

ASS. REC. BY:

REF:

TMI / CC3/TMI21008540/Kuc

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHD 9871C

at Workshop m/s

of

Insured: SMK 8183R

Policy No. ML000509

Claims No. M2103700

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: 8

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 09 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No:

SHD 9871C Yr Regn: 01, 21

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

Truck / Trailer or

Make:

Toyota Prius

c.c

1798

Colour

M. White / R.

A/C:

Insured / Std / NI / NA

Sp. Reading

39332

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 103093351

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / 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

Front

Rear

R/Bal.

4

mm

R/Bal.

3

mm

L/Bal.

4

mm

L/Bal.

3

mm

D.O.A.

11/8/21

D.O.I.

13/8/2021

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1 / Got BZ

Confirmed final fig P/P \$5118.93, 4 repair days.

(RED \$7468.10; 59%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 4

Resurvey No. of Trlp: 1

Survey Fee:

1) 20/8 TYPIST

☐

: Final Report

Date/Time, File Return to?

Transportation:

Add Fee:

☐

: Site Insp (\$

S - RS \$

☐

: Interview (\$

Fees

☐

: Tech Invs (\$

Others

☐

: Weekend (\$

Report Format: TP

\$5118.93



Not Authored  
Mercury Be 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

**SHD9871C**

Vehicle No.:

Special Mark

13 AUG 2021

Chassis No.:

**SHD9871C**

JTDKB3FU103093351

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS GEN 4

Date of Accident :

11/08/2021

Third Party Insurer :

**TOKIO**

Date of Registration:

15/01/2021

**PART**

**LIST**

1	COVER, REAR BUMPER	\$	485.60	✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70	✓
1	GUARD, REAR BUMPER, CENTER	\$	374.50	✓
1	COVER, REAR BUMPER, LOWER	\$	22.00	✓
1	RETAINER, REAR BUMPER SIDE, LH	\$	132.60	X
1	RETAINER, REAR BUMPER SIDE, RH	\$	132.60	X
1	LAMP ASSY, REAR, RH	\$	293.60	X
1	REFLECTOR ASSY, REFLEX, RH	\$	39.00	✓
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	651.00	?
1	COVER, DECK TRIM, REAR	\$	126.70	X
1	COVER, FLOOR UNDER, NO.2 (RH)	\$	241.90	X
1	COVER, FLOOR UNDER, NO.1 (LH)	\$	175.10	X
1	COVER, REAR FLOOR (CTR)	\$	229.90	✓
1	PANEL SUB-ASSY, BACK DOOR	\$	1,147.80	✓
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	913.60	✓
1	STAY ASSY, BACK DOOR, LH	\$	242.50	X
1	STAY ASSY, BACK DOOR, RH	\$	242.50	X
1	HINGE ASSY, BACK DOOR, LH	\$	61.00	X
1	HINGE ASSY, BACK DOOR, RH	\$	61.00	X
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	47.90	✓
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	54.60	✓
1	PLATE, BACK DOOR NAME, NO.1	\$	54.60	✓

<b>TOTAL</b>	\$	<b>6,062.70</b>
<b>25%</b>	\$	<b>1,515.68</b>
	\$	<b>4,547.03</b>



**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

**SHD9871C****Special Nett**

1SET PARKING AID	\$	500	700.00	22000
1SET REAR BUMPER CLIP	\$	nn	85.00	5000
1 BUMPER CENTRE GUARD CLIP	\$	nn	80.00	X
1 REAR BUMPER PROTECTOR	\$	nn	180.00	X
1 REAR BUMPER RETAINER CLIP	\$	nn	75.00	X
1 BOOT STICKER TRANSCAB	\$	nn	100.00	3000
1 BOOT STICKER 65553333	\$	nn	100.00	3000
2 WINDSCREEN SEALANT	\$	nn	150.00	6000
1 WINDSCREEN MOULDING	\$	nn	200.00	✓
1 WINDSCREEN INNER SPONGE SEAL	\$	nn	130.00	3000
<b>TOTAL</b>	<b>\$</b>		<b>1,120.00</b>	1800
<b>TOTAL PARTS</b>	<b>\$</b>		<b>5,667.03</b>	6347.03

**LABOUR**

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

\$ 240.00 300

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 600

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 3,000.00 5000

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ nn 380.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 8000

To Remove And Refit Rear Big & Small W/Screen Glass To Facilitate Bodywork Repair.

\$ 300.00 1800

**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

**SHD9871C**To reinstall rear bumper parking sensor. \$ 170.00 *501*To Check Electrical Lighting Concerned. \$ 170.00 *201***TOTAL** \$ 6,240.00**Over All Total** \$ ~~11,907.03~~ 12,587.03**(PART-BY-PART) Repair Days***20 Days**4 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	12/08/2021 17:45 (SGT)
Date of Accident	11/08/2021 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SINARAN DRIVE TURNING LEFT TO NOVENA MEDICAL CENTER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9871C
-----------------------------	----------

### 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	+65-62876666

### 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	CLIFFORD HENG SOON WHATT
----------------	--------------------------



# SKETCH PLAN

Novena  
Medical  
Center

SINARAN DRIVE

Contact  
Point

Veh A SHD 9871C  
Veh B SMK 8183R

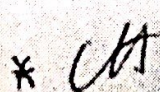
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

## 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  
ANG QI HAO, VICTOR

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





# SINGAPORE POLICE FORCE



T/20210812/7008

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

1 of 3

Report No. T/20210812/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/08/2021 10:17		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CLIFFORD HENG SOON WHATT			Address: 326D ANCHORVALE ROAD #09-286 SINGAPORE 544326		
ID Type / ID No.: NRIC NO / S1687617H			Contact No.: Home/Office: Mobile: 98778815		
Nationality: SINGAPORE CITIZEN			Email: CLIFFHENG@GMAIL.COM		
Sex: Male	Age: 55	Date of Birth: 07/10/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2021 20:00	Type of Location: T-Junction
Location:  SINARAN DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHD9871C	Car		Prius	Red	Slightly Damaged	0
SMK8183R	Car			Silver		0





**SINGAPORE  
POLICE FORCE**



T/20210812/7008

2 of 3

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

Report No. T/20210812/7008

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CLIFFORD HENG SOON WHATT	ID No.	S1687617H
Related Vehicle	SHD9871C (Car)	Contact No.	98778815
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/08/2021	Date	12/08/2021
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

I stopped to turn left at the traffic light as there were pedestrians crossing. I was about to turn left when a car (SMK8183R) hit me from the back. I have a pain in my left shoulder and upper back. I saw a doctor and he gave me 7 days MC. My car plate number is SHD9871C.

The damages are to the back bumper and the boot door together with dents and scratches.