ASS. REC. BY: Kenneth | REF: TM/ CC3/TMI21012518/Kvc

ASSIGNMENT

From: | Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Trans Cab

of

Insured: SLP 1948H

Policy No. MM000071

Claims No. M2105751

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SHD 9070Y Yr Regn: 11/18

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

Make: Toy Prius c.c 1798

Colour M.P. White/Blu A/C: Insured / Std / NI / NA

Sp.Reading — T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU903076118

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 A/Rim or

Tyre Size: F: 195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Sailun

Front		Rear	
R/Bal.	9 mm	R/Bal.	5 mm
L/Bal.	9 mm	L/Bal.	5 mm
D.O.A.	1/12/21	D.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	Cot BZ, Bertam Flat
17/12/21	Kenneth confirmed LS $4300 (red 6047.73, 58%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 17/12/21-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

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

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 4300)

Survey Fee:

Transportation: ___S - RS, ___SI

Parking

Others

TOTAL

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-
1/Sup 8

Vehicle No.:		**SHD9070Y**
Chassis No.:		JTDKB3FU903076118
Vehicle Make:	09 DEC 2021	TOYOTA
Vehicle Model:		PRIUS
Date of Accident :		01/12/2021
Third Party Insurer :		Tokio
Date of Registration:		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	
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	X
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	
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**	

Trans-cab Auto Services Pte Ltd **AAD2111-**

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHD9070Y

		$	**5,046.30**

Special Nett

1	CLIP(FOR FRONT DOOR TRIM BOARD)	$	NA 65.00 X
1	CLIP(FOR REAR DOOR TRIM BOARD)	$	65.00 1
1	REAR DOOR STICKER "6555-3333"	$	NA 100.00 60SN
1	FRT DOOR STICKER 'TRANSCAB'	$	NA 100.00 60SN
1	FENDER LINER CLIP	$	NA 65.00 X
1	ROCKER PANEL CLIP	$	NA 65.00 —
	TOTAL	**$**	**330.00**
	TOTAL PARTS	**$**	**5,376.30**

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	$	250.00	6 01
Putty And Spray Painting Of The Affected Portion.	$	1,800.00	8 8 01
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00	10 01
To Check Electrical Lighting Concerned.	$	170.00	2 01
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,800.00	9 00 1
To check steering geometry and computer wheel alignment	$	220.00	6 01
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 6 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 witholding 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

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

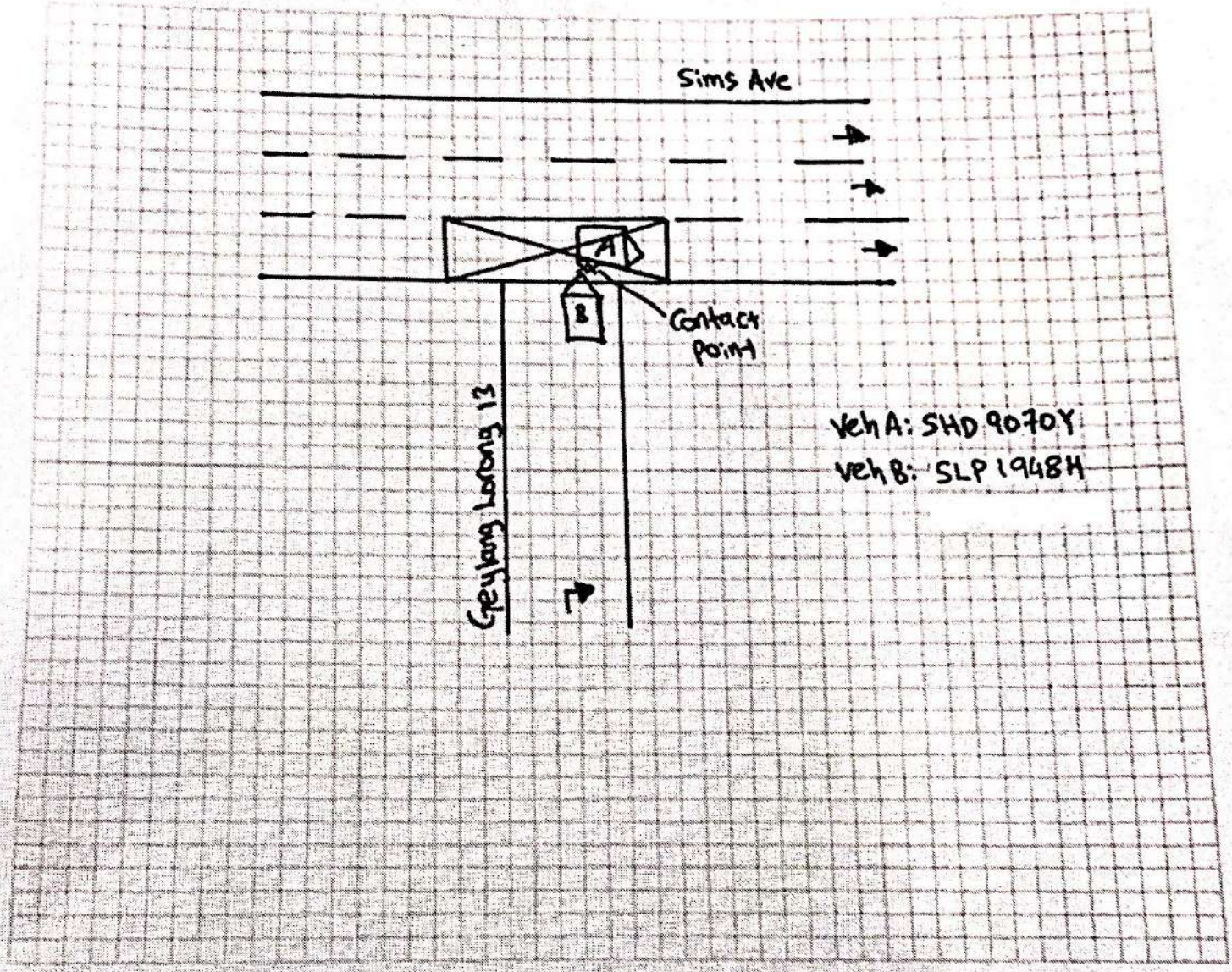
Name of injured person	S.MOHAMMED ASAN
Gender	Male
Phone No	(Phone) +65-87620123
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9070Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

ACCIDENT DIAGRAM

Ver. 30042021



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

Policyholder's Signature	**Driver's Signature**	**Reporting Centre Personnel's Signature**
Date & Time:	**(If driver is not the policyholder)**	**Name:**
	Date & Time:	**NRIC/FIN No.:**