

ASS. REC. BY:

REF:

AG2/ 21003104 1kg d3

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. C10009317/ST

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 NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: S14D 9315 Yr Regn: 10.18

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

Truck / Trailer or \_\_\_\_\_

Make: Toyota Pro C.C. 1798Colour M.P. White / Red A/C: Insured / Std / Nil / NASp. Reading 209368 T/Radio: Insured / Std / Nil / NA

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

C/No: JTOKB 3FU 203073173Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

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

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

TOYO / YOKO or Skilun

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 8 mmL/Bal. 9 mm L/Bal. 8 mmD.O.A. 5/3/21 D.O.I. 10/3/2021

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

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

01514

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

Date / Time Action / Instruction

8 2151.38 confirmed with Wai Yin (Red \$13674.02, 86%)

Date/Time, File Pass to?

☐ : Prell. Report

05/04 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

TP

Lump Sum / I.B.I. (\$

2151.38

Days Of Repair: 2

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

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

Survey Fee:

Transportation:

S + RS. \$

Fees

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

**SHD9315S****AAD2103-047***Not Withheld**Recovery B4 paint @ 2151.38*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

LABOUR

10 MAR 2021

**SHD9315S**

JTDKB3FU203073173

TOYOTA

PRIUS

05/03/2021

**AUTO & GENERAL**

26/10/2018

PART	LIST	
1 COVER, FRONT BUMPER	Bu	516.00 ✓
1 REINFORCEMENT SUB-ASSY, FRONT BUMPER	R	716.60 X
1 ABSORBER, FRONT BUMPER ENERGY	Sn	79.60 X
1 FRONT BUMPER SIDE RETAINER RH	na	80.10 ✓
1 BRACKET, FRONT BUMPER SIDE, RH	Sn	59.30 X
1 SUPPORT, FRONT BUMPER SIDE, RH	Sn	80.10 X
1 LAMP ASSY, FOG, RH	Sn	951.40 X
1 UNIT ASSY, HEADLAMP, RH	Sn	2,637.60 X
1 COMPUTER SUB-ASSY, HEADLAMP, RH NO.1	Sn	960.50 X
1 LINER, FRONT FENDER, RH	Sn	206.70 X
1 FENDER SUB-ASSY, FRONT RH	Bu	977.80 ✓
1 EMBLEM, SIDE PANEL, RH	na	54.60 ✓
1 JAR ASSY, WINDSHIELD WASHER	Sn	219.10 X
<b>TOTAL</b>	<b>\$</b>	<b>7,539.40</b>
<b>25%</b>	<b>\$</b>	<b>2,828.00</b>
<b>(PART-BY-PART) Repair Days</b>	<b>\$</b>	<b>8,484.00</b>

**Special Nett**

1 WHEEL RIM	\$	Sn	1,879.40 X
1 TYRE 195/65/15	\$	Sn	350.00 X
1 RIM COVER	\$	Sn	400.00 X
1 FRONT BUMPER RETAINER CLIP	\$	na	66.00 50sn
1 FRONT BUMPER BRACKET CLIP	\$	na	60.00 X
1SET FRONT BUMPER CLIP	\$	na	66.00 X
1SET FRONT FENDER CLIP	\$	na	65.00 X
1SET FRONT FENDER LINER CLIP	\$	na	75.00 X
<b>TOTAL</b>	<b>\$</b>		<b>2,961.40</b>

**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

SHD93155

AAD2103-047

**TOTAL PARTS** \$ **9,530.50****LABOUR**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	1,600.00	400
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	30
To check steering geometry and computer wheel alignment	\$	220.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	400
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	10

**TOTAL** \$ **4,380.00****Over All Total** \$ **15,825.40****(PART-BY-PART) Repair Days****20 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	08/03/2021 21:00 (SGT)
Date of Accident	05/03/2021 18:30 (SGT)
Exact Location of Accident	Merchant Rd, Singapore
Additional Location Information	ALONG MERCHANT ROAD TOWARDS EU TONG SEN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9315S
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#### 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/P2413997
Cover Note Number	NA

#### DRIVER

Name of Driver	HUANG YAOKUN
NRIC No	SXXXX612I
Date Of Birth	04/02/1984
Occupation	Outdoor

Date Of Driving Pass	28/07/2006
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83333909
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Toa Payoh, 217 Lorong 8 Toa Payoh 310217 #16-615
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Passenger 1
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 AT THE MENTIONED LOCATION, THIRD PARTY FROM THE RIGHT MADE A LANE CHANGE AND COLLIDED ONTO THE RIGHT FRONT PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

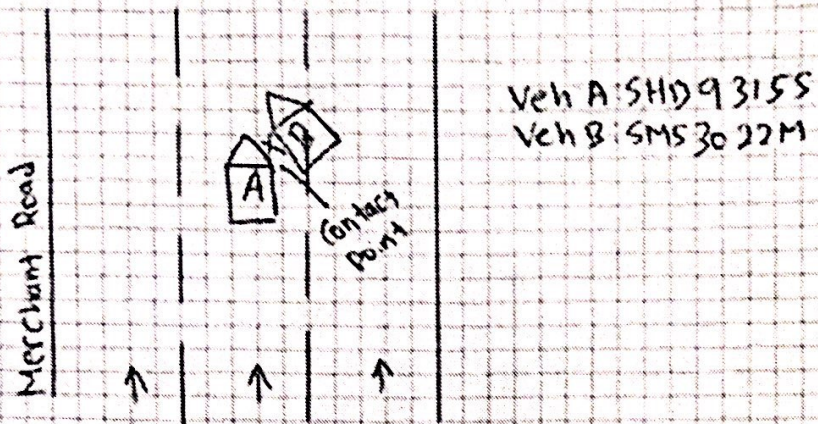
#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS3022M
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

### SKETCH PLAN



**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  
ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: