

ASS. REC. BY:

REF:

C121

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

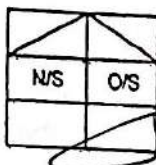
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

14

days

Res.: Yes or No

Lum Sum:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/HDP2588

Yr Regn:

08, 19

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

Truck / Trailer or

Make:

Toy Pro

c.c

1788

Colour

M.P. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

135227

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU503 83096

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

4/3/21

D.O.I.

8/3/2021

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1

Get BL

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Fees:

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

SHD9258Z**AAD2103-***Not Authored**Permy After Paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

08 MAR 2021**SHD9258Z**

JTDKB3FU503083096

TOYOTA

PRIUS

04/03/2020

CHINA

30/08/2019

PART**LIST**

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 FILLER, REAR BUMPER EXTENSION, RH
- 1 FILLER, REAR BUMPER EXTENSION, LH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 BOARD ASSY, BACK DOOR TRIM
- 1 WEATHERSTRIP, BACK DOOR
- 1 BOARD, BACK DOOR TRIM
- 1 LENS & BODY, REAR COMBINATION LAMP, LH
- 1 LENS & BODY, REAR COMBINATION LAMP, RH
- 1 LENS AND BODY, REAR LAMP, LH
- 1 LENS AND BODY, REAR LAMP, RH
- 1 PANEL ASSY, DECK TRIM SIDE, RH
- 1 BOX, DECK FLOOR, RH
- 1 BOX, DECK FLOOR, LH
- 1 BOARD, REAR FLOOR, NO.1
- 1 BOX, DECK FLOOR, REAR
- 1 PANEL ASSY, DECK TRIM SIDE, LH
- 1 MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER LH
- 1 DUCT ASSY, QUARTER VENT, RH
- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 LINER, REAR WHEEL HOUSE, RH
- 1 SEAL, REAR BUMPER SIDE, RH

\$	<i>B₁</i>	442.60	✓
\$	<i>B₂</i>	332.70	✓
\$	<i>RM</i>	15.40	✓
\$	<i>B₁</i>	576.30	✓
\$	<i>RM</i>	116.50	X
\$	<i>mgcm</i>	117.70	✓
\$	<i>mgcm</i>	123.70	✓
\$	<i>RM</i>	123.70	X
\$	<i>B₁</i>	1,147.80	✓
\$	<i>CM</i>	925.60	✓
\$	<i>CM</i>	259.20	✓
\$	<i>DislRd</i>	372.30	✓
\$	<i>Repeted</i>	225.20	X
\$	<i>RM</i>	443.30	X
\$	<i>RM</i>	451.80	✓
\$	<i>RM</i>	502.00	X
\$	<i>RM</i>	502.00	✓
\$		355.90	?
\$		313.60	?
\$	<i>RM</i>	313.00	X
\$	<i>CM</i>	519.00	✓
\$		105.80	?
\$	<i>RM</i>	355.90	X
\$	<i>RM</i>	56.50	X
\$	<i>RM</i>	67.00	✓
\$	<i>B₁</i>	871.50	✓
\$		139.80	?
\$		88.50	?

AAD2103-

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 65 Singapore 569111

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

CO. GST Reg. No. 2030198286

SHD92582

- | | | | | |
|---|--|----|--------|---|
| 1 | COVER, FLOOR UNDER, NO.1 (LH) | \$ | 175.10 | X |
| 1 | COVER, FLOOR UNDER, NO.2 (RH) | \$ | 241.90 | ✓ |
| 1 | COVER, REAR FLOOR (CTR) | \$ | 229.90 | ✓ |
| 1 | COVER, DECK TRIM, REAR | \$ | 126.70 | ? |
| 1 | PAN, REAR FLOOR | \$ | 583.40 | ? |
| 1 | PANEL SUB-ASSY, BODY LOWER BACK | \$ | 650.30 | ? |
| 1 | LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH | \$ | 467.00 | ? |
| 1 | SWITCH ASSY, BACK DOOR OPENER | \$ | 179.10 | ? |
| 1 | COVER, BACK DOOR LOCK | \$ | 30.20 | X |
| 1 | SEAL, REAR BUMPER SIDE, LH | \$ | 88.50 | X |
| 1 | PANEL SUB-ASSY, QUARTER, LH | \$ | 871.50 | X |
| 1 | LINER, REAR WHEEL HOUSE, LH | \$ | 139.80 | X |
| 1 | STAY ASSY, BACK DOOR, LH | \$ | 242.50 | X |
| 1 | STAY ASSY, BACK DOOR, RH | \$ | 242.50 | X |
| 1 | HINGE ASSY, BACK DOOR, LH | \$ | 61.00 | X |
| 1 | HINGE ASSY, BACK DOOR, RH | \$ | 61.00 | X |

TOTAL	\$	14,254.70
25%	\$	3,563.68
	\$	10,691.03

Special Nett

- | | | | |
|-------------------------------------|----|--------|-------|
| 1SET PARKING AID | \$ | 700.00 | 250sn |
| 1SET REAR BUMPER CLIP | \$ | 95.00 | 50sn |
| 2 WINDSCREEN SEALANT | \$ | 150.00 | 80sn |
| 1 WINDSCREEN MOULDING | \$ | 200.00 | — |
| 1 WINDSCREEN INNER SPONGE SEAL | \$ | 130.00 | 30sn |
| 1 REAR TAILGATE TOYOTA LOGO | \$ | 47.90 | — |
| 1 REAR TAILGATE WORDING 'PRIUS' | \$ | 54.60 | — |
| 1 REAR TAILGATE WORDING 'HYBRID' | \$ | 54.60 | — |
| 1 REAR TAILGATE STICKER "Trans-Cab" | \$ | 80.00 | 30sn |
| 1 REAR TAILGATE STICKER "6555-3333" | \$ | 80.00 | 30sn |
| 1 REAR BUMPER PROTECTOR | \$ | 180.00 | 30sn |
| 2 SEAM SEALANT | \$ | 250.00 | X |
| 1SET REAR FENDER LINER CLIP | \$ | 85.00 | — |
| 1SET REAR BUMPER RETAINER CLIP | \$ | 85.00 | X |
| 1 REAR NUMBER PLATE WITH HOLDER | \$ | 140.00 | 25sn |
| 1SET TAILLAMP LOWER CLIP | \$ | 55.00 | ✓ |

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SHD9258Z

1SET TAILLAMP UPPER CLIP

\$ *nn* 55.00 X

1 END PANEL TRIM CLIP

\$ *nn* 65.00 ✓

1 REAR SPOILER CLIP

\$ *nn* 70.00 X**TOTAL \$ 2,577.10****TOTAL PARTS \$ 13,268.13****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ 300.00 *1800*

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

\$ 380.00 *1200*

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

\$ 2,200.00 *18000*

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

\$ *nn* 380.00 X

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

\$ 180.00 *600*

To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.

\$ 480.00 *7*

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

\$ *nn* 480.00 X

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

\$ *nn* 380.00 X

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.

\$ 380.00 *2500*

To check steering geometry and computer wheel alignment

\$ 220.00 *600*

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SHD9258Z

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	90h
Towing Fees	\$	150.00	50h
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	1320h
To reinstall rear bumper parking sensor.	\$	170.00	50h
To Check Electrical Lighting Concerned.	\$	170.00	20h
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	220.00	X
To replace, refix and top up coolant for radiator	\$	170.00	X
To lift-up / out engine with gear box and refit.	\$	440.00	X
To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.	\$	380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	380.00	X
TOTAL	\$	10,290.00	
Over All Total	\$	34,249.15	

(PART-BY-PART) Repair Days**25 DAYS****14 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	05/03/2021 16:53 (SGT)
Date of Accident	04/03/2021 17:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS BEDOK NORTH ST 3 AFTER KALLANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9258Z
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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	-

DRIVER

Name of Driver	ONG BENG SENG
NRIC No	SXXXX988C
Date Of Birth	03/02/1956
Occupation	Outdoor

Date Of Driving Pass	28/09/1978
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91255890
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	403 CHOA CHU KANG AVE 3
Address complement	#01-237
Postcode	680403
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?	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	PASSENGER 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, F/20210304/2116 LODGE AT ANG MO KIO NORTH NPC

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 SLP9625L
 Vehicle Manufacturer Mercedes
 Vehicle Model C180
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver TAN AIK JOO
 Contact Number (Phone) +65-96842628
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person PASSENGER 1
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHD9258Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

PIE

A: SHD92582

Q: SLD 9625 L

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.:



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

F/20210304/2116

1 of 2

Report No. F/20210304/2116

Date/Time Report Made 04/03/2021 21:30	Vide Report No.	Station Diary No. 62
Name Of Informant ONG BENG SENG	Address APT BLK 403 CHOA CHU KANG AVENUE 3 #01-237 SINGAPORE 680403	
ID Type / ID No. NRIC NO / S1214988C	Contact No. Home/Office	Mobile 91255890
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 65
Institution/School Name	Date of Birth 03/02/1956	Race Chinese
Date/Time Of Incident 04/03/2021 17:00	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE	
Brief details.		

On 04/03/2021 at about 1700hrs. I was driving my vehicle (Trans-Cab, Vehicle No. SHD9258Z) along PIE towards Bedok North St 3 with 1 male passenger (Mobile Contact No. 97256503) and 1 female passenger on board. A vehicle in front of me stopped and slowed down. I then stepped on my brakes to stop and slow down my vehicle in order to avoid a collision. My vehicle did not collide with the vehicle in front of me.

However, there was a red Mercedes vehicle (Vehicle No. SLP9625L) behind me which failed to stop in

Signature Of Officer Recording The Report:

F / Sgt 2 FOO CHUAN ZHEN
SC/CP John Phoon

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt SHAHRIL RASHIDI BIN SADLI
Contact No.: 64849999

Signature Of Informant:

On Beng Seng

Date/Time:
04/03/2021 21:30

Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210304/2116

time and it collided with the back of my vehicle.

After the collision, the male passenger onboard my vehicle said that he experienced chest pain and the driver of the red Mercedes vehicle (Name: Tan Aik Joo, Mobile Contact No. 96842628) called for an ambulance immediately. After about 2 minutes, a private vehicle passed by the collision and stopped to find out what had happened. Upon realizing that my male passenger was experiencing chest pain, the male driver of the private vehicle sent my male passenger to a hospital. I stayed at the incident location to wait for my vehicle to be towed away and the ambulance arrived at scene but left shortly after as my male passenger was already conveyed to a hospital by the private vehicle.

I am unable to contact my male passenger to find out about his current situation. I am lodging this police report for record purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 FOO CHUAN ZHEN *FF*
SC / CPL John Phoon *JP*

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt SHAHRIL RASHIDI BIN SADLI
Contact No.: 64849999

Signature Of Informant:

Angkeng Seng

Date/Time:
04/03/2021 21:30

Classification Of Case:

Authentication Stamp

