

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. _____

Sum Insured: _____

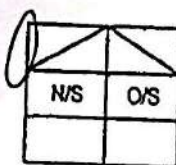
Excess: _____

(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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

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: S11B 7602LYr Regn: 06.19

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

Truck / Trailer or

Make: ToyPriv

c.c

1798Colour M.P. White / R

A/C:

Insured / Std / NI / NA

Sp. Reading 189864

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: JD1KB31F4 503081963

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: _____

R: _____

26 195/65 R15

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

TOYO / YOKO or

Dailun

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 3/5/21D.O.I. 4/5/2021

Survey held at _____

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

N/S R

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

Date / Time

Action / Instruction

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - R\$ - \$

Papers

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

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

SHB7602L

AAD2105-

*Not Authored
Accuracy B4 point*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

04 MAY 2021

SHB7602L

JTDKB3FU503081963

TOYOTA

PRIUS

03/05/2021

AIG

27/06/2019

PART	LIST
1 COVER, FRONT BUMPER	\$ 12 516.00 ?
1 GRILLE SUB-ASSY, RADIATOR	\$ 12 346.00 X
1 GRILLE, RADIATOR, LOWER NO.1	\$ 12 170.10 X
1 REINFORCEMENT SUB-ASSY, FRONT BUMPER	\$ 12 716.60 X
1 REINFORCEMENT, FRONT BUMPER, NO.2	\$ 12 246.10 X
1 ABSORBER, FRONT BUMPER, LOWER	\$ 12 132.70 X
1 ABSORBER, FRONT BUMPER ENERGY	\$ 12 79.60 X
1 RETAINER, REAR BUMPER SIDE, LH	\$ 12 116.50 X
1 BRACKET, FRONT BUMPER SIDE, LH	\$ 12 59.30 X
1 UNIT ASSY, HEADLAMP, LH	\$ 2,637.60 ?
1 COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	\$ 12 960.50 X
1 LAMP ASSY, FOG, LH	\$ 12 951.40 X
1 FENDER SUB-ASSY, FRONT LH	\$ 12 977.80 X
1 FRONT FENDER EMBLEM LH	\$ 12 54.60 ✓
1 LINER, FRONT FENDER, LH	\$ 12 202.50 ✓
TOTAL	\$ 8,167.30
25%	\$ 2,828.00
	\$ 8,484.00

Special Nett

1 RIM	\$ 12 1,879.40 X
1 TYRE	\$ 12 350.00 X
1 HUBCAP	\$ 12 211.50 ✓
1 FRT FENDER CLIP	\$ 12 65.00 ✓
1 FRONT NUMBER PLATE WITH MOULDING	\$ 12 200.00 X
1SET FRONT FENDER LINER CLIP	\$ 12 75.00 X
1SET FRONT BUMPER CLIP	\$ 12 90.00 X
TOTAL	\$ 2,870.90

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AAD2105-

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SHB7602L

TOTAL PARTS	\$	9,530.50
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LABOUR

Panel Beating, Knocking And Straightening The Necessary Portion,

Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 1,600.00 *2001*

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

\$ *nn* 380.00 *X*

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

\$ *nn* 240.00 *X*

To check steering geometry and computer wheel alignment

\$ 220.00 *601*

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 *4401*

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *151*

TOTAL	\$	4,380.00
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Over All Total	\$	15,734.90
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(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	03/05/2021 20:53 (SGT)
Date of Accident	03/05/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	51 LOR 5 TOA PAYOH CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7602L
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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
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	LUM CHEE SIONG
NRIC No	SXXXX030F

Date Of Birth	01/01/1954
Occupation	Outlook
Date Of Driving Pass	29/11/1976
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96758322
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	662 HOUGANG AVE 4 #05-413
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	Collision - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 DRIVING AT 51 LOR 5 TOA PAYOH CAR PARK . WHEN I DRIVING STRAIGHT , SUDDENLY VEHICLE B DRIVING OUT FROM HIS PARKING LOT WITHOUT CHECKING AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE .

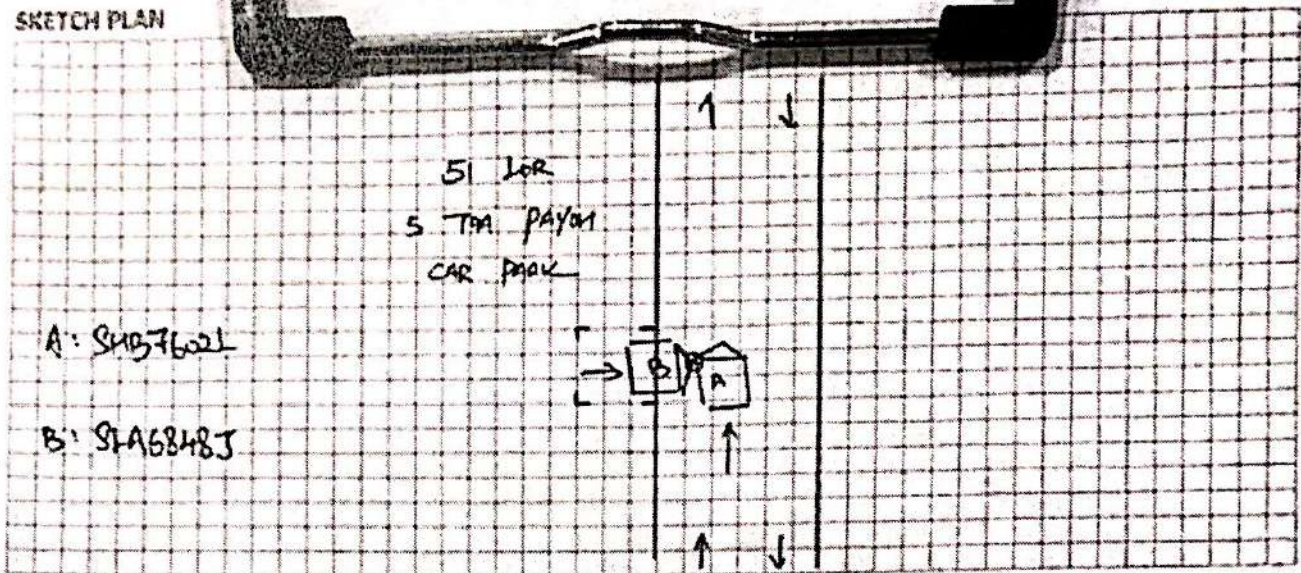
ATTACHMENT(S)

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	SLA6848J
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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
WONG JUN KEAT

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

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING AT 51 LOR 5 TOA PAYOH CAR PARK . WHEN I DRIVING STRAIGHT , SUDDENLY VEHICLE B DRIVING OUT FROM HIS PARKING LOT WITHOUT CHECKING AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE .

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 -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: