

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: FBK 926Y

Policy No. _____

Claims No. DM21HO00259-JG

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Veh No: SHF 680K Yr Regn: 10, 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 1Pw A/C: Insured / Std / NI / NA

Sp. Reading: 38501 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F4X03092232

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: Dunlop 195/65R15

R: Dunlop

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 6 mm

L/Bal. 9 mm

L/Bal. 6 mm

D.O.A. 16/2/21

D.O.I. 22/2/2021

Survey held at _____

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

Rear o/s

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

Date / Time	Action / Instruction
3/3/21	Final fig \$1175.08 confirmed by email (Red 6513.15, 84%)

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 2

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 3/3/21-Typist

Add Fee: : Site Insp (\$ _____)

Survey Fee:

Report Format: TP

: Interview (\$ _____)

Transportation: _____

Lump Sum / I.B.I: (\$ 1175.08)

: Tech Invs (\$ _____)

Fuel: _____

: Weekend (\$ _____)

Others: _____

TOTAL

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

SHF680K

AAD2102-080

*Not Authorized
Recovery B4 point*

Vehicle No.: SHF680K
 Chassis No.: JTDKB3FUX03092232
 Vehicle Make: TOYOTA
 Vehicle Model: PRIUS GEN 4
 Date of Accident : 16/02/2021
 Third Party Insurer :
 Date of Registration: 16/10/2020

PART

LIST

1 COVER, REAR BUMPER	\$	<i>But/No</i>	485.60	<i>✓</i>
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	<i>n</i>	332.70	<i>X</i>
1 GUARD, REAR BUMPER, CENTER	\$	<i>Not/Get</i>	374.50	<i>✓</i>
1 SEAL, REAR BUMPER SIDE, RH	\$	<i>n</i>	118.30	<i>X</i>
1 RETAINER, REAR BUMPER SIDE, RH	\$	<i>n</i>	132.60	<i>X</i>
1 LENS & BODY, REAR COMBINATION LAMP, RH	\$	<i>n</i>	339.60	<i>X</i>
1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	\$	<i>n</i>	261.00	<i>X</i>
TOTAL	\$		2,044.30	
25%	\$		511.08	
	\$		1,533.23	

Special Nett

1 REAR BUMPER SIDE CLIP	\$	<i>un/No</i>	60.00	<i>X</i>
1 REAR FENDER LINER CLIP	\$	<i>un</i>	65.00	<i>X</i>
1 TAIL LAMP CLIP	\$	<i>un</i>	70.00	<i>X</i>
1SET PARKING AID	\$	<i>n</i>	700.00	<i>X</i>
1SET REAR BUMPER CLIP	\$	<i>un</i>	85.00	<i>5000</i>
1 REAR BUMPER RETAINER CLIP	\$	<i>un</i>	75.00	<i>X</i>
TOTAL	\$		1,055.00	

TOTAL PARTS \$ 2,588.23

LABOUR

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

\$ *un* 240.00 *X*

Trans-cab Auto Services Pte Ltd

AAD2102-080

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

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SHF680K

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	<i>X</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	<i>200</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i> 380.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>220</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>50</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>10</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	<i>X</i>
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	<i>X</i>
TOTAL	\$	5,100.00	
Over All Total	\$	7,688.23	

(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

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 17/02/2021 13:16 (SGT)
Date of Accident 17/02/2021 08:43 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information BUKIT TIMAH RD FILTER TO SIXTH AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF680K

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 - Reporting only
Vehicle Category Taxi

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2413997
Cover Note Number NA

DRIVER

Name of Driver CHEE SZE CHEN ,DELON
NRIC No SXXXX551I
Date Of Birth 21/05/1972
Occupation Outdoor

Date Of Driving Pass	03/04/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98793135
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Rivervale Arc, 178B Rivervale Crescent 542178#08-441
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehides?	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1
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

My vehicle was on the extreme left lane queuing to filter left. While queuing, suddenly I felt an impact from behind and saw a bike had already hit onto my vehicle rear right side portion.

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	FBK926Y
Vehicle Manufacturer	Yamaha
Vehicle Model	TMAX 530 CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

17 February 2021 at 10:30 AM

Date/Time:

17 February 2021 at 10:30 AM