

ASS. REC. BY:

REF: A/G/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 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: S/H 15917 Yr Regn: 11, 20

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

Truck / Trailer or

Make: Toy Prius c.c. 1788Colour MR White / Red A/C: Insured / Std / NI / NASp. Reading 44050 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31-U 2030 92709Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15R: Run

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 6 mmL/Bal. 9 mm L/Bal. 6 mmD.O.A. 25/4/21 D.O.I. 3/5/2021Survey held at ✓

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

N/S Rear body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____☐ : Interview (\$ _____) : Fines☐ : Tech Invs (\$ _____) : Others☐ : Weekend (\$ _____) : _____

Report Format :

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

TOTAL

Not Authorised
Running By print

Trans-cab Auto Services Pte Ltd

AAD2104-115

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF591J

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

03 MAY 2021

SHF591J

JTDKB3FU203092709

TOYOTA

PRIUS GEN 4

25/04/2021

AIG

13/11/2020

PART	LIST
1 PANEL SUB-ASSY, FRONT DOOR, LH	\$ 1,300.70 X
1 WEATHERSTRIP, FRONT DOOR, LH	\$ 231.30
1 HINGE ASSY, FRONT DOOR, LOWER LH	\$ 110.60
1 HINGE ASSY, FRONT DOOR, UPPER LH	\$ 97.50
1 TAPE, BLACK OUT, NO.1 FRT LH	\$ 13.30
1 TAPE, BLACK OUT, NO.2 FRT LH	\$ 43.50
1 TAPE, BLACK OUT, NO.3 FRT LH	\$ 26.30
1 MOTOR ASSY, POWER WINDOW REGULATOR, FRT LH	\$ 926.00
1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH	\$ 238.30
1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, LH	\$ 193.50
1 HANDLE ASSY, FRONT DOOR OUTSIDE, LH	\$ 390.60
1 PANEL SUB-ASSY, REAR DOOR, LH	\$ 1,294.90
1 WEATHERSTRIP, REAR DOOR OPENING TRIM, LH	\$ 293.00 X
1 HINGE ASSY, REAR DOOR, LOWER LH	\$ 87.10 X
1 HINGE ASSY, REAR DOOR, UPPER LH	\$ 98.90 X
1 TAPE, BLACK OUT, NO.1 REAR LH	\$ 21.90
1 TAPE, BLACK OUT, NO.2 REAR LH	\$ 34.90
1 TAPE, BLACK OUT, NO.3 REAR LH	\$ 15.40
1 MOTOR ASSY, POWER WINDOW REGULATOR, LH	\$ 926.00
1 REGULATOR SUB-ASSY, REAR DOOR WINDOW, LH	\$ 206.70
1 PANEL SUB-ASSY, QUARTER, LH	\$ 871.50
1 LINER, REAR WHEEL HOUSE, LH	\$ 139.80
1 MOULDING ASSY, BODY ROCKER PANEL, LH	\$ 594.80
1 PANEL SUB-ASSY, QUARTER, LH	\$ 871.50
1 LINER, REAR WHEEL HOUSE, LH	\$ 139.80
1 COVER, REAR BUMPER	\$ 485.60

Trans-cab Auto Services Pte Ltd**AAD2104-115**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF591J

TOTAL	\$	9,653.40
25%	\$	2,413.35
	\$	7,240.05

Special Nett

1 FENDER CLIP	\$	nn	65.00	X
1 FENDER LINER CLIP	\$	nn	65.00	X
1 FRT BUMPER CLIP	\$	nn	65.00	X
2SET DOOR WEATHERSTRIP CLIP	\$	nn	130.00	X
1 DOOR STICKER TRANSCAB	\$	nn	100.00	60111
1 DOOR STICKER 65553333	\$	nn	100.00	60111
1 TYRE	\$	nn	350.00	X
1 RIM	\$	nn	1,879.40	X
1 HUB CAP	\$	nn	211.50	X
1SET CLIP, ROCKER PANEL MOULDING	\$	nn	65.00	X
TOTAL	\$		3,030.90	
TOTAL PARTS	\$		10,270.95	

LABOUR

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

\$ nn 380.00 X

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

\$ 1,400.00 301

Putty And Spray Painting Of The Affected Portion.

\$ 1,400.00 6601

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

\$ 240.00 301

To Check Electrical Lighting Concerned.

\$ 170.00 201

TOTAL \$ **3,590.00**

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

SHF591J

AAD2104-115

Over All Total \$ 13,860.95

(PART-BY-PART) Repair Days

20 days

3 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	25/04/2021 17:43 (SGT)
Date of Accident	25/04/2021 11:46 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	Upper Paya Lebar near Paya Lebar crescent
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF591J
-----------------------------	---------

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
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	NA

DRIVER

Name of Driver	SIM MOSES(SHEN MOXI)
NRIC No	SXXXX080D

Date Of Birth	20/08/1983
Occupation	Outlook
Date Of Driving Pass	17/02/1983
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94231633
Alt. Phone Number	-
Email Address	claims@transcath.com.sg
Address	HDB Bukit Batok, 329 Bukit Batok Street 33 650329
Address complement	#10-95
Postcode	650329
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)	4
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

PASSENGER 3

Name	PASSENGER 3
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 SHF591J was driving along upper Paya Lebar road towards Lorong ah Soo on the 2nd lane. As I was driving on my lane, suddenly I felt an impact coming from the left side of vehicle and discover that the 3rd party SDL5252X on my left lane had swerve into my lane and collided onto the left side of my vehicle. We then move to the side to take some photos and exchange particulars with the 3rd party and I also had an in car camera footage.

ATTACHMENT(S)

SKETCH PLAN

UPPER PART OF ROAD
RD TOWARDS LCC 104 820



A SHF 591 J
B SDL 5252 X

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
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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

ACCIDENT STATEMENT (2000 characters)

I SHF591J was driving along upper Paya Lebar road towards Lorong ah Soo on the 2nd lane. As I was driving on my lane, suddenly I felt an impact coming from the left side of vehicle and discover that the 3rd party SDL5252X on my left lane had swerve into my lane and collided onto the left side of my vehicle. We then move to the side to take some photos and exchange particulars with the 3rd party and I also had an in car camera footage.

Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

25 April 2021 at 3:35 PM

Date/Time:

25 April 2021 at 3:35 PM