ASS. REC. BY: Kenneth

REF: TM1

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: _____

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.

N/S	O/S

Bal. or Market Value: $69,717/=

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 181 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJB 9901K Yr Regn: 10, 20

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

Make: Toy Prius (AT) c.c 1798

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

Sp.Reading 150956 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU203092287

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / 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.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 25/12/21 D.O.I. 28/12/2021

Survey held at _____

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

Frt N/S

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Parking

Others

TOTAL

Report Format :

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

Not Authorised
Reserve B4 paint

Trans-cab Auto Services Pte Ltd **AAD2112-138**

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHB9901K

28 DEC 2021

Vehicle No.:	**SHB9901K**
Chassis No.:	JTDKB3FU203092287
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS **GEN 4**
Date of Accident :	25/12/2021
Third Party Insurer :	**TOKIO**
Date of Registration :	16/10/2020

	PART		LIST
1	COVER, FRONT BUMPER	$	521.00
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	$	716.60 X
1	ABSORBER, FRONT BUMPER ENERGY	$	80.20 X
1	BRACKET, FRONT BUMPER SIDE, LH	$	59.30
1	UNIT ASSY, HEADLAMP, LH	$	2,637.60
1	LAMP ASSY, FOG, LH		237.1 X
1	GRILLE SUB-ASSY, RADIATOR	$	422.50
1	GRILLE, RADIATOR, LOWER NO.1	$	178.60
1	EMBLEM ASSY, RADIATOR GRILLE	$	105.80
1	MOULDING, FRONT BUMPER SIDE, LH		95.6
	TOTAL	**$**	**5,054.30**
	25%	**$**	**1,263.58**
		$	**3,790.73**

Special Nett

1	FRT BUMPER CLIP	$	60.00 50sa
1	FRT BUMPER RETAINER CLIP	$	65.00 X
1	FR NUMBER PLATE WITH MOULDING	$	200.00 4 sa
	TOTAL	**$**	**325.00**
	TOTAL PARTS	**$**	**4,115.73**

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	$	240.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00 X

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SHB9901K

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,600.00	2 00/
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	$	380.00	NA X
Putty And Spray Painting Of The Affected Portion.	$	1,600.00	4 40/
To reinstall rear bumper parking sensor.	$	170.00	NA X
To transfer of tire, rim and on wheel balancing.	$	170.00	NA X
To Check Electrical Lighting Concerned.	$	170.00	20/
To check steering geometry and computer wheel alignment	$	220.00	NA X
To remove and refit of rear fender fittings, attachment and	$	170.00	NA X
TOTAL	**$**	**5,100.00**	
Over All Total	**$**	**9,215.73**	

(PART-BY-PART) Repair Days ~~20 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:

SA0A21CQ0004 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 27/12/2021 13:12 (SGT)
SUBMITTED BY: Jun Keat
VERSION: 1 (27/12/2021 13:12 (SGT))

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	27/12/2021 13:12 (SGT)
Date of Accident	25/12/2021 17:00 (SGT)
Exact Location of Accident	Near 631 Woodlands Ring Rd, Block 631, Singapore 730631
Additional Location Information	JUNCTION OF WOODLANDS DR 65 AND WOODLANDS RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9901K

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
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	KEE AH CHUAN

NRIC No	SXXXX646A
Date Of Birth	04/11/1962
Occupation	Outdoor
Date Of Driving Pass	21/12/1982
Driving experience	39 YEARS
Gender	Male
Mobile Number	(Phone) +65-83168365
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	632 WOODLANDS RING ROAD
Address complement	#07-173
Postcode	730632
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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)	1
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

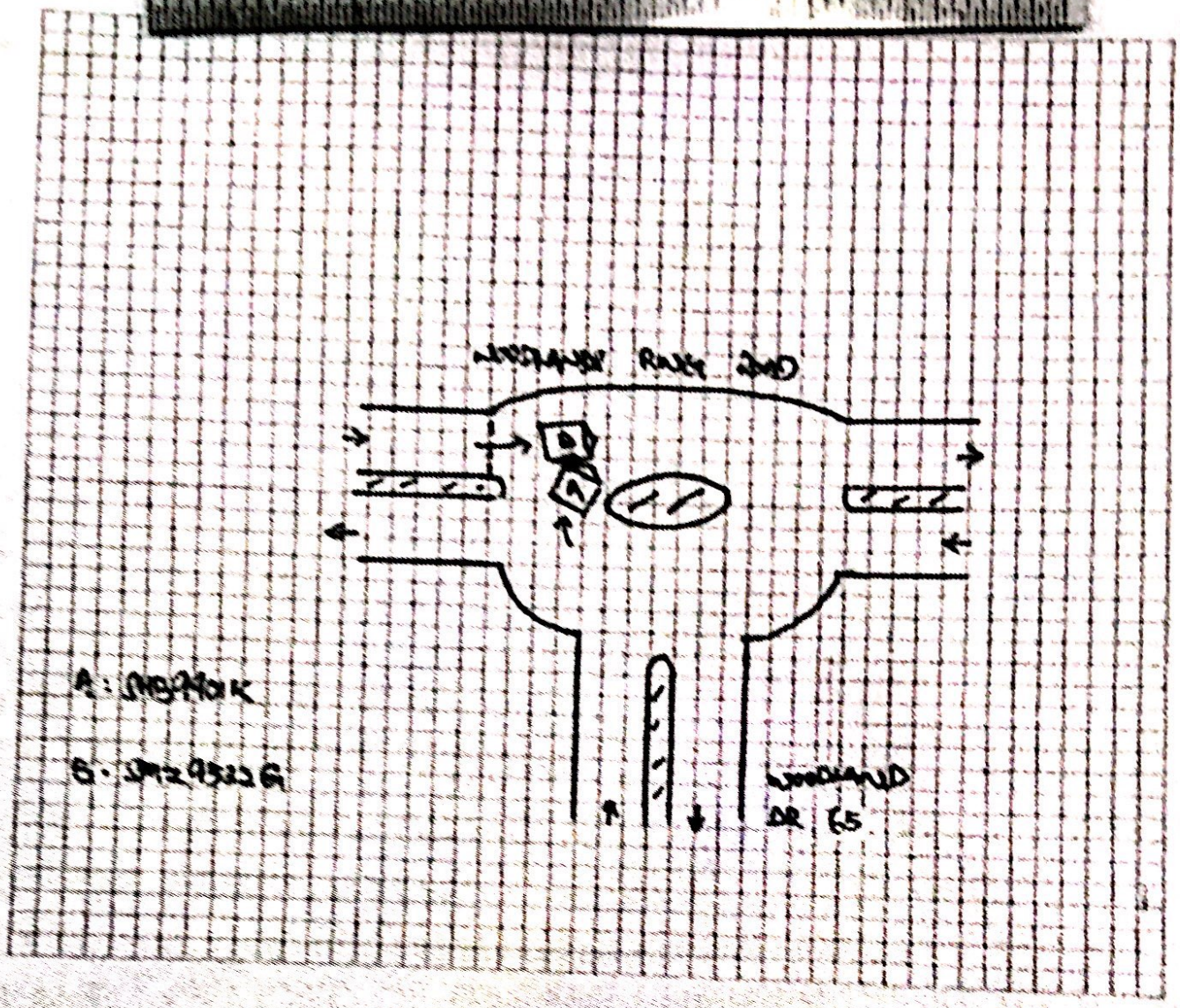
ON 25/12/2021 AT ABOUT 1700HOURS , I WAS TRAVELLING ALONG WOODLANDS DR 65 TOWARDS WOODLANDS RING ROAD . WHEN I TURNING AT THE ROUNDABOUT TOWARDS WOODLANDS RING ROAD , SUDDENLY VEHICLE B TURNING OUT FROM HIS LANE WITHOUT CHECKING AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE .

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	VIDEO FOOTAGE WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ9532G
Vehicle Manufacturer	Toyota
Vehicle Model	YARIS CROSS HYBRID ACTIVE (AT) (2WD)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



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

Policyholder's Signature
Date & Time:

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

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