

ASS. REC. BY:

REF:

1962/21000543/KV

Kenneth

## 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: \_\_\_\_\_

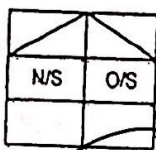
Excess: \_\_\_\_\_

(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: \_\_\_\_\_

02 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: \_\_\_\_\_

SHC 5568K

Yr Regn: \_\_\_\_\_

11, 20

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

Truck / Trailer or

Make: \_\_\_\_\_

Toy Prius

c.c

1798

Colour M.P. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading

27707

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

JTDKB3FU 80309 2584

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

195/65R15

R: \_\_\_\_\_

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

Front

R/Bal. \_\_\_\_\_

mm

Rear

R/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.A. \_\_\_\_\_

31/12/20

D.O.I. \_\_\_\_\_

13/1/2021

Survey held at \_\_\_\_\_

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS, SI

), Pairs

) Others

TOTAL

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

**SHC5568K****AAD2101-033***Not Authorised**Permy Bk paint*Vehicle No.: **13 JAN 2021**Chassis No.: **SHC5568K**Vehicle Make: **TOYOTA**Vehicle Model: **PRIUS GEN 4**Date of Accident : **31/12/2020**Third Party Insurer : **Auto & General**Date of Registration: **06/11/2020****SHC5568K**

JTDKB3FU803092584

TOYOTA

PRIUS GEN 4

31/12/2020

Auto &amp; General

06/11/2020

PART	LIST		
1 COVER, REAR BUMPER	Bu	485.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER		332.70	?
1 GUARD, REAR BUMPER, CENTER	R	374.50	✓
1 COVER, REAR BUMPER, LOWER <i>Tonly</i>	na	22.00	✓
1 RETAINER, REAR BUMPER SIDE, LH	NSP	132.60	X
1 RETAINER, REAR BUMPER SIDE, RH	NSP	132.60	X
1 SEAL, REAR BUMPER SIDE, RH	Sn	118.30	X
1 PANEL SUB-ASSY, BACK DOOR	R	1,147.80	X
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	R	913.60	X
1 STAY ASSY, BACK DOOR, LH	Sn	242.50	X
1 STAY ASSY, BACK DOOR, RH	Sn	242.50	X
1 HINGE ASSY, BACK DOOR, LH	M	61.00	X
1 HINGE ASSY, BACK DOOR, RH	M	61.00	X
1 ORNAMENT SUB-ASSY, BACK DOOR	na	47.90	✓
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	na	54.60	✓
1 PLATE, BACK DOOR NAME, NO.1	na	54.60	✓

**TOTAL \$ 4,423.80****25% \$ 1,105.95****\$ 3,317.85****Special Nett**

1SET PARKING AID	\$	Sn	700.00	X
1SET REAR BUMPER CLIP	\$	na	85.00	60.50
1 BUMPER CENTRE GUARD CLIP	\$	na	80.00	X

**Trans-cab Auto Services Pte Ltd****AAD2101-033**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC5568K**

1	REAR BOOT STICKER 'TRANS-CAB'	\$	80.00	301a-
1	REAR BOOT STICKER '6555-3333'	\$	80.00	301a-
1	REAR BUMPER PROTECTOR	\$	180.00	301a-
1	REAR BUMPER RETAINER CLIP	\$	75.00	X
2	WINDSCREEN SEALANT	\$	150.00	X
1	WINDSCREEN MOULDING	\$	200.00	X
1	WINDSCREEN INNER SPONGE SEAL	\$	130.00	X
<b>TOTAL</b>		<b>\$</b>	<b>1,280.00</b>	

**TOTAL PARTS \$ 4,597.85****LABOUR**

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

\$ 240.00 X

To remove and refit interior fittings, trimings, 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

\$ 1,600.00 2001

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ 380.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 4001

To Remove And Refit Rear Big &amp; Small W/Screen Glass To Facilitate Bodywork Repair.

\$ 300.00 X

To reinstall rear bumper parking sensor.

\$ 170.00 501

To Check Electrical Lighting Concerned.

\$ 170.00 101

**TOTAL \$ 4,840.00**



**Trans-cab Auto Services Pte Ltd**

**AAD2101-033**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC5568K**

**Over All Total \$ 9,437.85**

**(PART-BY-PART) Repair Days**

**10 Days**

*2 days*

**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	31/12/2020 20:00 (SGT)
Date of Accident	31/12/2020 01:10 (SGT)
Exact Location of Accident	1 Tampines Ave, Singapore
Additional Location Information	TAMPINES AVE 1 TOWARDS PIE BEFORE PIE JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5568K
-----------------------------	----------

#### 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	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	NA

#### DRIVER

Name of Driver	TEO YONG NGUANG_
NRIC No	SXXXX885D
Date Of Birth	10/12/1953
Occupation	Outdoor



Date Of Driving Pass .....	02/01/1974
Driving experience .....	46 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96682597
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	430002 #04-505
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 .....	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? .....	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 DRIVING ALONG TAMPINES AVE 1 TOWARDS PIE . WHEN VEHICLE IN FRONT OF ME SLOWED DOWN , I ALSO SLOWED DOWN MY VEHICLE . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED .

#### 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

Vehicle Registration Number .....	SJE5055P
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	QASHQAI 1.2 DIG-T CVT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ADRIAN TAN
Contact Number .....	(Phone) +65-90609323
Address .....	-
Address complement .....	-



ARMISTEAK

B: STE555P



TAMPINER AVE

REFER TO ATTACHED STATEMENT.

[illegible]



**ACCIDENT STATEMENT (2000 characters)**

I WAS DRIVING ALONG TAMPINES AVE 1 TOWARDS PIE . WHEN VEHICLE IN FRONT OF ME SLOWED DOWN , I ALSO SLOWED DOWN MY VEHICLE . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED .

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 -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

31 December 2020 at 4:07 PM

Date/Time:

31 December 2020 at 4:07 PM