

Kenneth

ASSIGNMENT

Front: _____

Date: _____

Estimated Cost: _____

OO / TP / WS / TP RES / OO RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

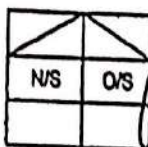
Excess: _____

(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 Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

06 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S110 90704Yr Regn: 11/18

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

Truck / Trailer or

Make: Toy Priusc.c. 1798Colour M.P. White / W

AC: Insured / Std / NI / NA

Sp. Reading _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKB3FU903076118Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Pailun

Front

Rear

R/Bal. 9 mmR/Bal. 5 mmL/Bal. 9 mmL/Bal. 5 mmD.O.A. 1/12/21D.O.I. 9/12/2021

Survey held at _____

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

O/S Rear body

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

Date / Time

Action / Instruction

1 Got B2, better fix

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS, SI

Fares

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

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

SHD9070Y*Not Authorised* AAD2111-
11/12/21

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

09 DEC 2021**SHD9070Y**

JTDKB3FU903076118

TOYOTA

PRIUS

01/12/2021

Tokio

01/11/2018

PART**LIST**

1	PANEL SUB-ASSY, FRONT DOOR, RH	\$	1,300.70	X
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$	193.50	X
1	HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$	390.60	
1	HINGE ASSY, FRONT DOOR, LOWER RH	\$	110.60	
1	HINGE ASSY, FRONT DOOR, UPPER RH	\$	97.50	
1	TAPE, BLACK OUT, NO.1 FRT RH	\$	13.30	
1	TAPE, BLACK OUT, NO.2 FRT RH	\$	43.50	
1	TAPE, BLACK OUT, NO.3 FRT RH	\$	26.30	
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH	\$	926.00	X
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$	238.30	
1	WEATHERSTRIP, FRONT DOOR, RH	\$	231.30	
1	PANEL SUB-ASSY, REAR DOOR, RH	\$	1,294.90	✓
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH	\$	97.40	X
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH	\$	193.50	X
1	HINGE ASSY, REAR DOOR, LOWER RH	\$	87.10	X
1	HINGE ASSY, REAR DOOR, UPPER LH	\$	98.90	X
1	TAPE, BLACK OUT, NO.1 REAR RH	\$	21.90	—
1	TAPE, BLACK OUT, NO.2 REAR RH	\$	34.90	—
1	TAPE, BLACK OUT, NO.3 REAR RH	\$	15.40	—
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH	\$	926.00	—
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	\$	206.70	—
1	WEATHERSTRIP, REAR DOOR, RH	\$	180.10	?
1	PANEL SUB-ASSY, QUARTER, RH	\$	871.50	—
1	LINER, REAR WHEEL HOUSE, RH	\$	139.80	X
1	MOULDING ASSY, BODY ROCKER PANEL, RH	\$	594.80	—
1	REINFORCEMENT SUB-ASSY, ROCKER PANEL, RH	\$	343.40	X
TOTAL		\$	6,728.40	
25%		\$	1,682.10	

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SHD9070Y

\$	5,046.30
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Special Nett

1 CLIP(FOR FRONT DOOR TRIM BOARD)	\$	nn 65.00	X
1 CLIP(FOR REAR DOOR TRIM BOARD)	\$	65.00	7
1 REAR DOOR STICKER "6555-3333"	\$	nn 100.00	GOSN
1 FRT DOOR STICKER 'TRANSCAB'	\$	nn 100.00	GOSN
1 FENDER LINER CLIP	\$	nn 65.00	X
1 ROCKER PANEL CLIP	\$	nn 65.00	—
TOTAL	\$	330.00	

TOTAL PARTS	\$	5,376.30
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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	8801
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	1001
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	9001
To check steering geometry and computer wheel alignment	\$	220.00	601
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	nn 170.00	X
TOTAL	\$	4,790.00	

Over All Total	\$	10,166.30
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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

(PART-BY-PART) Repair Days

20 Days

6 days

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	02/12/2021 15:17 (SGT)
Date of Accident	01/12/2021 21:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SIMS AVE JUNCTION OF GEYLANG LORONG 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9070Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	XXXXXX878K
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	TOH KIM YAW
NRIC No	SXXXX284C

Date Of Birth	02/06/1964
Occupation	Outdoor
Date Of Driving Pass	30/07/1982
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97548252
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Compassvale Place, 206A Compassvale Lane #15-73
Address complement	-
Postcode	541206
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	S.MOHAMMED ASAN
Gender	Male

PASSENGER 2

Name	ASHOK
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20211202/7006

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP1948H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver HIT & RUN
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

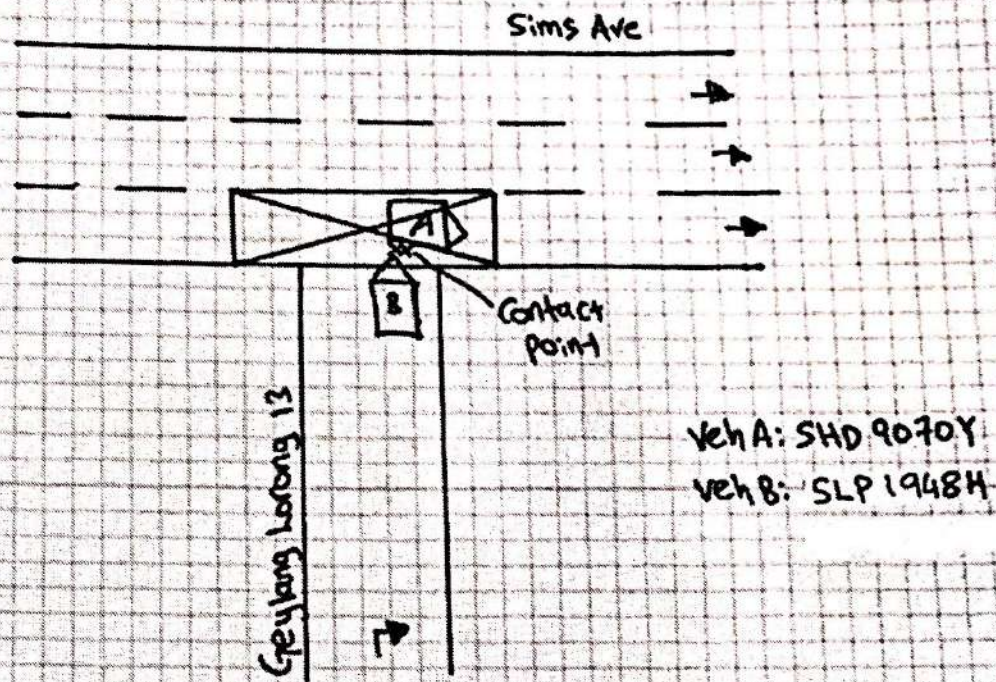
Name of injured person TOH KIM YAW
Gender Male
Phone No (Phone) +65-97548252
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD9070Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person S.MOHAMMED ASAN
Gender Male
Phone No (Phone) +65-87620123
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD9070Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person ASHOK
Gender Male
Phone No (Phone) +65-98661108
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD9070Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No



Policyholder's Signature
Date & Time:

709
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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

[REDACTED]