

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop n/w: Trans Cab

of _____

Insured: _____

Policy No. _____

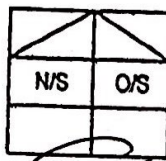
Claims No. _____

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: 05 days Res.: Yes or NoLum Sum: 1.2.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 9462A Yr Regn: 08, 19

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

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour M.P. White / Red A/C: Insured / Std / NI / NASp. Reading 195955 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31FUXC3083188Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Mod: 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

Pailun

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 24/4/21

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 28/4/2021Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

1 Gut BZ

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

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

SHD9462A

AAD2104-122

*Not Whistle**Reunvey B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

27 APR 2021

Date of Accident :

Third Party Insurer :

Date of Registration:

SHD9462A

JTDKB3FUX03083188

TOYOTA

PRIUS

24/04/2021

AUTO & GENERAL

30/08/2019

PART		LIST	
1	COVER, REAR BUMPER	\$ Buc 1B1	442.60 ✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$ B1	332.70 ✓
1	COVER, REAR BUMPER, LOWER	\$ mir	15.40 ✓
1	GUARD, REAR BUMPER, CENTER	\$ B1	576.30 ✓
1	RETAINER, REAR BUMPER SIDE, LH	\$ Sn	116.50 X
1	RETAINER, REAR BUMPER SIDE, RH	\$ AGD11	117.70 ✓
1	FILLER, REAR BUMPER EXTENSION, RH	\$ mhcmt	123.70 ✓
1	LENS AND BODY, REAR LAMP, LH	\$ Sn	502.00 X
1	LENS & BODY, REAR COMBINATION LAMP, LH	\$ Sn	443.30 X
1	LENS AND BODY, REAR LAMP, RH	\$ Sn	502.00 X
1	LENS & BODY, REAR COMBINATION LAMP, RH	\$ Sn	451.80 X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$ B1	650.30 ✓
1	PANEL SUB-ASSY, BACK DOOR	\$ Bu	1,147.80 ✓
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$ CM	925.60 ✓
1	STAY ASSY, BACK DOOR, LH and Small W/Screen Glass To	\$ Sn	242.50 X
1	STAY ASSY, BACK DOOR, RH	\$ Sn	242.50 X
1	HINGE ASSY, BACK DOOR, LH	\$ R	61.00 X
1	HINGE ASSY, BACK DOOR, RH Hings trimmings garnish, fittings and	\$ R	61.00 X
1	WEATHERSTRIP, BACK DOOR	\$ Sn	372.30 X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$ Repcans	650.30 X
1	COVER, FLOOR UNDER, NO.2 (RH)	\$ Sn	241.90 X
1	COVER, FLOOR UNDER, NO.1 (LH) Tightening The Necessary Bolts	\$ Sn	175.10 X
1	COVER, REAR FLOOR (CTR) No Adjust And Reshine The Same	\$ Sn	229.90 X

TOTAL	\$	8,624.20
25%	\$	2,156.05
	\$	6,468.15

To transfer of rear end panel strings, attachment and periscope
water test page test.

Trans-cab Auto Services Pte Ltd

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Tel No. : 6287 6886 Fax No. : 6257 1330

CO/GST Reg. No. 201018626G

SHD9462A

AAD2104-122

Special Nett

1SET PARKING AID	\$	Ref	700.00	21cm
1SET REAR BUMPER CLIP	\$	Ref	95.00	5cm
2 WINDSCREEN SEALANT	\$	Ref	150.00	Ref
1 WINDSCREEN MOULDING	\$	Ref	200.00	—
1 WINDSCREEN INNER SPONGE SEAL	\$	Ref	130.00	3cm
1 REAR TAILGATE TOYOTA LOGO	\$	Ref	47.90	—
1 REAR TAILGATE WORDING 'PRIUS'	\$	Ref	54.60	—
1 REAR TAILGATE WORDING 'HYBRID'	\$	Ref	54.60	—
1 REAR TAILGATE STICKER "Trans-Cab"	\$	Ref	80.00	30cm
1 REAR TAILGATE STICKER "6555-3333"	\$	Ref	80.00	30cm
1 REAR BUMPER PROTECTOR	\$	Ref	180.00	X
2 SEAM SEALANT	\$	Ref	250.00	X
1SET REAR BUMPER RETAINER CLIP	\$	Ref	85.00	X
1SET TAILLAMP LOWER CLIP	\$	Ref	55.00	X
1SET TAILLAMP UPPER CLIP	\$	Ref	55.00	X
1 END PANEL TRIM CLIP	\$	Ref	65.00	X

TOTAL \$ 2,282.10

TOTAL PARTS \$ 8,750.25

LABOUR

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

\$ 300.00 18cm

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

\$ 380.00 6cm

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

\$ 2,800.00 6cm

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

\$ 380.00 X

TOTAL \$ 3,860.00

Trans-cab Auto Services Pte Ltd**AAD2104-122**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD9462A

To transfer of Rear Door fittings, attachments and perform water seepage test.	\$	~ 180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	~ 480.00	X
To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.	\$	~ 380.00	X
To check steering geometry and computer wheel alignment	\$	~ 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	301
Putty And Spray Painting Of The Affected Portion.	\$	2,800.00	8801
To reinstall rear bumper parking sensor.	\$	170.00	501
To Check Electrical Lighting Concerned.	\$	170.00	201
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	\$	10,480.00	

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AAD2104-122

Over All Total \$ 19,230.25

(PART-BY-PART) Repair Days

14 DAYS

5 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:

Signature of Repairer
Name of Repairer
Company Name
Address
Mobile Phone No.
Email Address

TRANS-CAB SERVICES PTE LTD
201 COASTAL
SINGAPORE 439004
(Phone) +65 6257 6666
(Fax) +65 6257 1330

Signature of Insured
Name
Address
Email
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category
Transmission
CC

Taxes
Pins
Private use
No - Claiming third party
Yes
Yes
Yes

Signature of Insurance Company
Name of Insurance
Email Address
Policy Number
Claim Number

AM Insurance Pte Ltd
Branch
Yes
Yes

Signature of Driver
Name

AM Insurance Pte Ltd
Branch

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 26/04/2021 17:20 (SGT)
Date of Accident 24/04/2021 12:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BOON LAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9462A

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 - 43007213
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
Transmission Auto
CC 1767

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2413997
Cover Note Number -

DRIVER

Name of Driver MOHAMED SALLEH BIN JUNID_
NRIC No SXXXX9741

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WILL UPLOADED INTO AXA
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR1732B
 Vehicle Manufacturer Toyota
 Vehicle Model Corolla
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver LIM KIOK KEONG PHILIP
 NRIC No SXXXX720A
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGB2575B
 Vehicle Manufacturer Honda
 Vehicle Model Crossroad
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 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 MOHAMED SALLEH BIN JUNID
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHD9462A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

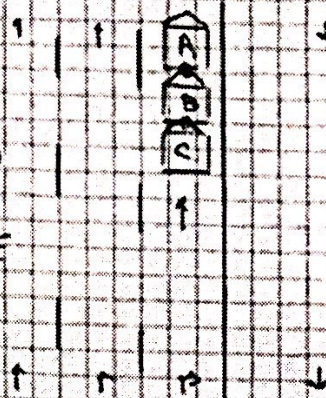
BOON LAG WAY.

AS 3409462A

॥ श्रीगणेशाय नमः ॥

id: A80575B

TIN BOON
147
TOWARDS AVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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



T/20210424/2078

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20210424/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2021 17:52	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars

Name of Informant: MOHAMED SALLEH BIN JUNID		Address: APT BLK 210 YISHUN STREET 21 #06-33 SINGAPORE 760210	
ID Type / ID No.: NRIC NO / S14989741		Contact No.: Home/Office: Mobile: 91874928	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 17/04/1961	Type of Informant: Driver
Race: Boyanesa		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2021 12:40	Type of Location: Straight Road
Location: JALAN BOON LAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB2575B	Car					0
SHD9462A	Car					4
SJR1732B	Car					0



SINGAPORE POLICE FORCE



T/20210424/2078

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 4

Report No. T/20210424/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED KASSIM S/O HASSAIN BEG	ID No.	S7148750D
Related Vehicle	SGB2575B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED SALLEH BIN JUNID	ID No.	S1498974I
Related Vehicle	SHD9462A (Car)	Contact No.	91874928
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/04/2021	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	LIM LIOK KEONG PHILIP	ID No.	S1810720A
Related Vehicle	SJR1732B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24/04/21 at about 12.40pm, I was travelling in my vehicle no: SHD9462A along Jalan Boon Lay towards AYE, before Boon Lay Way. As I was approaching the X-junction, I gradually slow down as there was traffic in front of me. Suddenly, I felt an impact from the rear. I came to a stop and realized that I was involved in a chain collision. The vehicle no: SJR1732B (V2) collided onto the rear of my vehicle and the vehicle no: SGB2575B (V3) collided onto the rear of V2's vehicle.

My vehicle sustained dents on the rear portion of my vehicle and I feel pain on my neck, back and hip area. I want to seek medical attention and a total of 4 days MC was given to me. I am lodging the police