

ASS. REC. BY:

REF:

TMI/

ASSIGNMENT

From:

Estimated Cost:

Date:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop n/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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 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

Date / Time

Action / Instruction

1 Got BT

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format:

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

Veh No:

SHD 530PL

Yr Regn:

11, 18

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

Truck / Trailer or

Make:

Toy Prius

c.c

1788

Colour

M.P. White 1800

A/C:

Insured / Std / NI / NA

Sp. Reading

335938

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTOKB3FU903.078748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm 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.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

23/7/21

D.O.A.

26/7/2021

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.

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

SHD5309L*Not Authenical
Recovery B4 paint***AAD2107-**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

26 JUL 2021**SHD5309L**

JTDKB3FU903076748

TOYOTA

PRIUS

23/07/2021

TOKIO

15/11/2018

PART**LIST**

| | | | | | |
|--------------|--------------------------------------------|----|----|-----------------|---|
| 1 | PANEL SUB-ASSY, BACK DOOR | \$ | Bu | 1,147.80 | ✓ |
| 1 | SPOILER SUB-ASSY, REAR | \$ | Ln | 1,575.40 | X |
| 1 | GARNISH SUB-ASSY, BACK DOOR, OUTSIDE | \$ | CM | 925.60 | ✓ |
| 1 | STAY ASSY, BACK DOOR, LH | \$ | Ln | 242.50 | X |
| 1 | STAY ASSY, BACK DOOR, RH | \$ | Ln | 242.50 | X |
| 1 | HINGE ASSY, BACK DOOR, LH | \$ | R | 61.00 | X |
| 1 | HINGE ASSY, BACK DOOR, RH | \$ | R | 61.00 | X |
| 1 | WEATHERSTRIP, BACK DOOR | \$ | Ln | 372.30 | X |
| 1 | PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2 | \$ | Ln | 54.60 | ✓ |
| 1 | PLATE, BACK DOOR NAME, NO.1 | \$ | Ln | 54.60 | ✓ |
| 1 | ORNAMENT SUB-ASSY, BACK DOOR | \$ | Ln | 47.90 | ✓ |
| 1 | COVER, BACK DOOR TRIM | \$ | Ln | 24.90 | X |
| 1 | COVER, FLOOR UNDER, NO.2 (RH) | \$ | Ln | 241.90 | ✓ |
| 1 | COVER, FLOOR UNDER, NO.1 (LH) | \$ | Ln | 175.10 | X |
| 1 | COVER, REAR FLOOR (CTR) | \$ | Ln | 229.90 | X |
| 1 | PANEL SUB-ASSY, BODY LOWER BACK | \$ | | 650.30 | ? |
| 1 | LENS AND BODY, REAR LAMP, RH | \$ | Ln | 502.00 | X |
| 1 | LENS & BODY, REAR COMBINATION LAMP, RH | \$ | CM | 451.80 | ✓ |
| 1 | PANEL SUB-ASSY, QUARTER, RH | \$ | R | 871.50 | X |
| 1 | LINER, REAR WHEEL HOUSE, RH | \$ | Ln | 139.80 | X |
| 1 | COVER, REAR BUMPER | \$ | R | 442.60 | ✓ |
| 1 | COVER, REAR BUMPER, LOWER | \$ | Ln | 15.40 | ✓ |
| 1 | FILLER, REAR BUMPER EXTENSION, RH | \$ | | 123.70 | ? |
| 1 | GUARD, REAR BUMPER, CENTER | \$ | R | 576.30 | ✓ |
| 1 | REINFORCEMENT SUB-ASSY, REAR BUMPER | \$ | R | 332.70 | ✓ |
| TOTAL | | \$ | | 9,563.10 | |
| 25% | | \$ | | 2,390.78 | |
| | | \$ | | 7,172.33 | |

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SHD5309L

AAD2107-

Special Nett

| | | | | |
|----------------------------------|-----------|-----|-----------------|------|
| 1SET PARKING AID | \$ | Red | 700.00 | 2000 |
| 1 REAR SPOILER CLIP | \$ | na | 60.00 | X |
| 1 REAR BUMPER CLIP | \$ | na | 65.00 | 5000 |
| 1 REAR FENDER CLIP | \$ | na | 66.00 | X |
| 1 REAR TAIL LAMP CLIP | \$ | na | 65.00 | X |
| 1 END PANEL INNER TRIM CLIP | \$ | na | 60.00 | X |
| 1 CLIP(FOR REAR DOOR TRIM BOARD) | \$ | na | 65.00 | X |
| 1 BOOT STICKER TRANSCAB | \$ | na | 100.00 | 3000 |
| 1 BOOT STICKER TEL.NO | \$ | na | 100.00 | 3000 |
| 2 WINDSCREEN SEALANT | \$ | na | 150.00 | 4000 |
| 1 WINDSCREEN MOULDING | \$ | na | 200.00 | ✓ |
| 1 WINDSCREEN INNER SPONGE SEAL | \$ | na | 130.00 | 3000 |
| TOTAL | \$ | | 1,001.00 | |
| TOTAL PARTS | \$ | | 8,543.40 | |

LABOUR

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------------|------|
| To Rust-Proofing and apply undercoat Of The Affected Areas. | \$ | | 250.00 | 300 |
| Putty And Spray Painting Of The Affected Portion. | \$ | | 1,800.00 | 880 |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | \$ | | 380.00 | 600 |
| To Check Electrical Lighting Concerned. | \$ | | 170.00 | 200 |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | | 1,800.00 | 5000 |
| To check steering geometry and computer wheel alignment | \$ | na | 220.00 | X |
| To transfer of rear fender panel fittings, attachment and perform water seepage test. | \$ | na | 170.00 | X |
| TOTAL | \$ | | 4,790.00 | |

Trans-cab Auto Services Pte Ltd

AAD2107-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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SHD5309L

Over All Total \$ 20,505.73

(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 | 23/07/2021 14:41 (SGT) |
| Date of Accident | 23/07/2021 07:35 (SGT) |
| Exact Location of Accident | KPE, Singapore |
| Additional Location Information | KPE TOWARDS MCE BEFORE AIRPORT ROAD EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD5309L |
|-----------------------------|----------|

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 | Prilus |
| 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 |

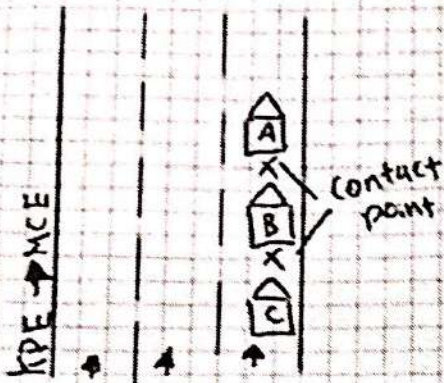
INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| 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 | THANGAMKUPPAL BHARATHIKANTHAN |
| NRIC No | SXXXX505Z |

SKETCH PLAN



Veh A: SHD 5309L
 Veh B: SMK 7860B
 Veh C: SGR 787K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature

VERIFY BY AJAX MARS (ARC)
 REPORTING OFFICER
 ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature



SINGAPORE POLICE FORCE



T/20210723/2017

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No. T/20210723/2017

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made: 23/07/2021 11:52 | Vide Report No.: | Station Diary No.: 23 |
|--------------------------------------------|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--------------------------------------------------------|------------|------------------------------|--------------------------------------------------------------------|----------------------------|
| Name of Informant: THANGAMKUPPAL BHARATHIKANTHAN | | | Address: APT BLK 303D PUNGGOL PLACE #03-231 SINGAPORE 824303 | |
| ID Type / ID No.: NRIC NO / S7660505Z | | | Contact No.: Home/Office: Mobile: 82018996 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 45 | Date of Birth: 09/05/1976 | Type of Informant: Driver | |
| Race: Indian | | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--------------------------------------------------------------|------------------|------------------------------------|-----------------------------------------------|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 23/07/2021 07:35 | Type of Location: Straight Road |
| Location: KALLANG PAYA LEBAR EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SGR787K | Car | | | | Slightly Damaged | 0 |
| SHD5309L | Car | | | | Slightly Damaged | 1 |
| SMK7860B | Car | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210723/2017

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 4

Report No. T/20210723/2017

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|----------------------------------------|--------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | THANGAMKUPPAL BHARATHIKANTHAN | ID No. | S7660505Z |
| Related Vehicle | SHD5309L (Car) | Contact No. | 82018996 |
| Hospital/Clinic | FAMILY CARE CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | 23/07/2021 | Date Discharge | 23/07/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | Che Ang Ian SGT 787K | ID No. | S8423076F |
| Related Vehicle | NIL | Contact No. | 93872456 |
| 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 |
| Driver | | | |
| Name | Liu Jian Feng SMK 7860B | ID No. | S8478479F |
| Related Vehicle | NIL | Contact No. | 90267569 |
| 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 23/07/2021 at about 7.34 am, I was driving my taxi (SHD5309L) doing grab ride along KPE towards MCE before the exit of Airport Road, one car (SJU2566J) braked hard. Thus, I braked hard to prevent collision between us. I managed to brake in time but another car (SMK 7860B) hit onto the rear of my taxi. I alighted from my car and saw another car (SGR787K) had also hit onto the rear of (SMK 7860B). All of us exchange particular. After the incident, I also asked my male passenger whether he was injured but he told me that he was fine. I later dropped him at Ubi View. After that, I went to Family Care Clinic located at Blk 608 Ang Mo Kio Ave 5 #01-2788 as there was pain on my back and was given three days MC from 23/07/2021 to 25/07/2021..