ASS. REC. BY: Kenneth | REF: TMI/ CC3/TMI22004341/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 5628E

Policy No. MN000206

Claims No. M2202274

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: 02 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJH0 9358T Yr Regn: 06 19

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

Make: Toy Prius (A7) c.c 1798

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

Sp.Reading 232192 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU803082136

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: Fm189 195/65R15

R: Silvn

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	6 mm
L/Bal.	7 mm	L/Bal.	6 mm
D.O.A.	23/4/22	D.O.I.	9/5/2022 ✓

Survey held at _____

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

O/S Rr

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

Date / Time	Action / Instruction
20/5/22	Kenneth informed LS $2750 (Red 9248.28, 77%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 20/5/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I.~~ ($ 2750)

Not Attached
Refinish 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

AAD2204-

SHD9358T

09 MAY 2022

Vehicle No.:	**SHD9358T**
Chassis No.:	JTDKB3FU803082136
Co UEN:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	23/04/2022
Third Party Insurer :	**SLP5628E/TOKIO**
Date of Registration :	25/01/2019

	PART		LIST
1	COVER, FRONT BUMPER	$	516.00
1	ABSORBER, FRONT BUMPER ENERGY	$	79.60
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	$	716.60
1	STAY SUB-ASSY, FRONT BUMPER, RH	$	47.50
1	BRACKET, FRONT BUMPER SIDE, RH	$	59.30
1	LAMP ASSY, FOG, RH	$	951.40
1	UNIT ASSY, HEADLAMP, RH	$	2,637.60
1	JAR ASSY, WINDSHIELD WASHER	$	219.10
1	MIRROR ASSY, OUTER REAR VIEW, RH	$	1,436.60
1	RIM	$	1,900.10
1	MOULDING ASSY, BODY ROCKER PANEL, RH	$	594.80
1	FENDER SUB-ASSY, FRONT RH	$	977.80
1	EMBLEM, SIDE PANEL RH	$	54.60
1	LINER, FRONT FENDER, RH	$	206.70
		TOTAL $	**10,397.70**
		25% $	**2,599.43**
		$	**7,798.28**

Special Nett

1	FRT BUMPER CLIP	$	65.00
1	TYRE	$	350.00
1	FENDER CLIP	$	65.00
1	FENDER LINER CLIP	$	65.00
1	FRT LH BUMPER RETAINER CLIP	$	65.00
	TOTAL	$	**610.00**

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
SHD9358T

AAD2204-

TOTAL PARTS	**$**	**8,408.28**

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	~~NA~~ 380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,400.00	300
Putty And Spray Painting Of The Affected Portion.	$	1,400.00	400
To Rust-Proofing and apply undercoat Of The Affected Areas.	$	240.00	30
To Check Electrical Lighting Concerned.	$	170.00	15
TOTAL	**$**	**3,590.00**	
Over All Total	**$**	**11,998.28**	

(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:

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	25/04/2022 14:11 (SGT)
Date of Accident	23/04/2022 21:00 (SGT)
Exact Location of Accident	Near Aft Hougang Ave 7, Singapore
Additional Location Information	TAMPINES ROAD TOWARDS KPE AFTER HOUGANG AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9358T

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	-
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	NA

DRIVER

Name of Driver	TAN YEOW SENG
NRIC No	SXXXX189C

Date Of Birth	09/12/1957
Occupation	Outdoor
Date Of Driving Pass	19/07/1979
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90362496
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	831 TAMPINES ST 83
Address complement	#04-46
Postcode	520831
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	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?	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	MOHAMMAD NAUFAL 81896076
Gender	Male

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 23/4/2022 AT ABOUT 2100HOURS , I WAS TRAVELLING ALONG TAMPINES ROAD TOWARDS KPE . WHEN I DRIVING STRAIGHT ALONG MY LANE , SUDDENLY VEHICLE B FILTERING INTO MY LANE WITHOUT CHECKING AND COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE .

ATTACHMENT(S)

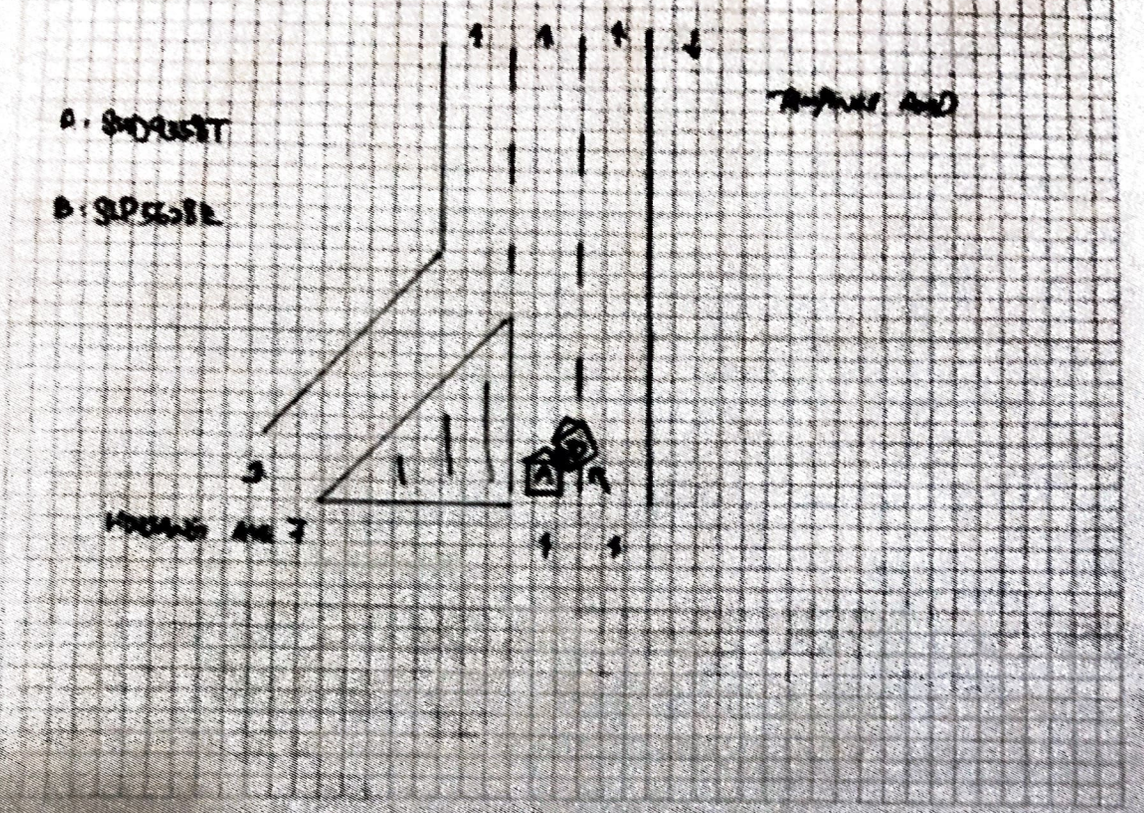
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5628E
Vehicle Manufacturer	Mazda
Vehicle Model	3

TCH PLAN #2

ACCIDENT DIAGRA



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.: