

ASS. REQ. BY:

REF: C12/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Tans 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: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

Lum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S14C 5301M Yr Regn: 07, 20

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

Truck / Trailer or _____

Make: Toy Prova c.c. 1798

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

Sp. Reading 123556 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKB31FU 9030 91198

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modf: Nil / S/Rim / STD AVR / Rim or _____

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Pojlun

Front R/Bal. 8 mm

Rear R/Bal. 7 mm

L/Bal. 8 mm

L/Bal. 7 mm

D.O.A. 19/5/22 D.O.I. 20/5/2022

Survey held at ✓

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

) S + RS. SI

) Fuel

) Others

) _____

) _____

TOTAL _____

Report Format :

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

Actual 0°37' Before 0°26' Specified Range

International 2021 0 1 Hw421

Not Notified
Resuming B & 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

SHC5301M

AAD2205-

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

20 MAY 2022

SHC5301M

JTDKB3FU903091198

200303878K

TOYOTA

PRIUS GEN 4

19/05/2022

SMK9851P/CHINA

14/07/2020

	PART	LIST		
1	COVER, REAR BUMPER	485.60	✓	
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	332.70	X	
1	GUARD, REAR BUMPER, CENTER	374.50	✓	
1	SEAL, REAR BUMPER SIDE, RH	118.30	X	
1	RETAINER, REAR BUMPER SIDE, RH	132.60	✓	
1	COVER, REAR BUMPER, LOWER	22.00	X	
1	COVER, DECK TRIM, REAR	126.70	X	
1	PANEL SUB-ASSY, BODY LOWER BACK	651.00	X	
1	REFLECTOR ASSY, REFLEX, RH	39.00	X	
1	LAMP ASSY, REAR, RH	293.60	✓	
1	LENS & BODY, REAR COMBINATION LAMP, RH (Upper)	339.60	X	
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH (Lower)	261.00	✓	
1	PANEL SUB-ASSY, BACK DOOR	1,147.80	X	
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	54.60	✓	
1	PLATE, BACK DOOR NAME, NO.1	54.60	✓	
1	ORNAMENT SUB-ASSY, BACK DOOR	47.90	✓	
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	913.60	✓	
1	BOARD ASSY, BACK DOOR TRIM	259.20	X	
1	WEATHERSTRIP, BACK DOOR	372.30	X	
1	STAY ASSY, BACK DOOR, LH	242.50	X	
1	STAY ASSY, BACK DOOR, RH	242.50	X	
1	HINGE ASSY, BACK DOOR, LH	61.00	X	
1	HINGE ASSY, BACK DOOR, RH	61.00	X	
TOTAL		\$ 6,633.60		
25%		\$ 1,658.40		
		\$ 4,975.20		

Special Nett

Trans-cab Auto Services Pte Ltd
 No. 2 Ang Mo Kio Street 63 Singapore 569111
 Tel No. : 6287 6666 Fax No. : 6257 1330
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AAD2205-

SHCS301M

1 REAR BUMPER SIDE CLIP	\$	<i>nn</i> 60.00	✓
1 BOOT STICKER TRANSCAB	\$	<i>nn</i> 100.00	<i>30SN</i>
1 BOOT STICKER TEL NO	\$	<i>nn</i> 100.00	<i>30SN</i>
1SET PARKING AID	\$	<i>pkc</i> 700.00	X
1SET REAR BUMPER CLIP	\$	<i>nn</i> 85.00	X
1 REAR BUMPER RETAINER CLIP	\$	<i>nn</i> 75.00	X
TOTAL	\$	1,120.00	

TOTAL PARTS \$ 6,095.20

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 240.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	<i>2501</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i> 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>4401</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>501</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>201</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X

TOTAL \$ 5,100.00

Over All Total \$ 11,195.20

(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 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 19/05/2022 15:32 (SGT)
Date of Accident 19/05/2022 09:55 (SGT)
Exact Location of Accident Near 7QXP+H6 Singapore
Additional Location Information JUNCTION OF AYER RAJAH AVE AND NORTH BOUNA VISTA ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5301M

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 JACOB CHANDRA

Front : Right
Before
Actual
Specified Range

NRIC No SXXXX634I
 Date Of Birth 18/10/1970
 Occupation Outdoor
 Date Of Driving Pass 20/09/2017
 Driving experience 4 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98005865
 Alt. Phone Number -
 Email Address claims@transcab.com.sg
 Address 15 CEYLON LANE
 Address complement #02-05
 Postcode 423468
 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 - Head to Rear
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name P1
 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

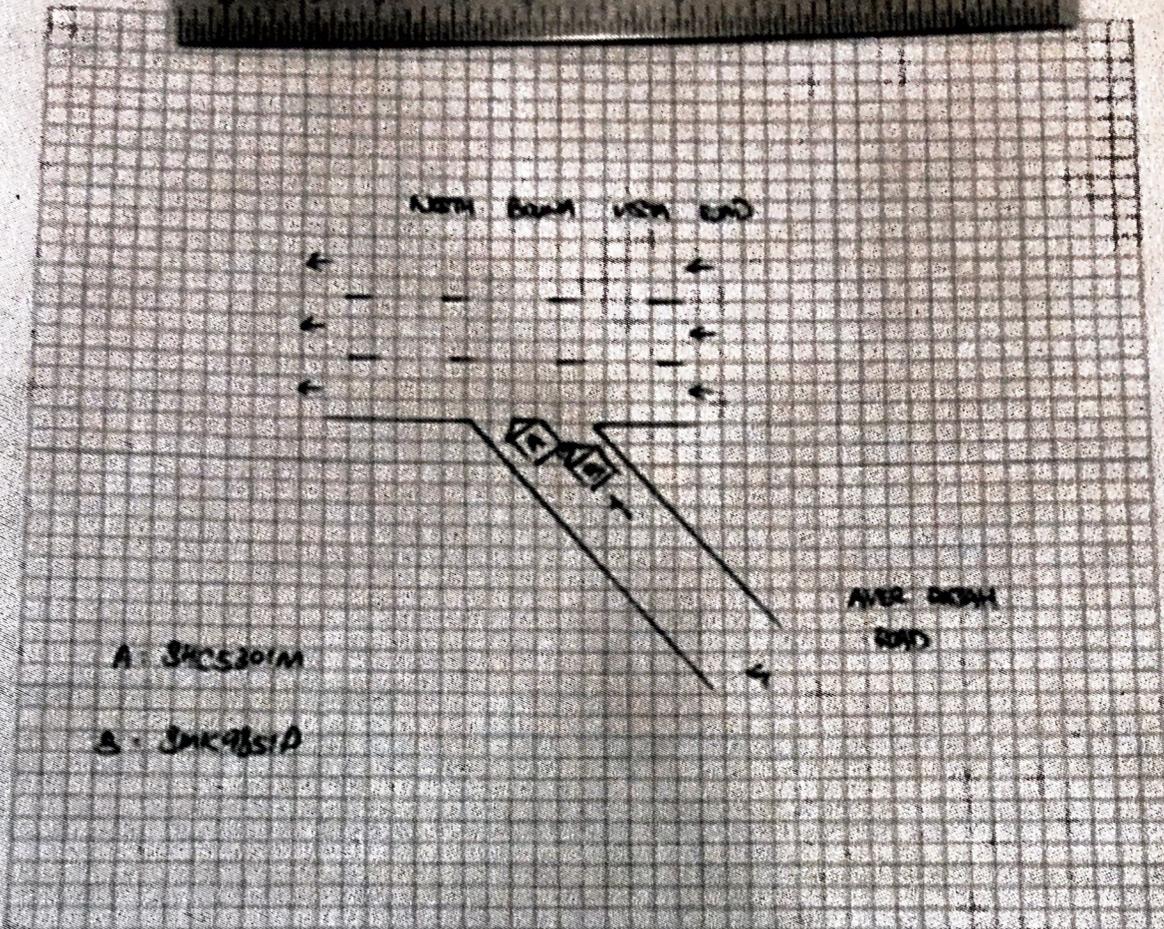
ON 19/5/2022 AT ABOUT 0955HOURS , I WAS TRAVELLING ALONG AYER RAJAH AVE TOWARDS NORTH BOUNA VISTA ROAD . WHEN I STOPPED MY VEHICLE FOR CHECKING THE ONCOMING TRAFFIC , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

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 WITH TRANSCAB.
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMK9851P
 Vehicle Manufacturer Mazda



A: 34CS301M

B: 34K9851D

**VERIFIED BY ANAM 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:
ARC/IN No.: