG SLIPROAD TO ECP, FROM SUNTEC TOWARDS AIRPORT. THERE WAS ANOTHER VEHICLE BEARING REGISTRATION NUMBER SMN1568U COLLIDED ONTO THE REAR OF MY VEHICLE. WE ALIGHTED FROM THE VEHICLE AND TOOK SOME PHOTO OF THE ACCIDENT SCENE. THERE WAS NO TRAFFIC POLICE OR AMBULANCE ATTENDED TO US. AFTER TAKING SOME PHOTOS, THE DRIVER APOLOGIZE AND TOLD ME TO FINE HIS INSURANCE. WE THEN LEFT THE SCENE AFTERWARD. I SEEK TREATMENT AT CHANGI GENERAL HOSPITAL LATER AS I FELT SOME DISCOMFORT AND PAIN ON MY NECK, SHOLDER AND LOWER BACK. I WAS CERTIFIED 3 DAYS MC BY THE DOCTOR FROM 14/12/2020 TO 16/12/2020.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1