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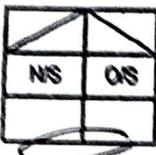
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ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TO INSPECT VEHICLE NO: _____
 at Workshop No: Trans Tech
 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.



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lump Sum: 1.81 % J Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S140 9793C Vt Regn: 12, 20
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota SR: 1799
 Colour: A.C. White A/C: Insured / Std / NI / NA
 St. Reading: 136922 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C.No: JTOKB3FU503093004
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: NI / S/Rim / STD / Rim or _____

Tyre Size: F: 195/65R15
 M: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front	Rear
R/Bal: <u>9</u> mm	R/Bal: <u>8</u> mm
L/Bal: <u>9</u> mm	L/Bal: <u>8</u> mm
D.O.A. <u>25/3/22</u>	D.O.I. <u>29/3/2022</u>

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>May have BT</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
\$ - RS. SI	_____
Fuel	_____
Other	_____
TOTAL	_____

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

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

SHD9773C

AAD2203-104

*Not Authorized
Assembly B4 paint*

Vehicle No.:
Chassis No.:
Company UEN No.
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration:

29 MAR 2022

SHD9773C

JTDKB3FU503093224

200303878K

TOYOTA

PRIUS GEN 4

25/3/2022

SFY3288P / CHINA TAIPING

23/12/2020

PART

LIST

PART	LIST
1 COVER, REAR BUMPER	\$ Bu 485.60 ✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$ Bg 332.70 ✓
1 COVER, REAR BUMPER, LOWER	\$ B17 22.00 ✓
1 GUARD, REAR BUMPER, CENTER	\$ Bg 374.50 ✓
1 RETAINER, REAR BUMPER SIDE, LH	\$ Bm 132.60 X
1 RETAINER, REAR BUMPER SIDE, RH	\$ Bm 132.60 X
1 REFLECTOR ASSY, REFLEX, LH	\$ Sm 39.00 X
1 REFLECTOR ASSY, REFLEX, RH	\$ Sm 39.00 X
1 LENS & BODY, REAR COMBINATION LAMP, LH (Upper)	\$ Bm 339.60 X
1 LENS & BODY, REAR COMBINATION LAMP, RH (Upper)	\$ Sm 339.60 X
1 LENS & BODY, REAR COMBINATION LAMP, NO.2 LH (Lower)	\$ Sm 261.00 X
1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH (Lower)	\$ Sm 261.00 X
1 LAMP ASSY, REAR, LH (Back Door)	\$ Bm 293.60 X
1 LAMP ASSY, REAR, RH (Back Door)	\$ Sm 293.60 X
1 PANEL SUB-ASSY, BACK DOOR	\$ R 1,147.80 X
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$ Bm 54.60 ✓
1 PLATE, BACK DOOR NAME, NO.1	\$ Bm 54.60 ✓
1 ORNAMENT SUB-ASSY, BACK DOOR	\$ Bm 47.90 ✓
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$ Sm 913.60 X
1 BOARD ASSY, BACK DOOR TRIM	\$ Bm 259.20 X
1 WEATHERSTRIP, BACK DOOR	\$ Sm 372.30 X
1 PAN, REAR FLOOR	\$ R 583.40 X
1 COVER, FLOOR UNDER, NO.1 LH	\$ Bm 175.10 X
1 COVER, FLOOR UNDER, NO.2 RH	\$ Sm 241.90 X
1 COVER, REAR FLOOR CTR	\$ Bm 229.90 ✓
1 COVER, DECK TRIM, REAR	\$ Bm 126.70 X
1 LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH	\$ Bm 467.00 X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$ R 651.00 X
1 PIPE ASSY, EXHAUST, TAIL	\$ R 1,649.00 X

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SHD9773C

TOTAL	\$	10,320.40
25%	\$	2,580.10
	\$	7,740.30

Special Nett

1SET PARKING AID	\$	<i>Ad/13007</i> 700.00	<i>2205N</i>
1SET REAR BUMPER CLIP	\$	<i>Na</i> 95.00	<i>605N</i>
2 WINDSCREEN SEALANT	\$	<i>Na</i> 150.00	} X
1 WINDSCREEN MOULDING	\$	<i>Na</i> 200.00	
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>Na</i> 130.00	
1 REAR BUMPER PROTECTOR	\$	<i>Na</i> 180.00	
1SET REAR BUMPER RETAINER CLIP	\$	<i>Na</i> 85.00	
1 END PANEL TRIM CLIP	\$	<i>Na</i> 65.00	
1SET BUMPER CLIP FRT	\$	<i>Na</i> 95.00	
1 REAR NUMBER PLATE WITH MOULDING	\$	<i>Pa</i> 200.00	

TOTAL	\$	1,900.00
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TOTAL PARTS	\$	9,640.30
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LABOUR

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>Na</i> 300.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>Na</i> 380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,500.00	<i>3001</i>
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>Na</i> 380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	<i>Na</i> 280.00	X

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CO./GST Reg. No. 201019626G

SHD9773C**AAD2203-104**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 250.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	<i>6601</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>501</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>151</i>
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 220.00	X

TOTAL \$ 7,230.00**Over All Total \$ 16,870.30****(PART-BY-PART) Repair Days****10 DAYS***3 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	27/03/2022 19:54 (SGT)
Date of Accident	25/03/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG PAYAR LEBAR EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9773C
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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
Variant	5DR HATCHBACK (AUTO)
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	YEO HWEE BENG
NRIC No	SXXXX243Z

Vehicle Manufacturer	Lexus
Vehicle Model	Gs300
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	TAN KOK WEE
NRIC No	SXXXX109F
Contact Number	-
Address	254 Yishun Ring Road
Address complement	#09-1085
Postcode	760254
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP650Y
Vehicle Manufacturer	Subaru
Vehicle Model	Forester
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	MALATHY D/O KRISHNAN
NRIC No	SXXXX302G
Contact Number	-
Address	104 Gerald Drive
Address complement	#04-60
Postcode	798594
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Date Of Birth 01/05/1971
 Occupation Outdoor
 Date Of Driving Pass 09/10/1991
 Driving experience 30 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-82344579
 Alt. Phone Number -
 Email Address Yeohweebeng@gmail.com
 Address 16 Marsiling Lane
 Address complement #12-187
 Postcode 730016
 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 Chain Collision
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name RAVI KUMAR
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Ang Mo Kio North Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004849999
 Alt. Police Station Phone No (Fax) +65-62181399
 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

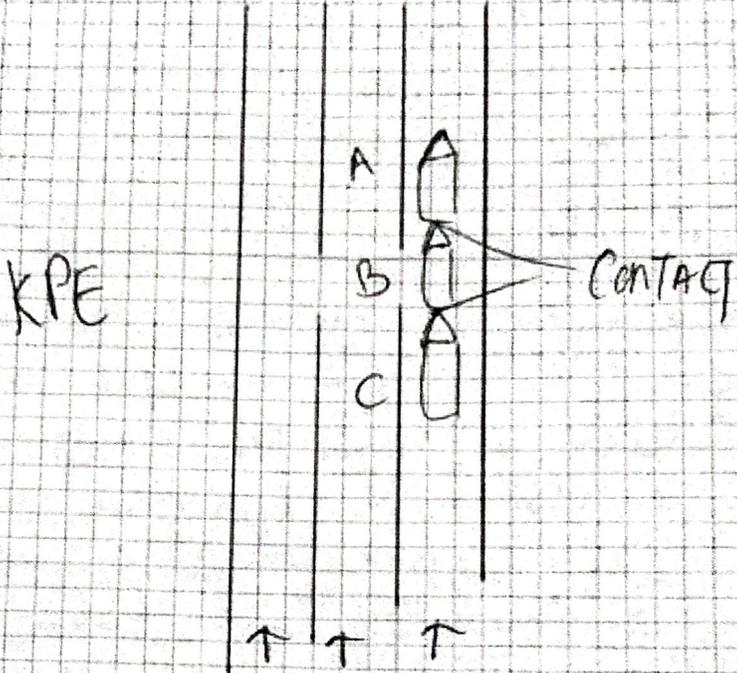
ATTACHMENT(S)

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 AT TRANSCAB
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFY3288P

A-SHO9773C



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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



**SINGAPORE
POLICE FORCE**



T/20220325/2108

2 of 4

Report No. T/20220325/2108

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver:			
Name	TAN KOK WEE	ID No.	S7533109F
Related Vehicle	SFY3288P (Car)	Contact No.	90472298
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	YEO HWEE BENG	ID No.	S7115243Z
Related Vehicle	SHD9773C (Taxi)	Contact No.	82344579
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver:			
Name	MALATHY	ID No.	S8012302G
Related Vehicle	SLP650Y (Car)	Contact No.	92476416
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 25/03/2022 at about 1830hrs, I was driving Transcab of plate number SHD9773C with 1 male Indian passenger (Ravi Kumar, HP: 91084001) on board. I was driving along KPE before Paya Lebar exit, at the extreme right lane. As the vehicle in front of me stopped, I slowed down and stopped. Suddenly, a vehicle of plate number SFY3288P e-braked but hit onto the rear of my taxi. I checked with my passenger, he informed that he was giddy but does not required any medical attention. I got down and discovered the rear of my vehicle suffered dented and scratches on the rear portion and partial rear bumper was dislocated. I checked with the driver SFY3288P and was told that he did an e-brake but the vehicle SLP650Y which was behind him, crashed onto his vehicle, resulting his vehicle moved forward and hit onto my taxi. The drivers of SFY3288P and SLP650Y and myself agreed to settle through insurance claiming.



**SINGAPORE
POLICE FORCE**



T/20220325/2108

3 of 4

Report No. T/20220325/2108

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

I wish to state that I stopped my taxi was because the traffic was heavy and the vehicle in front of me stopped. I suffered pain on my rear back and I will proceed to see a doctor.

I am lodging this report for my insurance.