

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

Trans 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:

1-2 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 5713C

Yr Regn:

10, 18

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

Truck / Trailer or

Make:

Toy Pro

c.c

1788

Colour

M.P. White 1st

A/C:

Insured / Std / NI / NA

Sp. Reading

325537

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 803074537

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Pailin

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

8/9/12

D.O.I.

26/9/2022

Survey held at

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

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 Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

Not Notified
1/1 Sep 8

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

SHD5713C

AAD2209-

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

26 SEP 2022

SHD5713C

JTDKB3FU803074537

200303878K

TOYOTA

PRIUS

08/09/2022

SLJ3716D/TOKIO

26/10/2018

PART		LIST	
1	COVER, FRONT BUMPER	\$	516.00 ?
1	ABSORBER, FRONT BUMPER ENERGY	\$	79.60 X
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	\$	716.60 ?
1	GRILLE SUB-ASSY, RADIATOR	\$	346.00 X
1	GRILLE, RADIATOR, LOWER NO.1	\$	170.10 X
1	BRACKET, FRONT BUMPER EXTENSION MOUNTING	\$	103.40 X
1	STAY SUB-ASSY, FRONT BUMPER, LH	\$	47.50 X
1	BRACKET, FRONT BUMPER SIDE, LH	\$	59.30 X
1	STAY SUB-ASSY, FRONT BUMPER, RH	\$	47.50 X
1	BRACKET, FRONT BUMPER SIDE, RH	\$	59.30 X
TOTAL		\$	2,038.50
25%		\$	509.63
		\$	1,528.88

Special Nett

1	FRT BUMPER CLIP	\$	65.00 ?
1	FRT NO PLATE	\$	180.00 45.00
1	FRT LH BUMPER RETAINER CLIP	\$	65.00 X
TOTAL		\$	310.00

TOTAL PARTS \$ 1,838.88

LABOUR

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

\$ 380.00 X

Trans-cab Auto Services Pte Ltd

AAD2209-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD5713C

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

\$ 1,400.00 1501

Putty And Spray Painting Of The Affected Portion.

\$ 1,400.00 2201

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 240.00 X

To Check Electrical Lighting Concerned.

\$ 170.00 X

TOTAL \$ 3,590.00**Over All Total \$ 5,428.88****(PART-BY-PART) Repair Days**~~20 days~~
1-2 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 Actual 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	09/09/2022 15:39 (SGT)
Reported by	Driver
Date of Accident	08/09/2022 23:40 (SGT)
Exact Location of Accident	150 Bukit Timah Rd, Singapore 229846
Additional Location Information	150 BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5713C
INSURED/POLICYHOLDER	No
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	-

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	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	ONG CHOON KENG
NRIC No	SXXXX180A
Date Of Birth	14/12/1971
Occupation	Outdoor

Date Of Driving Pass	20/01/1992
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98889981
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	466 ANG MO KIO AVE 10
Address complement	#02-1020
Postcode	560466
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 08/09/2022 AT ABOUT 2340HOURS , MY VEHICLE WAS PARKED AT 150 BUKIT TIMAH ROAD SHELL STATION FOR TAKING A REST . AFTER I SAW VEHICLE B PARKED HIS VEHICLE BEHIND OF MY VEHICLE , THE DRIVER OF VEHICLE B SHOUTED ME GO AWAY AND MOVE MY VEHICLE AS HE WANTED TO PARK HIS VEHICLE AT MY LOT . THEN I SAID THAT STILL GOT A LOT OF PARKING SPARE INSIDE THE SHELL . THEN THE DRIVER OF VEHICLE B DRIVE HIS VEHICLE TO FRONT OF MY VEHICLE AND REVERSING HIS VEHICLE AND HIT ONTO FRONT OF MY VEHICLE .

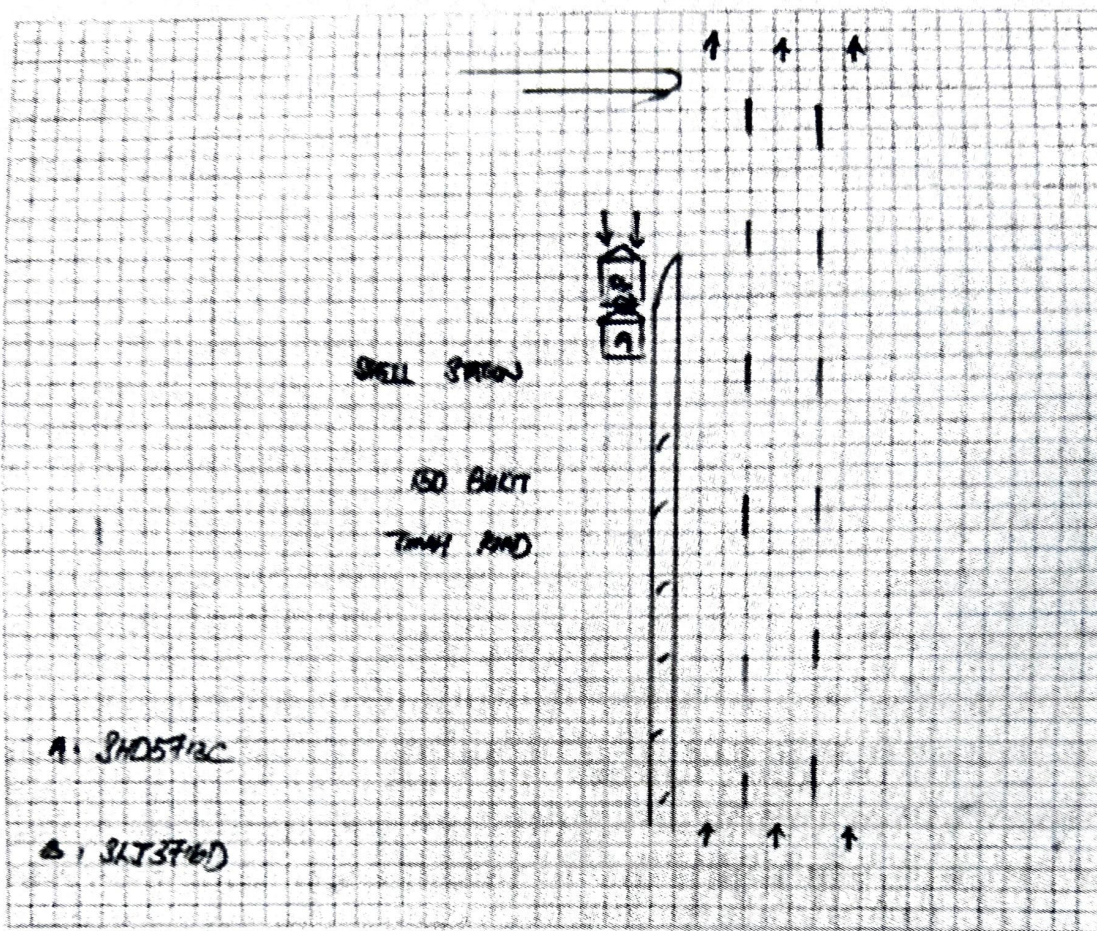
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3716D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-

ACCIDENT



Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Wong Jun Keat
Witnessed by Reporting Centre
Personnel