

ASS. REC. BY:

REF: SMO / 20014289Kq

Kenneth

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. CMTD2003755/MYE

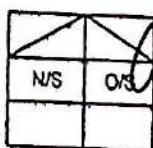
Sum Insured: _____ Excess: _____

(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: 02 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: S14C 5485R Yr Regn: 11, 20

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

Truck / Trailer or

Make: Toyota Prius cc 1798

Colour M.P. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 4121 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F4 00 3077318

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rrim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 19/12/20

Survey held at

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

015 PM

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

Date / Time Action / Instruction

30/12/20@5.56pm revised to Melvin Ye by email.

Data/Time, File Pass to? ☐ : Prell. Report1) ☐ : Final Report

Data/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS: SI

Fees

Others

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

SHC5485R**AAD2012-153***Not Authorized
Repair B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

28 DEC 2020**SHC5485R**

JTDKB3FU003077318

TOYOTA

PRIUS

19/12/2020

Sompo

06/11/2020

PART**LIST**

- 1 FENDER SUB-ASSY, FRONT RH
- 1 LINER, FRONT FENDER, RH
- 1 PANEL SUB-ASSY, FRONT DOOR, RH
- 1 JAR ASSY, WINDSHIELD WASHER

\$	<i>By</i>	977.80	✓
\$	<i>SL</i>	206.70	X
\$	<i>n</i>	1,300.70	X
\$	<i>SL</i>	219.10	X

TOTAL \$ 2,704.30**25% \$ 676.08****\$ 2,028.23****Special Nett**

- 1SET FRONT FENDER EMBLEM RH
- 1SET FRT FENDER CLIP
 - 1 FRT FENDER LINER CLIP
- 1SET REAR BUMPER RETAINER CLIP
 - 1 TYRE
 - 1 RIM
 - 1 HUB CAP

\$	<i>nn</i>	54.60	✓
\$	<i>nn</i>	95.00	X
\$	<i>nn</i>	180.00	X
\$	<i>nn</i>	85.00	<i>60.00</i>
\$	<i>SL</i>	350.00	X
\$	<i>nd</i>	1,879.40	✓
\$	<i>nd/nn</i>	300.00	✓

TOTAL \$ 2,944.00**TOTAL PARTS \$ 4,972.23****LABOUR**

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

\$ *nn* 380.00 XPanel Beating, Knocking And Straightening The Necessary Portion,
Remove And Renewal Of Parts, Adjust And Realign The Same\$ 2,200.00 *3000*

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SHC5485R**AAD2012-153**

To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.

\$ 480.00 X

To transfer of Fender fittings, attachments and perform water seepage test.

\$ 480.00 X

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.

\$ 380.00 X

To check steering geometry and computer wheel alignment

\$ 220.00 601

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

\$ 250.00 301

Towing Fees

\$ 150.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 4401

To Check Electrical Lighting Concerned.

\$ 170.00 151

To transfer of tire, rim and on wheel balancing.

\$ 220.00 201

To lift-up / out engine with gear box and refit.

\$ 440.00 X

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

\$ 380.00 X

TOTAL \$ 7,950.00**Over All Total \$ 12,922.23****(PART-BY-PART) Repair Days****25 DAYS****2 day**

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 Submission 21/12/2020 17:29 (SGT)
Date of Accident 19/12/2020 15:10 (SGT)
Exact Location of Accident Lor Limau, Singapore
Additional Location Information LOR LIMAU BEFORE CARPARK TPBR4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5485R

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 NA

DRIVER

Name of Driver TAN TECK SIONG (CHEN DEXIANG)
NRIC No SXXXX514I
Date Of Birth 21/11/1980
Occupation Outdoor



Accident report SA0A20CL000B

Date Of Driving Pass	31/07/2003
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92474297
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	NA
Address complement	-
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT AND I SAW THIRD PARTY WAS MAKING A REVERSE AND WHEN I PASS BY HIS VEHICLE SUDDENLY I MOVED FORWARD AND COLLIDED ONTO MY RIGHT SIDE PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

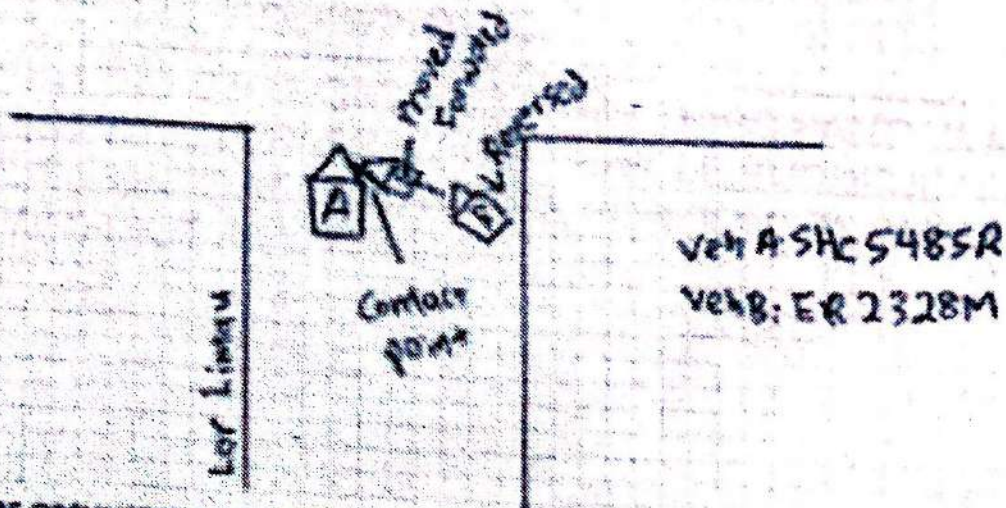
ATTACHMENT(S)

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	ER2328M
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH SER KIAT
NRIC No	SXXXX004A
Contact Number	(Phone) +65-96700448
Address	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Motorist's Signature
Date & Time:

Driver's Signature
(If driver is not the motorist)
Date & Time:

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

Reporting Officer Personnel's Signature
Name:
NRIC/IN No.:

ACCIDENT STATEMENT (2000 characters)

I WAS TRAVELLING STRAIGHT AND I SAW THIRD PARTY WAS MAKING A REVERSE AND WHEN I PASS BY HIS VEHICLE SUDDENLY I MOVED FORWARD AND COLLIDED ONTO MY RIGHT SIDE PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
ANG QI HAO, VICTOR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 December 2020 at 1:49 PM

Date/Time:

21 December 2020 at 1:49 PM