ASS. REC. BY: Kenneth | REF: TMI / CC3/TMI21007952/Kvc

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: SMK 7860B

Policy No. MS004690

Claims No. M2103469

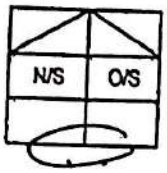
Sum Insured: _____ Excess: _____

(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 Rport: _____ 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

Veh No: SHD 5309L Yr Regn: 11, 18

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

Truck / Trailer or _____

Make: Toy Prius c.c 1798

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

Sp.Reading 355938 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU903 · 078748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / 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 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	23/7/21	D.O.I.	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.

Date / Time	Action / Instruction
/	Got BI
4/8/21	Kenneth confirmed $5796.13 (Red 7927.20,57%)

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) 4/8/21-Typist

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking: _____

Others: _____

TOTAL _____

Report Format : Merimen

Lump Sum / I.B.I: ($ 5796.13)

Not Authorised
Recovery B4 paint

Trans-cab Auto Services Pte Ltd **AAD2107-**
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHD5309L

26 JUL 2021

Vehicle No.:	**SHD5309L**
Chassis No.:	JTDKB3FU903076748
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	23/07/2021
Third Party Insurer :	**TOKIO**
Date of Registration:	15/11/2018

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

Trans-cab Auto Services Pte Ltd **AAD2107-**

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SHD5309L

Special Nett

1SET	PARKING AID	$	Rel	700.00	22ost
1	REAR SPOILER CLIP	$	NA	60.00	X
1	REAR BUMPER CLIP	$	NA	65.00	30st
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	30st
1	BOOT STICKER TEL.NO	$	NA	100.00	30st
2	WINDSCREEN SEALANT	$	NA	150.00	40st
1	WINDSCREEN MOULDING	$	NA	200.00	—
1	WINDSCREEN INNER SPONGE SEAL	$	NA	130.00	30st
	TOTAL	**$**		**1,001.00**	
	TOTAL PARTS	**$**		**8,543.40**	

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	$		250.00	30l
Putty And Spray Painting Of The Affected Portion.	$		1,800.00	88l
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$		380.00	60l
To Check Electrical Lighting Concerned.	$		170.00	20l
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$		1,800.00	500l
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
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHD5309L

AAD2107-

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	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

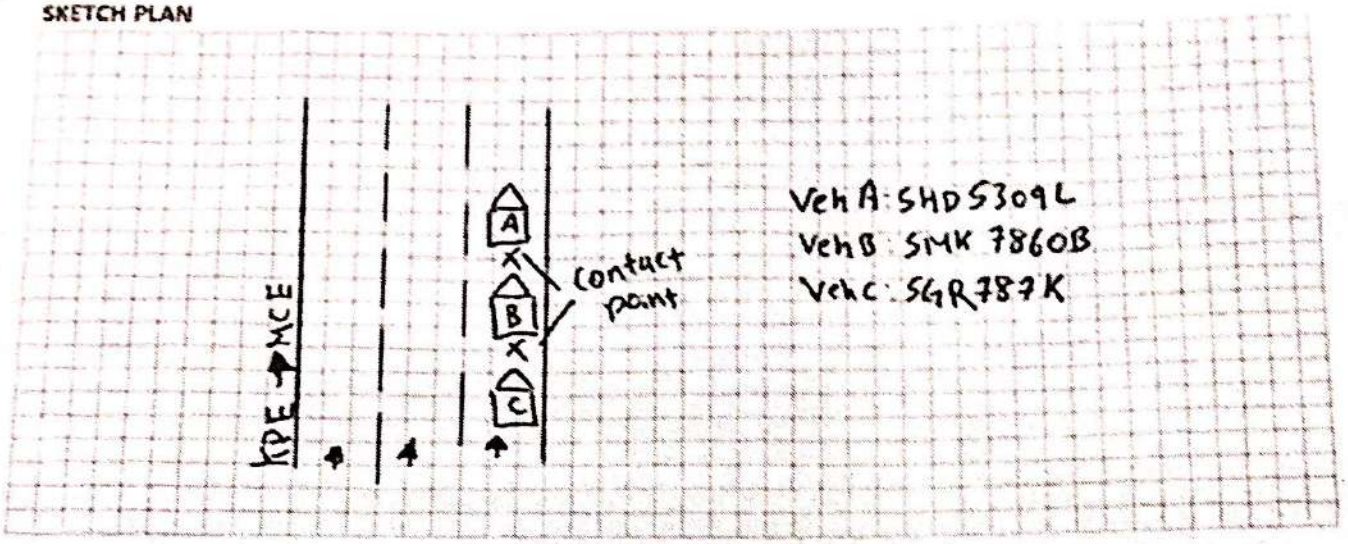
INSURANCE COMPANY

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	THANGAMKUPPAL BHARATHIKANTHAN
NRIC No	SXXXX505Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

SINGAPORE POLICE FORCE

T/20210723/2017

Report No. 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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/07/2021 11:52		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*	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	23/07/2021 07:35	Straight Road

Location:

KALLANG PAYA LEBAR EXPRESSWAY

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	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

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..