ASS. REC. BY: Kenneth | REF: TM/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tan 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.

N/S	O/S

Bal. or Market Value: $59,108/=

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B./% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJB 96180 Yr Regn: 06 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or AT

Make: Toy Prius c.c 1798

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

Sp.Reading 294148 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU503082108

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoprder / Jammed / Leaked / Burnt or _____

Brake: Inoprder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Sailun

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 mm
L/Bal.	9 mm	L/Bal.	7 mm

D.O.A. 27/6/21 D.O.I. 29/6/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
1	Got BZ

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

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
SHB9618D

AAD2106-

Not Authorise
Revamp B4 paint

29 JUN 2021

Vehicle No.:	**SHB9618D**	
Chassis No.:	JTDKB3FU503082109	
Vehicle Make:	TOYOTA	
Vehicle Model:	PRIUS	
Date of Accident :	27/06/2021	
Third Party Insurer :		
Date of Registration:	27/06/2019	

	PART		LIST	
1	PANEL SUB-ASSY, FRONT DOOR, RH	$	R 1,300.70	X
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	$	Sn 193.50	X
1	HANDLE ASSY, FRONT DOOR, OUTSIDE RH	$	Sn 390.60	X
1	HINGE ASSY, FRONT DOOR, LOWER RH	$	R 110.60	X
1	HINGE ASSY, FRONT DOOR, UPPER RH	$	R 97.50	X
1	TAPE, BLACK OUT, NO.1 FRT RH	$	Nn 13.30	X
1	TAPE, BLACK OUT, NO.2 FRT RH	$	Nn 43.50	X
1	TAPE, BLACK OUT, NO.3 FRT RH	$	Nn 26.30	X
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH	$	Sn 926.00	X
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	$	Sn 238.30	X
1	WEATHERSTRIP, FRONT DOOR, RH	$	Sn 231.30	X
1	PANEL SUB-ASSY, REAR DOOR, RH	$	Bq 1,294.90	✓
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH	$	Sn 97.40	X
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH	$	Sn 193.50	X
1	HINGE ASSY, REAR DOOR, LOWER RH	$	R 87.10	X
1	HINGE ASSY, REAR DOOR, UPPER LH	$	R 98.90	X
1	TAPE, BLACK OUT, NO.1 REAR RH	$	Nn 21.90	—
1	TAPE, BLACK OUT, NO.2 REAR RH	$	Nn 34.90	—
1	TAPE, BLACK OUT, NO.3 REAR RH	$	Nn 15.40	—
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH	$	Sn 926.00	X
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	$	Sn 206.70	X
1	WEATHERSTRIP, REAR DOOR, RH	$	Sn 180.10	X
1	PANEL SUB-ASSY, QUARTER, RH	$	R 871.50	X
1	LINER, REAR WHEEL HOUSE, RH	$	Sn 139.80	X
1	COVER, REAR BUMPER	$	R 442.60	X
1	MOULDING ASSY, BODY ROCKER PANEL, RH	$	R 594.80	X
		TOTAL	**$ 8,777.10**	
		25%	**$ 2,194.28**	

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
SHB9618D

AAD2106-

		$	**6,582.83**
	Special Nett		
1	FENDER LINER CLIP	$	75.00 X
1	FENDER CLIP	$	75.00 X
1	FRT BUMPER CLIP	$	65.00 X
1	REAR BUMPER CLIP	$	65.00 X
1	END PANEL INNER TRIM CLIP	$	60.00 X
1	CLIP(FOR FRONT DOOR TRIM BOARD)	$	65.00 X
1	CLIP(FOR REAR DOOR TRIM BOARD)	$	65.00 X
1	REAR DOOR STICKER "6555-3333"	$	100.00 60SN
1	FRT DOOR STICKER 'TRANSCAB'	$	100.00 60SN
1	TYRE	$	350.00 X
1	RIM	$	1,879.40 X
2	WINDSCREEN SEALANT	$	150.00 X
1	WINDSCREEN MOULDING	$	200.00 X
1	WINDSCREEN INNER SPONGE SEAL	$	130.00 X
		TOTAL $	**3,379.40**
		TOTAL PARTS $	**9,962.23**

LABOUR

	To Rust-Proofing and apply undercoat Of The Affected Areas.	$	250.00 3ol
	Putty And Spray Painting Of The Affected Portion.	$	1,800.00 8ol
	To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00 X
	To Check Electrical Lighting Concerned.	$	170.00 2ol
	Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,800.00 4ol
	To check steering geometry and computer wheel alignment	$	220.00 X

Trans-cab Auto Services Pte Ltd **AAD2106-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB9618D

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

	$	~~170.00~~ X
TOTAL	**$**	**4,790.00**
Over All Total	**$**	**14,752.23**

(PART-BY-PART) Repair Days ~~10 Days~~ 3days

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 witholding 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	28/06/2021 22:17 (SGT)
Date of Accident	27/06/2021 18:20 (SGT)
Exact Location of Accident	Near 62 Hougang Ave 3, Singapore 538844
Additional Location Information	248 HOUGANG AVE PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9618D

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

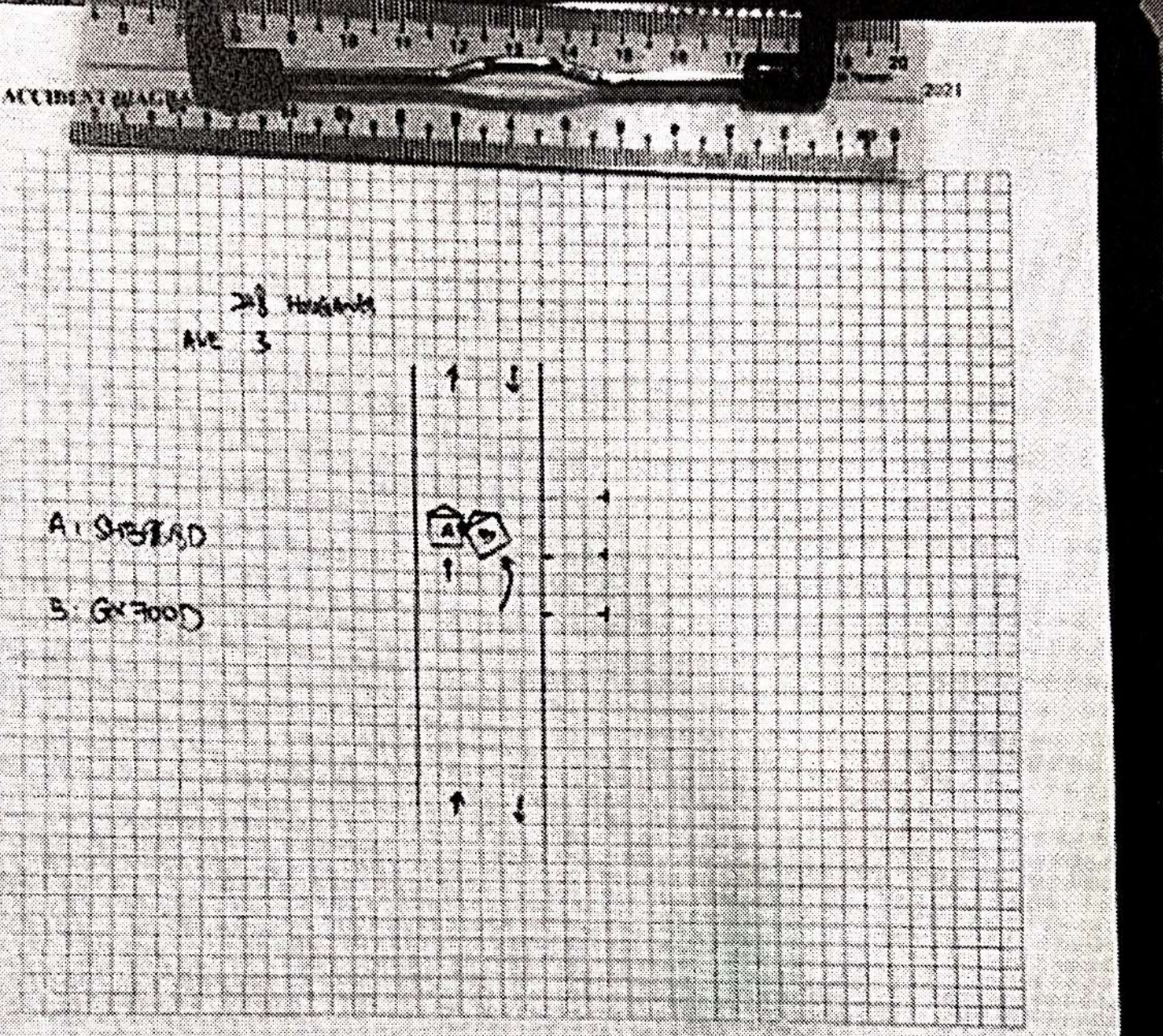
INSURANCE COMPANY

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

DRIVER

Name of Driver	ANG BENG THIAM
NRIC No	SXXXX033G

ACCIDENT DIAGRAM 2021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SINGAPORE POLICE FORCE

T/2021062412066

Police Station Of Origin:
Tampines North NPP
451 Tampines Street 44 #01-56 SINGAPORE
520451
Tel No: 1800-7818999

Report No: T/2021062412066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/06/2021 15:12		27

Informant's Particulars

Name of Informant: ANG BENG THIAM			Address: APT BLK 186C RIVERVALE DRIVE #15-806 SINGAPORE 543186	
ID Type / ID No.: NRIC NO / S2144033G			Contact No.: Home/Office:	Mobile: 92365973
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 72	Date of Birth: 28/12/1948	Type of Informant: Driver	
Race: Chinese			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:	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	27/06/2021 18:20	Car Park

Location:
HOUGANG AVENUE 3

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Two Way	Not Controlled	No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX700D	Van	TOYOTA	LITE ACE	Silver	Slightly Damaged	1
SUB[illegible]P	Car	TOYOTA		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20210628/2006

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-56 SINGAPORE
520481
Tel No: 1800-7818999

Report No: T/20210628/2006

CONTINUATION OF REPORT

Driver			
Name	ANG BENG THIAM	ID No.	S2144033G
Related Vehicle	SHB7000 (Car) 1643D	Contact No.	92365973
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/06/2021	Date Discharge	28/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Tampines North NPP Block 481 Tampines St 44 #01-56 Singapore 520481 Tel 1800-7818999

Driver			
Name	CHANG MEI CHOU	ID No.	S1482330A
Related Vehicle	NIL	Contact No.	97330675
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 27.06.2021 at about 1820hrs, I was driving my vehicle SHB9618D (Toyota red, transcab) into the carpark of Blk 248 Hougang Ave 3, the front vehicle GX700D was seen stopping at the said of the carpark. I then proceeded and my vehicle have passed the other vehicle. Out of a sudden, the vehicle moved forward and side swipe onto the right side of my vehicle body. As nobody required any Ambulance Service, we exchanged particulars and lef the scene.

On the 28.06.2021 at about 1400hrs, I went to W Y Teh Family Clinic and Surgery to seek medical treatment and was given 3 days of out patient leave. I am lodging this report for Insurance Claims.

S2144033G