

ASS. REC. BY:

REF:

TM1/

Kenneth

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

U/Ly 81700L

Veh No:

SHD 5910A

Yr Regn:

03, 19

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

Truck / Traller or

Make:

Toy Prius

c.c

1798

Colour

M.P. White 1P

A/C:

Insured / Std / NI / NA

Sp. Reading

303990

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU003077268

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:

Karrigator 195/65R15

R: FRN 2P

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

6

mm

L/Bal.

8

mm

L/Bal.

6

mm

D.O.A.

17/2/22

D.O.I.

7/6/2022

Survey held at

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

N/S FR

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ + RS. \$

) Fixers

) Others

Report Format :

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

TOTAL

Not Authorized
C/Pg @ 1700/2

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

SHD5910A

AAD2202-076

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

07 JUN 2022

SHD5910A

JTDKB3FU003077268

200303878K

TOYOTA

PRIUS

17/02/2022

SLZ8495Z/ Tokio

22/03/2019

PART

- 1 COVER, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 STAY SUB-ASSY, FRONT BUMPER, LH
- 1 BRACKET, FRONT BUMPER SIDE, LH
- 1 LAMP ASSY, FOG, LH
- 1 UNIT ASSY, HEADLAMP, LH
- 1 FENDER SUB-ASSY, FRONT LH
- 1 LINER, FRONT FENDER, LH

LIST

\$	Bu	516.00	✓
\$	Pu	79.60	X
\$	u	716.60	X
\$	su	47.50	X
\$	DIT	59.30	✓
\$	Pu	951.40	X
\$	Pu	2,637.60	X
\$	Pu	977.80	✓
\$	Pu	202.50	X

TOTAL \$ 6,188.30

25% \$ 1,547.08

\$ 4,641.23

Special Nett

- 1 FRT BUMPER CLIP
- 1 FENDER CLIP
- 1 FENDER LINER CLIP
- 1 FRT LH BUMPER RETAINER CLIP

\$	u	65.00	65.00
\$	u	65.00	X
\$	u	65.00	X
\$	u	65.00	X

TOTAL

\$ 260.00

TOTAL PARTS \$ 4,901.23

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ u 380.00 X

Trans-cab Auto Services Pte Ltd

AAD2202-076

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD5910A

Panel Beating, Knocking And Straightening The Necessary
Portion, Remove And Renewal Of Parts, Adjust And Realign
The Same

\$ 1,400.00 400

Putty And Spray Painting Of The Affected Portion.

\$ 1,400.00 440

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 \$ **8,491.23**

(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	17/02/2022 14:37 (SGT)
Date of Accident	17/02/2022 13:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH ROAD TOWARDS BEDOK RESERVOIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5910A
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 (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	NA

DRIVER

Name of Driver	LO KHOON SENG
NRIC No	SXXXX603Z

Date Of Birth	30/01/1956
Occupation	Outdoor
Date Of Driving Pass	11/08/1979
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96664549
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Pasir Ris, 426 Pasir Ris Drive 6 #04-73
Address complement	-
Postcode	510426
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 - Change/cross lane
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	LIM ZHENG PENG
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

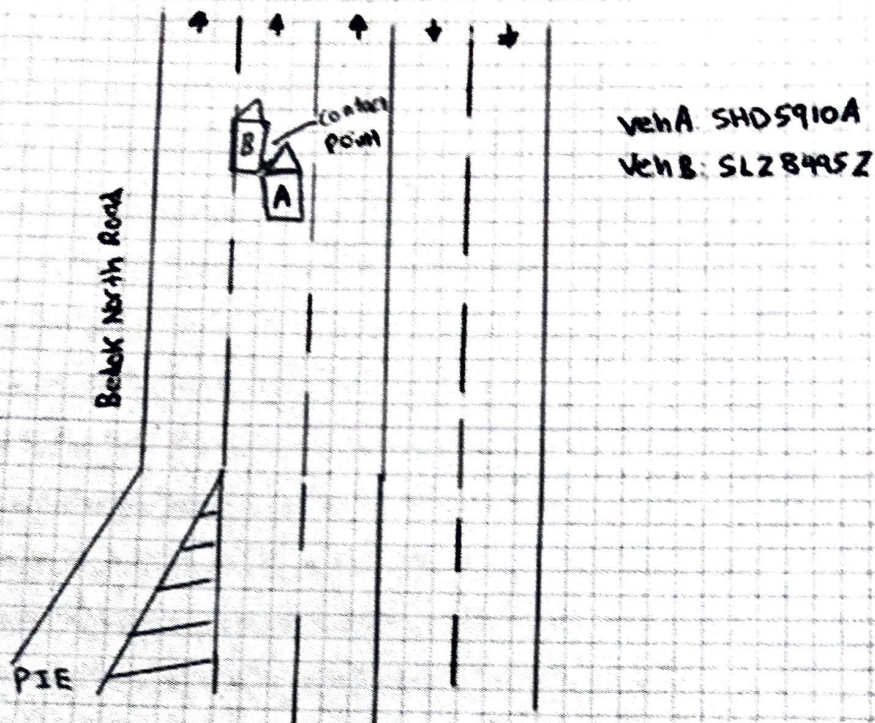
I WAS TRAVELLING ALONG THE MENTIONED LOCATION, WHEN THIRD PARTY CUT INTO MY LANE WITH A FAST SPEED AND COLLIDED ONTO MY LEFT PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES. MY PASSENGER CAN BE MY WITNESS AS HE SAW THIRD PARTY CUT INTO MY LANE.

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	SLZ8495Z
Vehicle Manufacturer	Honda
Vehicle Model	Civic



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, WHEN THIRD PARTY CUT INTO MY LANE WITH A FAST SPEED AND COLLIDED ONTO MY LEFT PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES. MY PASSENGER CAN BE MY WITNESS AS HE SAW THIRD PARTY CUT INTO MY LANE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: