

ASS. REC. BY:

REF:

TE / 21008319/KC
CAB

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

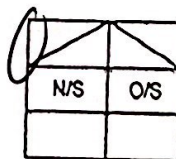
Sum Insured:

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 Soon:

Consistent?: Yes or No

Est. Repairs:

02 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 9875S

Yr Regn:

11, 20

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

Truck / Trailer or

Make:

Toy Pro

c.c.

1798

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading:

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU203092810

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / RIM or

Tyre Size:

F: 195/65R15

R: Dun

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

4

mm

L/Bal.

9

mm

L/Bal.

4

mm

D.O.A.

4/8/21

D.O.I.

11/8/2021

Survey held at

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

N/S 157

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1/ Got BZ, Battery flat

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. \$

Fees

Others

TOTAL

Report Format:

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

Not Assembled
Running B4 paint

Trans-cab Auto Services Pte Ltd

AAD2108-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD9875S

Vehicle No.: *Painting Of The Affected Portion*

Chassis No.:

Vehicle Make: *Use 100% of what has been*

Vehicle Model:

Date of Accident : *Painting Completed*

Third Party Insurer :

Date of Registration :

SHD9875S

JTDKB3FU203092810

TOYOTA

PRIUS GEN 4

04/08/2021

IT

20/11/2020

11 AUG 2021

PART

- 1 COVER, FRONT BUMPER
- 1 MOULDING, FRONT BUMPER SIDE, LH
- 1 BRACKET, FRONT BUMPER SIDE, LH
- 1 FENDER SUB-ASSY, FRONT LH
- 1 LINER, FRONT FENDER, LH

LIST

Over All Total	\$	<i>Bul / Net</i>	521.00	✓
	\$	<i>WT</i>	95.60	✓
	\$	<i>DIR</i>	59.30	✓
	\$	<i>BT</i>	977.80	✓
	\$	<i>IN</i>	210.30	X
TOTAL	\$		1,864.00	
25%	\$		466.00	
	\$		1,398.00	

Special Nett

- 1SET FRONT BUMPER CLIP
- 1 FENDER CLIP
- 1 FENDER LINER CLIP

	\$	<i>nn</i>	90.00	<i>505m</i>
	\$	<i>nn</i>	60.00	X
	\$	<i>nn</i>	60.00	X
TOTAL	\$		90.00	

TOTAL PARTS \$ 1,488.00

LABOUR

Panel Beating, Knocking And Straightening The Necessary Portion,
Remove And Renewal Of Parts, Adjust And Realign The Same
To remove and refit interior fittings, trimings, garnish, fittings and
other, to enable repair.

\$ 1,600.00 *400d*
\$ *nn* 380.00 X

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

\$ 240.00 *30d*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 X

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SHD9875S

Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	4401
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	151
TOTAL	\$	4,380.00	
Over All Total	\$	5,868.00	

(PART-BY-PART) Repair Days

20 days

2 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	05/08/2021 21:58 (SGT)
Date of Accident	04/08/2021 14:40 (SGT)
Exact Location of Accident	808 Yishun Ring Rd, Singapore 760808
Additional Location Information	808 YISHUN RING ROAD CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9875S
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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) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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

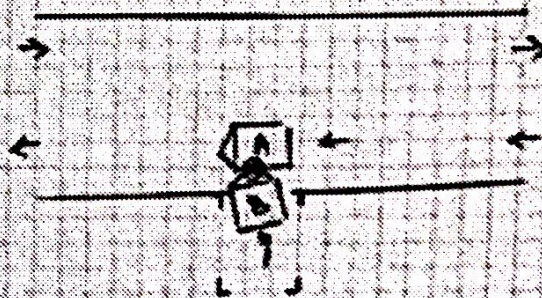
DRIVER

Name of Driver	TAN SOON WA
NRIC No	SXXXX148A

ACCIDENT DIAGRAM



808 Yehon Road
Road car park



A: SHD98765

B: 9LQ8345X

[Handwritten signature]

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 Rep.:



SINGAPORE POLICE FORCE



T/20210804/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210804/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2021 21:10		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: TAN SOON WA		Address: 407 YISHUN AVENUE 6 #11-1288 SINGAPORE 760407		
ID Type / ID No.: NRIC NO / S2166148A		Contact No.: Home/Office: Mobile: 88752514		
Nationality: SINGAPORE CITIZEN		Email: SOONWA57@GMAIL.COM		
Sex: Male	Age: 64	Date of Birth: 22/01/1957	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2021 14:40	Type of Location: Car Park
Location: YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ8345X	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20210804/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210804/7027

CONTINUATION OF REPORT

Driver				
Name	TAN SOON WA		ID No.	S2166148A
Related Vehicle	SLQ8345X (Car)		Contact No.	88752514
Hospital/Clinic	NEECARE MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/08/2021		Date	04/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I was traveling straight in the carpark on the main road. Suddenly, SLQ8345X dash out from carpark lot without checking and ram into the front of my taxi SHD9875S.