

ASSIGNMENT

From:

Date:

Estimated Cost:

CO/TP/WS/TP RES/CO RES/EVA/INV/INV

To inspect Vehicle No:

at Workshop no:

of

Insured:

Policy No:

Claims No: DM21HO01606-JT

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / FR Seen:

Consistent?: Yes or No

Est. Repairs:

2 1/2 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

Date / Time

Action / Instruction

05/11/21 @ 5.33pm revised to Joel Goh by email.

09/11/21 @ 3.07pm confirmed with Wai Yin final fig \$2072.43, 2.5 days. (Red \$7458.07, 78%)

Data/Time, File Pass to?

☐

: Prell. Report

09/11 Typist

☐

: Final Report

Data/Time, File Return to?

2

Days Of Repair: 2.5

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / L.B.I: (\$ 2072.43

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHDS226S

*Not Notified
Referring B4 paint*

AAD2110-

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHDS226S

JTDKB3FU103078395

TOYOTA

PRIUS

27/10/2021

EQ

12/12/2018

01 NOV 2021

PART	LIST		
1 HOOD SUB-ASSY	\$	983.10	✓
1 HINGE ASSY, HOOD, LH	\$	58.90	X
1 HINGE ASSY, HOOD, RH	\$	58.90	X
1 LOCK ASSY, HOOD	\$	135.00	✓
1 COVER, FRONT BUMPER	\$	516.00	✓
1 ABSORBER, FRONT BUMPER ENERGY	\$	79.60	?
1 UNIT ASSY, HEADLAMP, LH	\$	2,637.60	X
1 UNIT ASSY, HEADLAMP, RH	\$	2,637.60	X
1 GRILLE SUB-ASSY, RADIATOR	\$	346.00	?
1 EMBLEM ASSY, RADIATOR GRILLE	\$	90.80	✓
1 GRILLE, RADIATOR, LOWER NO.1	\$	170.10	X

TOTAL	\$	7,713.60
25%	\$	2,828.00
	\$	8,484.00

Special Nett

1SET FRONT BUMPER CLIP

1 FRT NUMBER PLATE WITH MOULDING

1 FRT BUMPER SIDE RETAINER CLIP

\$	90.00	505.00
\$	200.00	455.00
\$	75.00	X
TOTAL	\$	365.00

TOTAL PARTS \$ 9,530.50

LABOUR

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:

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

SHD5226S

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	300l
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn 380.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	30l
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	440l
To Check Electrical Lighting Concerned.	\$	170.00	15l
TOTAL	\$	5,610.00	

Over All Total \$ 14,459.00**(PART-BY-PART) Repair Days**~~20~~ days

2 1/2 days

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 27/10/2021 13:36 (SGT)
Date of Accident 27/10/2021 09:30 (SGT)
Exact Location of Accident Near 526 Ang Mo Kio Ave 10, Singapore 560526
Additional Location Information 526 ANG MO KIO ST 52 CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5226S

INSURED/POLICYHOLDER Yes

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 5 DR HATCHBACK (AUTO)
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 BAN CHYE THIAM
NRIC No SXXXX163I

Date Of Birth	17/11/1961
Occupation	Outdoor
Date Of Driving Pass	16/02/1983
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96537238
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	319 JURONG EAST ST 31
Address complement	#13-50
Postcode	600319
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	Collision - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	P1
Gender	Female

PASSENGER 2

Name	P2
Gender	Female

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

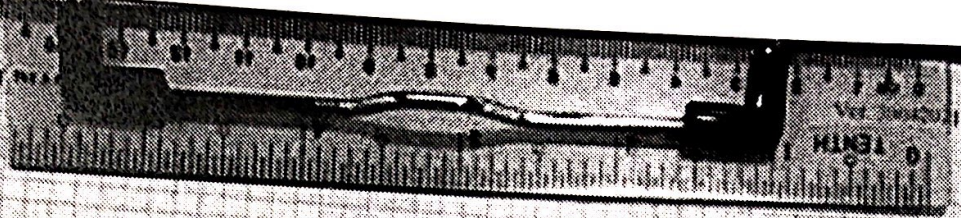
I STOPPED MY VEHICLE NEAR 526 ANG MO KIO ST 52 FOR DROPPING OFF MY PASSENGER . SUDDENLY I SAW VEHICLE B TURNED ON HIS DOUBLE SIGNAL AND REVERSING HIS VEHICLE WITHOUT CHECKING , I APPLIED MY HORN BUT VEHICLE B STILL COLLIDED ONTO FRONT OF MY VEHICLE .

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

ACCIDENT REPORT



A: 24033063

B: 08456763

100 100 100 100
100 100 100 100



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.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPED MY VEHICLE NEAR 526 ANG MO KIO ST 52 FOR DROPPING OFF MY PASSENGER . SUDDENLY I SAW VEHICLE B TURNED ON HIS DOUBLE SIGNAL AND REVERSING HIS VEHICLE WITHOUT CHECKING . I APPLIED MY HORN BUT VEHICLE B STILL COLLIDED ONTO FRONT OF MY VEHICLE .

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Name & Title:

Driver's Signature
(If driver is not the policyholder)

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

Reporting Centre Personnel's Signature
Name:
Title/Position: