

ASS. REC. BY:

REF:

TMI / CC3/TMI21010999/KTC

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. MV003897

Claims No. M2104953

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:

03

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:

S1TD 9054U

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 / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

187720

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU8.03076062

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / V/Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Safin

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

25/10/21

D.O.I.

26/10/2021

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

finalise at 3676.33, 3days
red: 7089.97:69

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Parties

Others

TOTAL

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

SHD9054U**AAD2110-***Not Notified
Murray B4 pain*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

26 OCT 2021**SHD9054U**

JTDKB3FU803076062

TOYOTA

PRIUS

25/10/2021

Tokio

01/11/2018

| PART | LIST | |
|---|----------------------|---|
| 1 PANEL SUB-ASSY, FRONT DOOR, RH | \$ <i>R</i> 1,300.70 | ✓ |
| 1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH | \$ <i>cm</i> 193.50 | ✓ |
| 1 HANDLE ASSY, FRONT DOOR, OUTSIDE RH | \$ <i>cm</i> 390.60 | ✓ |
| 1 HINGE ASSY, FRONT DOOR, LOWER RH | \$ <i>n</i> 110.60 | X |
| 1 HINGE ASSY, FRONT DOOR, UPPER RH | \$ <i>n</i> 97.50 | ✓ |
| 1 TAPE, BLACK OUT, NO.1 FRT RH | \$ <i>n</i> 13.30 | ✓ |
| 1 TAPE, BLACK OUT, NO.2 FRT RH | \$ <i>n</i> 43.50 | ✓ |
| 1 TAPE, BLACK OUT, NO.3 FRT RH | \$ <i>n</i> 26.30 | ✓ |
| 1 MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH | \$ <i>sm</i> 926.00 | X |
| 1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH | \$ <i>sm</i> 238.30 | X |
| 1 WEATHERSTRIP, FRONT DOOR, RH | \$ <i>sm</i> 231.30 | ✓ |
| 1 PANEL SUB-ASSY, REAR DOOR, RH | \$ <i>R</i> 1,294.90 | ✓ |
| 1 HANDLE ASSY, REAR DOOR OUTSIDE, RH | \$ <i>sm</i> 97.40 | X |
| 1 FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH | \$ <i>sm</i> 193.50 | X |
| 1 HINGE ASSY, REAR DOOR, LOWER RH | \$ <i>n</i> 87.10 | X |
| 1 HINGE ASSY, REAR DOOR, UPPER LH | \$ <i>n</i> 98.90 | ✓ |
| 1 TAPE, BLACK OUT, NO.1 REAR RH | \$ <i>n</i> 21.90 | ✓ |
| 1 TAPE, BLACK OUT, NO.2 REAR RH | \$ <i>n</i> 34.90 | ✓ |
| 1 TAPE, BLACK OUT, NO.3 REAR RH | \$ <i>n</i> 15.40 | ✓ |
| 1 MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH | \$ <i>sm</i> 926.00 | X |
| 1 REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH | \$ <i>sm</i> 206.70 | X |
| 1 WEATHERSTRIP, REAR DOOR, RH | \$ <i>sm</i> 180.10 | ✓ |
| TOTAL | \$ 6,728.40 | |
| 25% | \$ 1,682.10 | |
| | \$ 5,046.30 | |

Special Nett

| | | |
|-----------------------------------|--------------------|---|
| 1 CLIP(FOR FRONT DOOR TRIM BOARD) | \$ <i>na</i> 65.00 | X |
|-----------------------------------|--------------------|---|

Trans-cab Auto Services Pte Ltd

AAD2110-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD9054U

| | | | |
|----------------------------------|-----------|-----------------|------|
| 1 CLIP(FOR REAR DOOR TRIM BOARD) | \$ | na 65.00 | X |
| 1 REAR DOOR STICKER "6555-3333" | \$ | na 100.00 | 6555 |
| 1 FRT DOOR STICKER 'TRANSCAB' | \$ | na 100.00 | 6555 |
| TOTAL | \$ | 330.00 | |
| TOTAL PARTS | \$ | 5,376.30 | |

LABOUR

| | | | |
|---|-----------|------------------|------|
| To Rust-Proofing and apply undercoat Of The Affected Areas. | \$ | 250.00 | 601 |
| Putty And Spray Painting Of The Affected Portion. | \$ | 1,800.00 | 4401 |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | \$ | na 380.00 | X |
| To Check Electrical Lighting Concerned. | \$ | 170.00 | 201 |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | 1,800.00 | 4001 |
| 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 | |
| Over All Total | \$ | 10,166.30 | |

(PART-BY-PART) Repair Days**20 Days****3 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 willful 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 judgement 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 25/10/2021 17:09 (SGT)
Date of Accident 25/10/2021 14:30 (SGT)
Exact Location of Accident Near Blk #01-916 S560631 631 Ang Mo Kio Avenue 4 Block 631
HDB, Ang Mo Kio Ave 4, Singapore 560631
Additional Location Information 631 ANG MO KIO ST 61 CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9054U

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 TAY BOON HUI

| | |
|--|-----------------------------|
| NRIC No | SXXXX539H |
| Date Of Birth | 26/08/1962 |
| Occupation | Outdoor |
| Date Of Driving Pass | 01/10/1983 |
| Driving experience | 38 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-96651638 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | 535 BUKIT PANJANG RING ROAD |
| Address complement | #10-825 |
| Postcode | 670535 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|---|
| Type of Accident | Hit and run / Vandalism / Damaged whilst parked |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS PARKED AT 631 ANG MO KIO ST 61 CAR PARK . WHEN I CAME BACK TO MY VEHICLE , I SAW A NOTICE ON MY WINDSCREEN SAID THAT VEHICLE B WAS COLLIDED ONTO LEFT SIDE OF MY VEHICLE .

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | YP2331B |
| Vehicle Manufacturer | Mitsubishi |
| Vehicle Model | Canter |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | (Phone) +65-94222821 |



631 PAGE NO. NO

RT 61 CAR DRK

A. S. O. 2004

B. YP 28319



[Handwritten signature]

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/IN No.:

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS PARKED AT 631 ANG MO KIO ST 61 CAR PARK .
WHEN I CAME BACK TO MY VEHICLE , I SAW A NOTICE ON MY
WINDSCREEN SAID THAT VEHICLE B WAS COLLIDED ONTO LEFT SIDE
OF MY VEHICLE .

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:

25/10/2021

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

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