

ASS. REC. BY:

REF:

C72/

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. _____

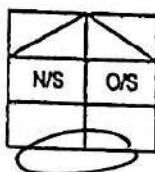
Claims No. _____

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: 05 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S14B 99990 Yr Regn: 11, 2.0

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 / Nil / NASp. Reading: 68164 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKB3FU103092815Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: 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. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 6/5/21D.O.I. 10/5/2021

Survey held at _____

Des. 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

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

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

SHB9999D**AAD2105-***Not Authorized
Return B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

10 MAY 2021

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHB9999D

JTDKB3FU103092815

TOYOTA

PRIUS GEN 4

06/05/2021

CHINA

20/11/2020

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	GUARD, REAR BUMPER, CENTER
1	COVER, REAR BUMPER, LOWER
1	RETAINER, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, RH
1	REFLECTOR ASSY, REFLEX, LH
1	REFLECTOR ASSY, REFLEX, RH
1	BOX, DECK FLOOR, LH
1	BOX, DECK FLOOR, REAR
1	BOX, DECK FLOOR, RH
1	BOARD, REAR FLOOR, NO.1
1	PANEL SUB-ASSY, BODY LOWER BACK
1	COVER, DECK TRIM, REAR
1	COVER, FLOOR UNDER, NO.2 (RH)
1	COVER, FLOOR UNDER, NO.1 (LH)
1	COVER, REAR FLOOR (CTR)
1	LENS & BODY, REAR COMBINATION LAMP, LH
1	LENS & BODY, REAR COMBINATION LAMP, RH
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH
1	LAMP ASSY, REAR, LH
1	LAMP ASSY, REAR, RH
1	LAMP ASSY, CENTER STOP
1	SPOILER SUB-ASSY, REAR
1	PANEL SUB-ASSY, BACK DOOR

LIST

\$	Bu	485.60	✓
\$	Bu	332.70	✓
\$	Bu	374.50	✓
\$	Sm	22.00	X
\$	D11	132.60	✓
\$	Sm	132.60	X
\$	Wt	39.00	✓
\$	Sm	39.00	X
\$	D11	313.00	✓
\$	Sm	105.80	X
\$	Sm	313.60	X
\$	Return Sm	519.00	✓
\$	Bu	651.00	✓
\$	Bu	126.70	✓
\$	Sm	241.90	X
\$	Sm	175.10	X
\$	Sm	229.90	X
\$	CM	339.60	✓
\$	Sm	339.60	X
\$	CM	261.00	✓
\$	Sm	261.00	X
\$	CM	293.60	✓
\$	Sm	293.60	X
\$	Sm	192.30	X
\$	Sm	1,575.40	X
\$	Bu	1,147.80	✓

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SHB9999D

1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	CM SZ	913.60	✓
1 STAY ASSY, BACK DOOR, LH	\$	SH	242.50	X
1 STAY ASSY, BACK DOOR, RH	\$	SH	242.50	X
1 HINGE ASSY, BACK DOOR, LH	\$	R	61.00	✓
1 HINGE ASSY, BACK DOOR, RH	\$	R	61.00	X
1 ORNAMENT SUB-ASSY, BACK DOOR	\$	RM	47.90	—
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	RM	54.60	—
1 PLATE, BACK DOOR NAME, NO.1	\$	RM	54.60	—
1 GLASS, BACK WINDOW FIX	\$	Photocopy	761.40	—
1 PANEL ASSY, DECK TRIM SIDE, LH	\$	SH	355.90	X
1 PANEL ASSY, DECK TRIM SIDE, RH	\$	SH	355.90	X
1 PAN, REAR FLOOR	\$	R	583.40	X
TOTAL	\$		12,672.20	
25%	\$		3,168.05	
	\$		9,504.15	

Special Nett

1SET PARKING AID	\$	Short	700.00	2201N
1SET REAR BUMPER CLIP	\$	RM	85.00	505N
1 REAR NUMBER PLATE WITH MOULDING	\$	SH	200.00	X
1 REAR FLOOR UNDERCOVER CLIP	\$	RM	180.00	X
1 REAR SPOILER CLIP	\$	RM	70.00	X
1 BUMPER CENTRE GUARD CLIP	\$	RM	80.00	X
1 REAR BUMPER PROTECTOR	\$	RM	180.00	305N
1 REAR BUMPER RETAINER CLIP	\$	RM	75.00	X
1 BOOT STICKER TRANSCAB	\$	RM	100.00	305N
1 BOOT STICKER 65553333	\$	RM	100.00	305N
2 WINDSCREEN SEALANT	\$	RM	150.00	805N
1 WINDSCREEN MOULDING	\$	RM	200.00	—
1 WINDSCREEN INNER SPONGE SEAL	\$	RM	130.00	305N
TOTAL	\$		1,570.00	
TOTAL PARTS	\$		11,074.15	

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SHB9999D**LABOUR**

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

\$ 240.00 *301*

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

\$ 380.00 *601*

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

\$ 1,600.00 *7001*

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ *Repair* 380.00 *x*

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 *11001*

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

\$ 300.00 *1801*

To reinstall rear bumper parking sensor.

\$ 170.00 *501*

To Check Electrical Lighting Concerned.

\$ 170.00 *201***TOTAL \$ 4,840.00****Over All Total \$ 15,914.15****(PART-BY-PART) Repair Days**~~10 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:

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 07/05/2021 11:56 (SGT)
Date of Accident 06/05/2021 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information CLEMENTI AVENUE 6 JUNCTION CLEMENTI LOOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB9999D
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 +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 TAN KIN HOCK
NRIC No SXXXX146C

Date Of Birth	02/01/1968
Occupation	Outdoor
Date Of Driving Pass	30/07/2003
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87111959
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Montreal Dale, 590A Montreal Link 751590
Address complement	13-29
Postcode	751590
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOHAMMED SAMIR BIN MOHAMMED HAMID
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

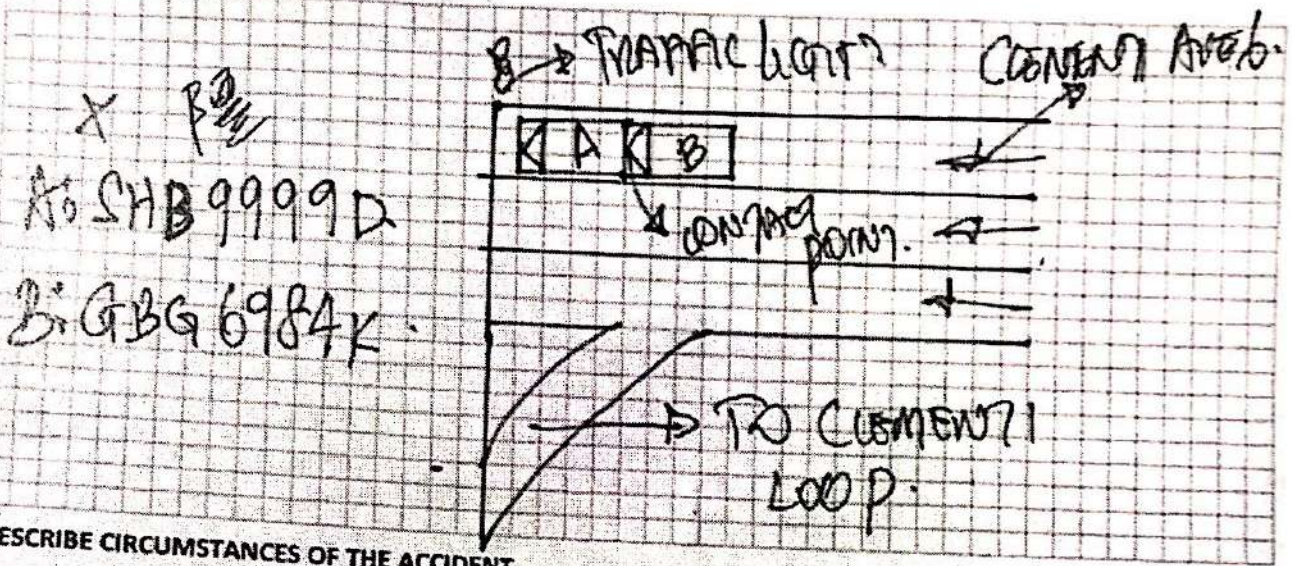
ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6984K
Vehicle Manufacturer	Toyota

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:

X *PM*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

HASHIM BIN KAMARI

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

< D202105067039

**SINGAPORE
POLICE FORCE**

D/20210506/7039

1 of 2

POLICE REPORT (NP299)

Report No. D/20210506/7039

Police Station Of Origin
 Clementi Division HQ
 20 Clementi Avenue 5 SINGAPORE 129858
 Tel No: 1800-7740000

Date/Time Report Made 06/05/2021 23:52		Video Report No.		Station Diary No.	
Name Of Informant TAN KIN HOCK		Address 590A MONTREAL LINK #13-29 SINGAPORE 751590			
ID Type / ID No. NRIC NO / S6800146C		Contact No. Home/Office:		Mobile: 87111959	
Nationality SINGAPORE CITIZEN		Email Address THOMAS.TKH@OUTLOOK.COM			
Occupation Taxi driver		Sex Male	Age 53	Date of Birth 02/01/1968	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 06/05/2021 18:00		Location Of Incident CLEMENTI AVENUE 6			

Brief details.

On the above mentioned date and time, I was driving my taxi SHB9999D along Clementi Ave 6 when I came to a stop at the traffic light junction of Clementi Ave 6 and Clementi Loop.

I was ferrying 1 male passenger, Mohamed Samir, at the rear of my vehicle.

I was the first vehicle at the traffic light junction waiting for traffic light to turn green when suddenly, I felt a massive impact from the rear of my vehicle propelling my vehicle forwards.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2021 23:52
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



D/20210506/7039

2 of 2

POLICE REPORT (MP299)

CONTINUATION OF REPORT

Report No. D/20210506/7039

My body lunged forwards and knocked my chest against my steering wheel. I also knocked my right knee and right elbow against the inside of my vehicle.

I alighted to realise that my vehicle was hit from the rear by GBG6984K.

After the accident, I also felt soreness over my neck, shoulders and lower back areas. Hence, I proceeded to Khoo Teck Puat hospital for treatment.

I was discharged later the same evening with 5 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

06/05/2021 23:52

Classification Of Case: