

ASS. REC. BY:

REF:

TMI /

CC3/TMI21006789/Kqf3

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. MM000071

Claims No. M2102873

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

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: 02 days Res.: Yes or No

Lum Sum: 1.3.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S/HB 75354 Yr Regn: 12, 18

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

Truck / Traller or

Make: Toy Prius c.c. 1798

Colour M.P. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 288 712 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU103077070

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 A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Pailun

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 8/16/21

D.O.I. 15/6/2021

Survey held at _____

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

O/S FR

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

Date / Time

Action / Instruction

17/06/21 @ 2.55pm EMAIL GIA, estimate & revised to TMI.

23/07/21 @ 9.17am confirmed with Wai Yin final fig \$2690.65, 2 days. (Red \$8647.55, 76%)

Date/Time, File Pass to?

: Prell. Report

1) 23/07 Typist

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

\$ + RS. \$ _____

Fees

Others

TOTAL

Report Format :

MER-TP

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

2690.65

AAD2106-031

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

SHB7535Y

Not Notified

Recovery B4 paint

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHB7535Y

JTDKB3FU103077070

TOYOTA

PRIUS

08/06/2021

TOKIO

04/12/2018

15 JUN 2021

PART

LIST

1	PANEL SUB-ASSY, FRONT DOOR, RH	\$	K	1,300.70	}	X	
1	GARNISH, DOOR FRAME, RH	\$	Pn	13.10			
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$	Pn	238.30			
1	HINGE ASSY, FRONT DOOR, LOWER RH	\$	R	110.60			
1	HINGE ASSY, FRONT DOOR, UPPER RH	\$	K	97.50			
1	TAPE, BLACK OUT, NO.1 FRT RH	\$	na	13.30			
1	TAPE, BLACK OUT, NO.2 FRT RH	\$	na	43.50			
1	TAPE, BLACK OUT, NO.3 FRT RH	\$	na	26.30			
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH	\$	Pn	926.00			
1	COVER, FRONT BUMPER	\$	Sn	516.00			
1	FRONT BUMPER SIDE RETAINER RH	\$	Sn	80.10			
1	JAR ASSY, WINDSHIELD WASHER	\$	Sn	219.10			
1	FENDER SUB-ASSY, FRONT RH	\$	Ry	977.80			✓
1	LINER, FRONT FENDER, RH	\$	Dit	206.70			✓
1	FRONT FENDER EMBLEM RH	\$	na	54.60	✓		
1	MOULDING ASSY, BODY ROCKER PANEL, RH	\$	Sn	594.80	X		
TOTAL		\$		5,418.40			
25%		\$		1,354.60			
		\$		4,063.80			

Special Nett

2	FENDER LINER CLIP	\$	na	75.00	✓
1	RIM <i>P1?</i>	\$	na	1,879.40	✓
1	TYRE	\$	Sn	300.00	X
1	CLIP(FOR FRONT DOOR TRIM BOARD)	\$	na	65.00	X
1	CLIP(FOR REAR DOOR TRIM BOARD)	\$	na	65.00	X
1	FRONT DOOR STICKER "TRANS-CAB"	\$	na	100.00	X
TOTAL		\$		2,484.40	

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 willful 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 08/06/2021 15:37 (SGT)
Date of Accident 08/06/2021 10:34 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 721 YISHUN ST 21 CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7535Y

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 5 DR HATCHBACK (AUTO)
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 HO TONG PIU
NRIC No SXXXX464D

Date Of Birth	24/02/1972
Occupation	Outdoor
Date Of Driving Pass	28/06/2000
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-96544640
Alt. Phone Number	-
Email Address	Hotongplu@gamil.com
Address	419 WOODLANDS ST 41
Address complement	#10-207
Postcode	730419
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)	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 TRAVELING AT 721 YISHUN ST 21 CAR PARK . AS I DRIVING ALONG MY LANE , VEHICLE B DRIVING FROM OPPOSITE OF MY VEHICLE AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE .

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	SLL3627S
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

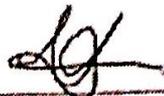
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING AT 721 YISHUN ST 21 CAR PARK . AS I DRIVING ALONG MY LANE , VEHICLE B DRIVING FROM OPPOSITE OF MY VEHICLE AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE .

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.: