ASS. REC. BY:	210013341KV
MARTL	SSIGNMENT
From: Date:	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Estimated Cost:	Veh No: J/JC 5889 Yr Regn: 7 1 10  Type: M.Car / M.Cycle / Bus / Van / Lorry / Fax   Prime Mover /
OD TP WS ITP RES I OD RES I EVA I INV I MY	Truck / Trailer or
To Inspect Vehicle No:	Make: Toy Port c.c 1788
at Workshop m/s Trans Call	
of	Sp. Reading 3/66/ T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: JTDKB3F49.03092027
Claims No.	Gen. Cond; 8000 / Fair / Poor / Burnt
Sum Insured: Excess:	Sleering: Inoreter / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inprder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/RIm / STD/A/Rim or
The of the comment	Tyre Size: F: 185/65R15
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYOTYOKO or Sailun
	Fron! Rear
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No	R/Bal. 9 mm R/Bal. 3 mm
Est. Repairs: 2 days Res.: Yes or No	L/Bal, 9 mm UBal. 3 mm
Lum Sum: 1.13.1 % 3 Val.: Yes or No	D.O.A. 27/1/21 D.O.I. 28/1/2021
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	The IIIC I Character (
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
- NOT DACK DOOR	
	1591.3
	300 0 1 1 1 1 1 1 1
	3 3 3 4 3 5 3
Date/Time, File Pass to? Prell. Report	ays Of Repair:
	esurvey No. of Trip: Survey Fee:
Cute/Fime, File Return to?	Transportative:
Add Fee:	: Site Insp (\$ )_s-Rs_si
	: Interview (\$ ), Fixes
Report Format:	Took lave (\$
Lump Sum / I.B.I: (S	Weekend (\$
	10741

# **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

**SHC5899E** 

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Are you clearing under your

Harne of Instructor Company

to fore war sala, project

Vehicle Carryony

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Pleat Policy Princy Number Compiliate Hember

North of California

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To transfer of tire, rim and on whe	el balancing.	mortansi ini izili Najiras \$	N~ 170.00 X
To Check Electrical Lighting Conce	rned.	n deside e a des no kon \$ en d'a	170.00 15/
To check steering geometry and coalignment	omputer wheel	\$	1220.00 X
To remove and refit of rear fender	27/01/2021 07.41 (8	G7)	
perform water seepage test.	Sargaya a	SUP RO	~~ 170.00 X
	TOTA	L \$	5,100.00

(PART-BY-PART) Repair Days

Over All Total \$

TRANS-CAS SERVICES PTE LTD

on an estimation hope so

10 Days

2day,

9,603.58

LKK Auto Consultants hence notify the Renairer of the following:

- 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

CINCLESTENCE IN THE SEARCH BUT TO SEARCH BUT

Acknowledged by Repairer

Signature:

Date:

# **©** SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 27/01/2021 10:54 (SGT) Date of Accident 27/01/2021 07:40 (SGT) Exact Location of Accident Singapore Additional Location Information CHOA CHU KANG DR SLIP ROAD TOWARDS KJE (BKE) Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC5899E

#### INSURED/POLICYHOLDER

Is company? 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

Toyota Model ..... PRIUS 5 DR HATCHBACK (AUTO) 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/P2413997 Cover Note Number

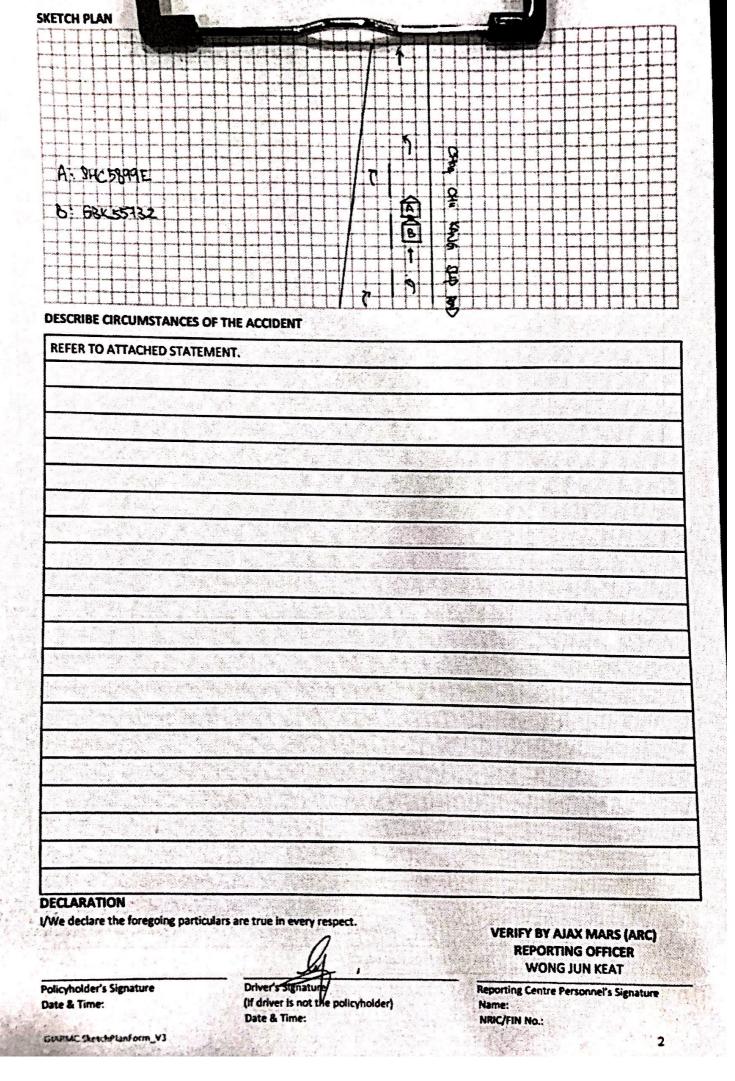
## DRIVER

Name of Driver ONG CHENG JOO SXXXX971F Date Of Birth 25/08/1971 Outdoor



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Date Of Driving Pass	15/03/1998
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male:
Mobile Number	(Phone) +65-88684491
Alt. Phone Number	- Initiate Ottomorph com 50
Email Address	claims@transcab.com.sg HDB Choa Chu Kang, 237 Choa Chu Kang Central
Address	#11-53
Address complement	680237
Postcode	No
Is the driver the policyholder?  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	CHO CHEND AND THE CONTRACT CON
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	and that there is the state of
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	CHAY
Gender	Male
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	
WAS DRIVING ALONG CHOA CHU KANG DR TOWARDS KJE	( BKE ) . AFTER I TURNED RIGHT INTO CHOA CHU KANG DR
SLIP ROAD , I SLOWED DOWN MY VEHICLE AS THE TRAFFIC OF MY VEHICLE . I WILL GO SEE A DOCTOR LATER.	C WAS HEAVY . SUDDENLY VEHICLE B COLLIDED ONTO REAR
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBK5573Z
Vehicle Manufacturer	Toyota
Vehicle Model	DYNA 150 5MT
Vehicle Variant	•
Vehicle Colour Vehicle Category	- Commercial vehicle
verlide Category	Commercial vehicle
C Accident report SA0A211R0001	Page 2 of 21



# **ACCIDENT STATEMENT (2000 characters)**

TURNED RIGHT INTO CHOA CHU KA	ANG DR TOWARDS KJE (BKE). AFTER I NG DR SLIP ROAD, I SLOWED DOWN MY NY. SUDDENLY VEHICLE B COLLIDED GO SEE A DOCTOR LATER.
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A second company	AND ADDITION OF THE PARTY OF TH
the state of the s	
Taxi Voucher No.:	
I/We declare that the above particulars & information provi VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT	ided above are true in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
27 January 2021 at 9:45 AM	27 January 2021 at 9:45 AM