

ASS. REC. BY:

REF:

TMI/

Kenneth

CC3/TMI22000416/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.

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 Got BI

confirmed \$6,927.45

RED: 11031.48 ; 61%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 1

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

Veh No:

SHO P853E

Yr Regn:

12.20

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

Truck / Trailer or

Make:

Toy Pro

C.C.

1798

Colour

m.p. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

83939

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU703093242

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: F4189 195/65R15

R: Dun

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

TOYO / YOKO or

Front

Rear

R/Bal.

9 mm

R/Bal.

3 mm

L/Bal.

9 mm

L/Bal.

3 mm

D.O.A.

31/12/21

D.O.I.

11/1/2022

Survey held at

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

O/S Frt & U/C

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

Not Authash
Primary B4 paint

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

SHD9853E

AAD2201-

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

11 JAN 2022

SHD9853E

JTDKB3FU703093242

TOYOTA

PRIUS GEN 4

31/12/2021

Tokio

23/12/2020

PART

- 1 COVER, FRONT BUMPER
- 1 BRACKET, FRONT BUMPER EXTENSION MOUNTING
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 SUPPORT, FRONT BUMPER SIDE, RH
- 1 EXTENSION, FRONT BUMPER, RH
- 1 COVER, FRONT BUMPER HOLE, RH
- 1 MOULDING, FRONT BUMPER SIDE, RH
- 1 GRILLE SUB-ASSY, RADIATOR
- 1 GRILLE, RADIATOR, LOWER NO.1
- 1 EMBLEM ASSY, RADIATOR GRILLE
- 1 JAR ASSY, WINDSHIELD WASHER
- 1 UNIT ASSY, HEADLAMP, RH
- 1 FENDER SUB-ASSY, FRONT RH
- 1 LINER, FRONT FENDER, RH
- 1 EMBLEM, SIDE PANEL, RH
- 1 JAR ASSY, WINDSHIELD WASHER
- 1 HOOD SUB-ASSY
- 1 HINGE ASSY, HOOD, LH
- 1 HINGE ASSY, HOOD, RH
- 1 COVER SUB-ASSY, FRONT PILLAR, UPR RH
- 1 MIRROR ASSY, OUTER REAR VIEW, RH
- 1 RIM

LIST

\$	Bz	521.00	✓
\$	R	110.50	X
\$	R	716.60	X
\$	Pu	80.20	X
\$	nit	80.10	✓
\$	Lu	120.10	X
\$	R	30.20	X
\$	CM	95.60	✓
\$	Pu	422.50	X
\$	Lu	178.60	X
\$	R	105.80	✓
\$	Repair	219.10	X
\$	mgcm	2,637.60	✓
\$	Pu	977.80	✓
\$	nit/cm	202.50	✓
\$	Ru	54.60	✓
\$	net	219.10	✓
\$	R	983.10	X
\$	R	58.90	X
\$	R	58.90	X
\$	nit	100.40	✓
\$	Pu	1,436.60	X
\$	net	1,900.10	✓

TOTAL \$ 11,309.90

25% \$ 2,827.48

\$ 8,482.43

Special Nett

Trans-cab Auto Services Pte Ltd**AAD2201-**

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SHD9853E

1 TYRE	\$	<i>pu</i> 250 350.00 <i>80/80</i>
1 HUB CAP	\$	<i>nu</i> 211.50 <i>✓</i>
1SET BUMPER CLIP FRT	\$	<i>na</i> 95.00 <i>50/50</i>
1SET FRNT BUMPER RETAINER CLIP	\$	<i>na</i> 85.00 <i>X</i>
1 FENDER LINER CLIP	\$	<i>na</i> 65.00 <i>✓</i>
1 FENDER CLIP	\$	<i>na</i> 70.00 <i>X</i>
TOTAL	\$	806.50
TOTAL PARTS	\$	9,288.93

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</i> 380.00 <i>X</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00 <i>500/</i>
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>na</i> 380.00 <i>X</i>
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	<i>na</i> 480.00 <i>X</i>
To transfer of Fender fittings, attachments and perform water seepage test.	\$	<i>na</i> 480.00 <i>X</i>
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	<i>na</i> 380.00 <i>X</i>
To check steering geometry and computer wheel alignment	\$	220.00 <i>60/</i>
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00 <i>30/</i>
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00 <i>550/</i>

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

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CO./GST Reg. No. 201019626G

SHD9853E**AAD2201-**

To reinstall rear bumper parking sensor.

\$ 170.00 X

To Check Electrical Lighting Concerned.

\$ 170.00 201

To transfer of luggage floor panel fittings, attachment and perform water seepage test.

\$ 380.00 X

To transfer of tire, rim and on wheel balancing.

\$ 220.00 201

To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.

\$ 380.00 X

To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.

\$ 380.00 X

TOTAL \$ 8,670.00**Over All Total \$ 17,958.93****(PART-BY-PART) Repair Days****25 DAYS**

4 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 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	01/01/2022 14:52 (SGT)
Date of Accident	31/12/2021 14:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9853E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5DR 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	NEO LEONG HIAP
NRIC No	SXXXX337F

Date Of Birth	05/12/1960
Occupation	Outdoor
Date Of Driving Pass	24/05/1978
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97317208
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Choa Chu Kang, 228 Choa Chu Kang Central
Address complement	# 06-109
Postcode	680228
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger 1
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer as In police report.

ATTACHMENT(S)

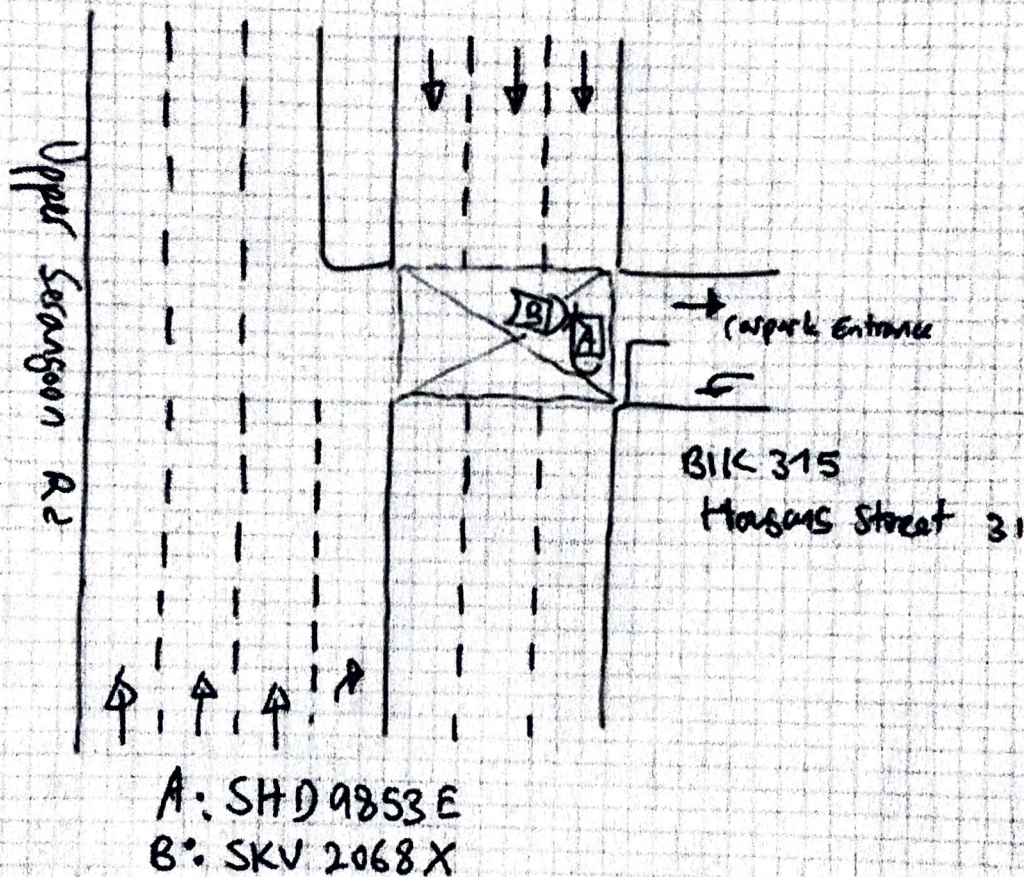
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV2068X
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ACCIDENT DIAGRAM

Ver. 30042021



Neo

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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.:



**SINGAPORE
POLICE FORCE**



T/20220101/2029

1 of 3

Police Station Of Origin:
Choe Chu Kang N.P.C
20 Choe Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20220101/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2022 09:44		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: NEO LEONG HIAP			Address: APT BLK 228 CHOA CHU KANG CENTRAL #06-109 SINGAPORE 680228		
ID Type / ID No.: NRIC NO / S1454337F			Contact No.: Home/Office: Mobile: 97317208		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 05/12/1960	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 14:55	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9853E	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	1
SKV2068X	Car	MERCEDES BENZ	S350L	Beige	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220101/2029

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20220101/2029

CONTINUATION OF REPORT

Driver				
Name	NEO LEONG HIAP		ID No.	S1454337F
Related Vehicle	SHD9853E (Car)		Contact No.	97317208
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	31/12/2021		Date Discharge	NIL
No. of Days granted Medical Leave	04		Degree of Injury	Slight

Brief Details.

On 31/12/2021 at 2:55pm, I was driving my vehicle bearing registration number SHD9853E along Upper Serangoon towards City. Out of sudden, there was one vehicle bearing registration number SKV2068X collided onto my back right panel (wheel area). I did not see where did the car come from. Subsequently, the ambulance arrived at the location and I was conveyed to Sengkang General Hospital due to giddiness and soreness at my neck.