

ASS. REC. BY:

REF: AG 1

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. \_\_\_\_\_

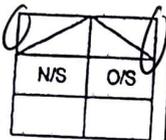
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHD 53224 Yr Regn: 01. 19

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

Truck / Trailer or

Make: Toy Prius c.c. 1798

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

Sp. Reading 299750 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FU603078747

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/R / M / STD / R / M or

Tyre Size: F: \_\_\_\_\_ R: 195/65R15

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

TOYO / YOKO or

Wanli

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 26/9/22

D.O.I. 28/9/2022

Survey held at \_\_\_\_\_

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

N/S Frt & O/S Frt

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1) Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation

\$ - RS. \$ \_\_\_\_\_

Fixtures

Others

TOTAL

Report Format :

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


19.07.2022

Not Notion  
Pulung B&paint

AAD2209-

**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

**SHD5322Y**

Vehicle No.:

28 SEP 2022

Chassis No.:

**SHD5322Y**

Co UEN:

JTDKB3FU603078747

Vehicle Make:

200303878K

Vehicle Model:

TOYOTA

Date of Accident :

PRIUS

Third Party Insurer :

26/09/2022

Date of Registration:

**SNB182G/AIG**

11/01/2019

	<b>PART</b>		<b>LIST</b>	
1	COVER, FRONT BUMPER	\$	Bu 516.00	✓
1	FRONT BUMPER SIDE RETAINER RH	\$	Di 80.10	✓
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	\$	R 716.60	X
1	ABSORBER, FRONT BUMPER ENERGY	\$	su 79.60	X
1	LAMP ASSY, FOG, RH	\$	W 951.40	✓
1	UNIT ASSY, HEADLAMP, RH	\$		2
1	COVER, FRONT BUMPER HOLE, RH	\$	su 29.30	X
1	JAR ASSY, WINDSHIELD WASHER	\$	su 219.10	X
1	GRILLE SUB-ASSY, RADIATOR	\$	su 346.00	X
1	EMBLEM ASSY, RADIATOR GRILLE	\$	su 90.80	X
1	GRILLE, RADIATOR, LOWER NO.1	\$	su 170.10	X
1	FENDER SUB-ASSY, FRONT RH	\$	R 977.80	X
1	LINER, FRONT FENDER, RH	\$	su 206.70	X
1	FRONT FENDER EMBLEM RH	\$	su 54.60	X
<b>TOTAL</b>		<b>\$</b>	<b>7,075.70</b>	
25%		<b>\$</b>	<b>1,768.93</b>	
		<b>\$</b>	<b>5,306.78</b>	

**Special Nett**

1	FRT BUMPER CLIP	\$	su 65.00	65.00
1	FRT NUMBER PLATE WITH HOLDER	\$	su 120.00	X
1	FRT BUMPER SIDE RETAINER CLIP	\$	su 65.00	X
1	FENDER LINER CLIP	\$	su 75.00	X
<b>TOTAL</b>		<b>\$</b>	<b>325.00</b>	

**TOTAL PARTS \$ 5,631.78**

**LABOUR**

**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

**SHD5322Y**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i>	250.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$		1,800.00	<i>4401</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i>	380.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$		170.00	<i>201</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		2,000.00	<i>2001</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i>	220.00	<i>X</i>
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	<i>nn</i>	170.00	<i>X</i>
<b>TOTAL</b>	<b>\$</b>		<b>4,990.00</b>	
<b>Over All Total</b>	<b>\$</b>		<b>10,621.78</b>	

**(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 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 ..... 27/09/2022 22:36 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/09/2022 21:26 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG HOLLAND DRIVE TURNING TO HOLLAND AVE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD5322Y

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 5 DR HATCHBACK (AUTO)  
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 ..... GOH KOK SIONG  
NRIC No ..... SXXXX234B  
Date Of Birth ..... 04/03/1956  
Occupation ..... Outdoor

Date Of Driving Pass ..... 18/05/1974  
 Driving experience ..... 48 YEARS AND 4 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-88052273  
 Alt. Phone Number ..... -  
 Email Address ..... Claims@transcab.com.sg  
 Address ..... HDB Bukit Ho Swee Court, 22 Havelock Road #06-707  
 Address complement ..... -  
 Postcode ..... 160022  
 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? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 Was any other vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 1  
 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? ..... Yes  
 Police Station Name ..... Bukit Panjang Neighbourhood Police Centre  
 Police Station Address ..... No.1 Segar Road #01-05 Singapore 677738  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20220927/2073 LODGED AT BUKIT PANJANG NPC  
 AMEND POLICE REPORT : E/20220927/7042 LODGED AT TANGLIN DIVISION HQ

ATTACHMENT(S)

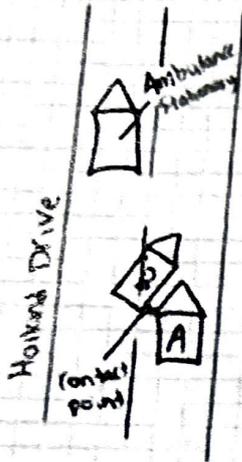
Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITH TRANSCAB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SNB182G  
 Vehicle Manufacturer ..... Mercedes  
 Vehicle Model ..... SI350  
 Vehicle Variant ..... -

ACCIDENT DIAGRAM

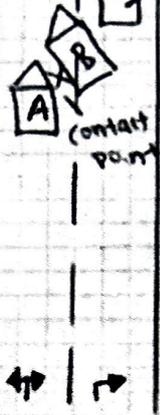
1st contact



Holland Ave

Stationary

2nd contact



veh A: SHD 532Y  
veh B: SNB 182G

Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

Witnessed By Reporting Officer  
Ang Qi Hao, Victor  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220927/2073

1 of 3

Report No. T/20220927/2073

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/09/2022 19 18	Video Report No.:	Station Diary No.: 67
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**Informant's Particulars**

Name of Informant: GOH KOK SIONG		Address: APT BLK 22 HAVELOCK ROAD #06-707 SINGAPORE 160022	
ID Type / ID No.: NRIC NO / S1150234B		Contact No.:	Mobile: 88052273
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 04/03/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/09/2022 21:25	Type of Location: Straight Road
Location: HOLLAND DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5322Y	Car				Slightly Damaged	0
SND182G	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220927/2073

2 of 3

Report No. T/20220927/2073

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

**CONTINUATION OF REPORT**

Driver			
Name	GOH KOK SIONG	ID No.	S1150234B
Related Vehicle	SHD5322Y (Car)	Contact No.	88052273
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/09/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 26/09/2022 at about 2126hrs, i was driving my Taxi (Plate no. SHD5322Y) along Holland Drive near the Holland Hawker Center. Out of sudden, one vehicle (Plate no. SND182G) dashed out and side swipe left side of my vehicle. I was stunned as i was approaching forward to stop. The vehicle sudden hit into my left side front near passenger door again. My vehicle's left side and right front side is scratched and dented. I tried to ask signal and ask the vehicle to stop. However, the vehicle didn't stop and ran away.

Subsequently, i went to Prohealth 24-Hour Medical Clinic to sought for treatment as i felt pain at my neck. I was given MC from 27/09/2022 to 29/09/2022. I wish to state that my in-car camera had captured the whole incident. I had informed my taxi company about the matter as well.