

ASS. REC. BY:

REF: C72/

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

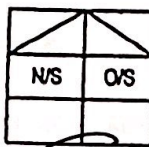
Excess: _____

(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 Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

1-B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S11B 7969DYr Regn: 09, 20

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

Truck / Trailer or

Make: ToyPrins

c.c

1788Colour M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading 84264

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: JTDK B3FU 2030 91995

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15R: Dun

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 2 mmL/Bal. 9 mmL/Bal. 2 mmD.O.A. 1/10/21D.O.I. 5/10/2021

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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

SHB7969D**AAD2109-***Not Authoised
Refurny B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident : and apply undercoat Of The Affected

Third Party Insurer :

Date of Registration:

05 OCT 2021**SHB7969D**

JTDKB3FU203091995

TOYOTA

PRIUS GEN 4

01/10/2021

CHINA

30/09/2020

	PART		LIST	
1	COVER, REAR BUMPER	\$	Buc 485.60	✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70	✓
1	GUARD, REAR BUMPER, CENTER	\$	Bu 374.50	✓
1	COVER, REAR BUMPER, LOWER	\$	Bu 22.00	X
1	RETAINER, REAR BUMPER SIDE, LH	\$	WSP 132.60	X
1	RETAINER, REAR BUMPER SIDE, RH	\$	WSP 132.60	X
1	REFLECTOR ASSY, REFLEX, LH	\$	Bu 39.00	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	651.00	✓
1	COVER, DECK TRIM, REAR	\$	126.70	✓
1	COVER, FLOOR UNDER, NO.2 (RH)	\$	Bu 241.90	X
1	COVER, FLOOR UNDER, NO.1 (LH)	\$	Bu 175.10	X
1	COVER, REAR FLOOR (CTR)	\$	Bu 229.90	X
TOTAL		\$	2,943.60	
25%		\$	735.90	
		\$	2,207.70	

Special Nett

1SET	PARKING AID	\$	Bu 700.00	X
1SET	REAR BUMPER CLIP	\$	Bu 85.00	✓
1	REAR NUMBER PLATE WITH MOULDING	\$	Bu 200.00	X
1	REAR FLOOR UNDERCOVER CLIP	\$	WSP 180.00	X
1	REAR SPOILER CLIP	\$	WSP 70.00	X
1	BUMPER CENTRE GUARD CLIP	\$	WSP 80.00	X
1	REAR BUMPER PROTECTOR	\$	WSP 180.00	✓
1	REAR BUMPER RETAINER CLIP	\$	WSP 75.00	X

Trans-cab Auto Services Pte Ltd

AAD2109-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB7969D

TOTAL \$ 1,570.00**TOTAL PARTS \$ 3,777.70****LABOUR**

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

\$ *nn* 240.00 X

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

\$ *nn* 380.00 X

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

\$ 1,600.00 *200*

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 *2200*

To reinstall rear bumper parking sensor.

\$ 170.00 *500*

To Check Electrical Lighting Concerned.

\$ *nn* 170.00 X**TOTAL \$ 4,540.00****Over All Total \$ 8,317.70****(PART-BY-PART) Repair Days***10 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	04/10/2021 18:40 (SGT)
Date of Accident	01/10/2021 22:30 (SGT)
Exact Location of Accident	Near Raffles Place, Singapore
Additional Location Information	CECIL STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7969D
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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	-
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	

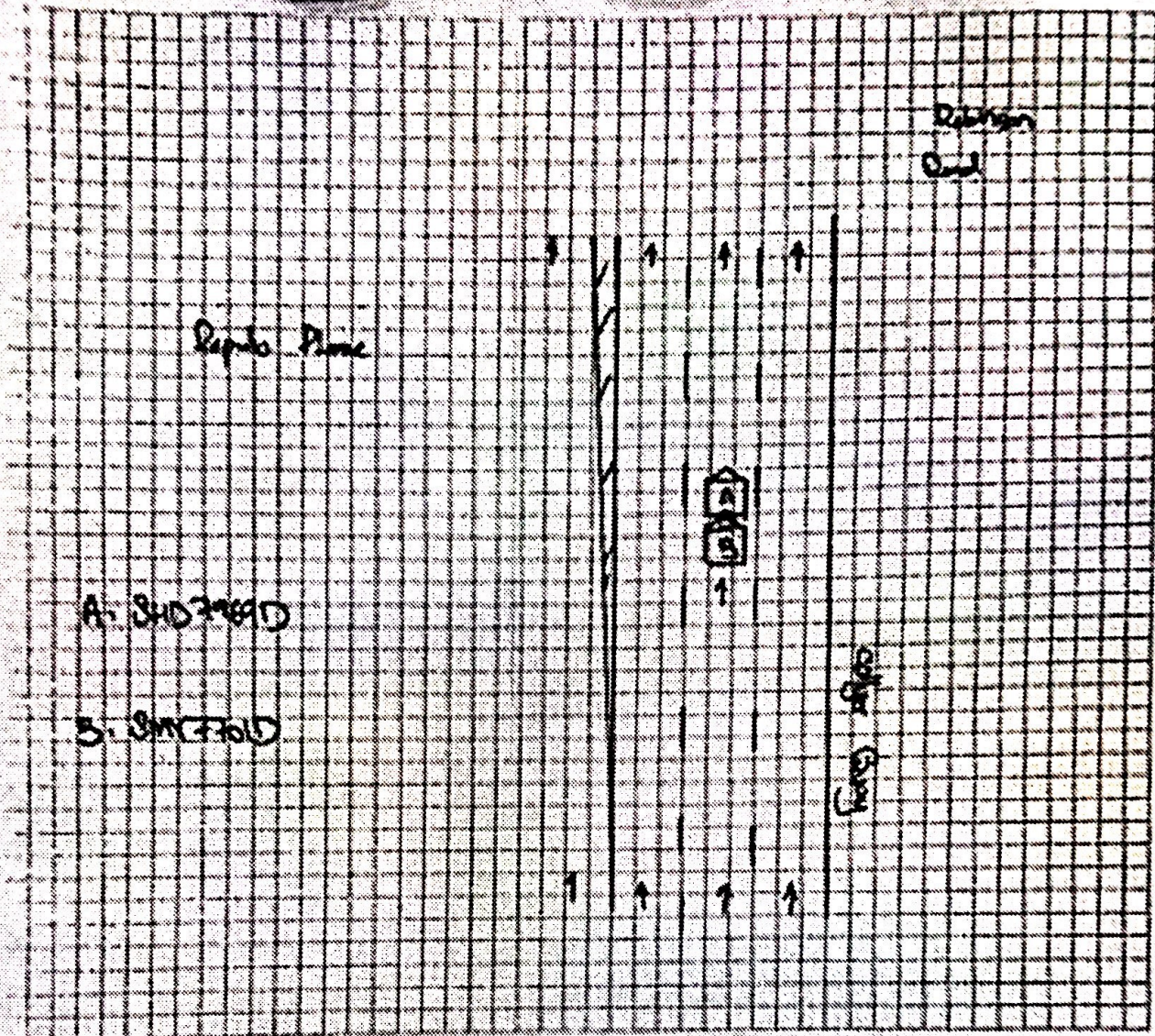
DRIVER

Name of Driver	LIM GUAN CHUAN
NRIC No	SXXXX763H

 Accident report SA0A21A40004

ACCIDENT DIAGRAM

31043021



Policyholder's Signature
Date & Time:

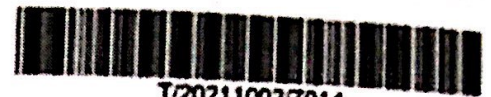
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20211002/7014

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

1 of 3

Report No. T/20211002/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 13:14		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: LIM GUAN CHUAN		Address: 82 BEDOK NORTH ROAD #02-312 SINGAPORE 460082		
ID Type / ID No.: NRIC NO / S7704763H		Contact No.: Home/Office: Mobile: 84475900		
Nationality: SINGAPORE CITIZEN		Email: g.clim900@gmail.com		
Sex: Male	Age: 44	Date of Birth: 24/02/1977	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2021 22:30	Type of Location: X-Junction
Location: CECIL STREET				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SHB7969D	Car	TOYOTA		Red	Slightly Damaged	0
SMY7701D	Car	NISSAN		Purple	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20211002/7014

2 of 3

Report No. T/20211002/7014

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM GUAN CHUAN	ID No.	S7704763H
Related Vehicle	SHB7969D (Car)	Contact No.	84475900
Hospital/Clinic	C K TAN FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	02/10/2021	Date	02/10/2021
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	98562803
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was waiting for traffic light at Cecil rd towards cellyer rd near Republic plaza. When another vehicle hit me when I was stationary. We then exchanged handphone number and then left the place. I was alone in the vehicle and was injured on the left back, neck and knee.

2/3