

ASS. REC. BY:

REF: 1m1/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. _____

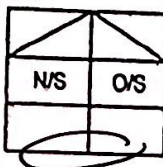
Sum Insured: _____

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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 days

Res.: Yes or No

Lum Sum: 1-B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH053344Yr Regn: 01, 19

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

Truck / Trailer or

Make: Toy Priusc.c. 1798Colour M.P. White / AW

A/C: Insured / Std / NI / NA

Sp. Reading 263919

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD KB31F4 103 078820Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: 175/65R15

R: _____

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

TOYO / YOKO or Pailun

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 29/12/20D.O.I. 30/12/2020

Survey held at _____

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

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: (\$

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

SHD5334M*Not Authored
Resurvey B4 paint***AAD2012-203**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

30 DEC 2020**SHD5334M**

JTDKB3FU103078820

TOYOTA

PRIUS

29/12/2020

TOKIO

11/01/2019

PART	LIST	
1 COVER, REAR BUMPER	\$ Bu	442.60 ✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$ R	332.70 ✓
1 GUARD, REAR BUMPER, CENTER	\$ R	576.30 ✓
1 COVER, REAR BUMPER, LOWER	\$ mri	15.40 ✓
1 RETAINER, REAR BUMPER SIDE, LH	\$ Sn	116.50 X
1 RETAINER, REAR BUMPER SIDE, RH	\$ ORI	117.70 ✓
1 FILLER, REAR BUMPER EXTENSION, RH	\$ mriem	123.70 ✓
1 SEAL, REAR BUMPER SIDE, LH	\$ Sn	88.50 X
1 SEAL, REAR BUMPER SIDE, RH	\$ Sn	88.50 X
1 LENS & BODY, REAR COMBINATION LAMP, RH	\$ Sn	451.80 X
1 LENS AND BODY, REAR LAMP, RH	\$ Sn	502.00 X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$ R	650.30 X
1 COVER, FLOOR UNDER, NO.1 (LH)	\$ Sn	175.10 X
1 COVER, FLOOR UNDER, NO.2 (RH)	\$ Sn	241.90 X
1 COVER, REAR FLOOR (CTR)	\$ Sn	229.90 X
TOTAL	\$	4,152.90
25%	\$	1,038.23
	\$	3,114.68

Special Nett

1SET PARKING AID	\$	Shot	700.00	250sa
1SET REAR BUMPER CLIP	\$	ne	95.00	60sa
1 REAR BUMPER PROTECTOR	\$	ne	180.00	30sa
1SET REAR FENDER LINER CLIP	\$	nn	85.00	X
1SET REAR BUMPER RETAINER CLIP	\$	nn	85.00	X
1 REAR NUMBER PLATE WITH HOLDER	\$	Sn	140.00	X
1SET TAILLAMP LOWER CLIP	\$	nn	55.00	X
1SET TAILLAMP UPPER CLIP	\$	nn	55.00	X

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

SHD5334M**AAD2012-203****1 END PANEL TRIM CLIP**

\$ 65.00 X

TOTAL \$ 1,460.00**TOTAL PARTS \$ 4,574.68****LABOUR**

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

\$ 380.00 X

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

\$ 2,200.00 X

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

\$ 380.00 X

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

\$ 180.00 X

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

To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.

\$ 380.00 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 X

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

\$ 250.00 X

Towing Fees

\$ 150.00 X

Trans-cab Auto Services Pte Ltd**AAD2012-203**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD5334M

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 *500/*

To reinstall rear bumper parking sensor.

\$ 170.00 *50/*

To Check Electrical Lighting Concerned.

\$ 170.00 *15/*

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*

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

\$ *h* 380.00 *X*

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

\$ *h* 380.00 *h***TOTAL \$ 9,990.00****Over All Total \$ 14,564.68****(PART-BY-PART) Repair Days****25 DAYS***3 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	29/12/2020 23:43 (SGT)
Date of Accident	29/12/2020 14:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF WOODLANDS AVE 12 AND WOODLANDS AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5334M
-----------------------------	----------

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	TOYOTA PRIUS 5 DR HATCHBACK (AUTO)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	PEK HOCK CHUAN
NRIC No	SXXXX110A
Date Of Birth	24/06/1967
Occupation	Outdoor

Date Of Driving Pass 20/11/1986
 Driving experience 34 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-81336061
 Alt. Phone Number -
 Email Address claims@transcab.com.sg
 Address HDB Tampines, 219 Tampines Street 24
 Address complement #08-63
 Postcode 520219
 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 Raining
 Road Surface Wet

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) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name VIVIAN
 Gender Female

PASSENGER 2

Name PASSENGER 2
 Gender Female

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 DRIVING ALONG WOODLANDS AVE 12 TOWARDS SEMBAWANG ROAD .THERE WAS HEAVY TRAFFIC DURING THE ACCIDENT , VEHICLE IN FRONT OF MY VEHICLE CAME TO A STOP . I STOPPED IN TIME BUT VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . I WILL GO SEE A DOCTOR LATER.

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

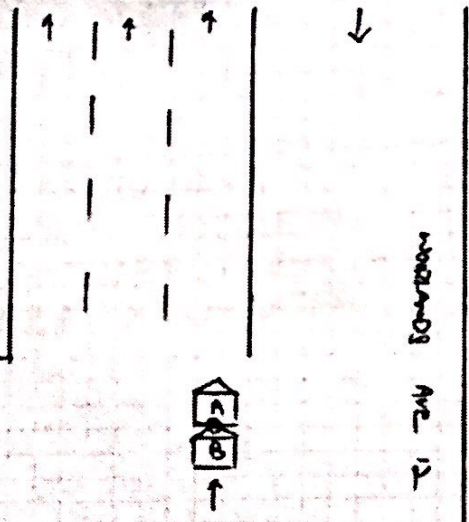
Vehicle Registration Number SLG8617P
 Vehicle Manufacturer Toyota

SKETCH PLAN

A: JHD5334M

B: SLG817D

WOODLANDS
Ave 5



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.: