

ASS. REC. BY:

REF:

TMI

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 Ceb

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: 871,081/-

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: S14C57217 Yr Regn: 09, 21

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

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour: M.P. White / Pw A/C: Insured / Std / NI / NASp. Reading: 92738 T/Radio: Insured / Std / NI / NA

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

C/No: 5TDKB3FU603092471Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: Wanli 195/65R15R: PoisonBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 31/10/2

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 2/11/2022

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

O/S RA body

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

Date / Time Action / Instruction

1 Get BZ

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

Date/Time, File Return to?

2)

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

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Invs (\$☐ Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

Not Withheld  
Returning B4 paint

AAD2211-010

**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

**SHC5721J**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**08 NOV 2022**

**SHC5721J**

JTDKB3FU603092471

TOYOTA

**PRIUS GEN 4**

31/10/2022

**SLS8950M/ foko**

13/09/2021

PART	LIST	
1 PANEL SUB-ASSY, FRONT DOOR, RH	\$ K 1,300.70	}
1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$ S 193.50	
1 HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$ S 390.60	
1 MOTOR ASSY, POWER WINDOW REGULATOR, RH	\$ S 926.00	
1 WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH	\$ S 321.10	
1 HINGE ASSY, FRONT DOOR, LOWER RH	\$ K 110.60	
1 HINGE ASSY, FRONT DOOR, UPPER RH	\$ K 97.50	
1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$ S 238.30	
1 TAPE, BLACK OUT, NO.2 FRT RH	\$ S 43.50	
1 TAPE, BLACK OUT, NO.1 FRT RH	\$ S 13.30	
1 TAPE, BLACK OUT, NO.3 FRT RH	\$ S 26.30	}
1 MIRROR ASSY, OUTER REAR VIEW, RH	\$ S 1,436.60	
1 RIM	\$ S 1,900.10	
1 HUBCAP	\$ S 211.50	
1 FENDER SUB-ASSY, FRONT RH	\$ B 977.80	
1 EMBLEM, SIDE PANEL, RH	\$ S 54.60	
1 LINER, FRONT FENDER, LH	\$ C 210.30	
1 COVER, FRONT BUMPER	\$ M 521.00	
1 STAY SUB-ASSY, FRONT BUMPER, RH	\$ S 47.50	
1 BRACKET, FRONT BUMPER SIDE, RH	\$ S 59.30	
<b>TOTAL</b>	<b>\$ 9,080.10</b>	
<b>25%</b>	<b>\$ 2,270.03</b>	
	<b>\$ 6,810.08</b>	

**Special Nett**

1 FRT FENDER LINER CLIP

\$ S 65.00

**Trans-cab Auto Services Pte Ltd**

AAD2211-010

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC5721J**

1 FRT BUMPEPER CLIP	\$	na 65.00	60sa
1 DOOR STICKER TRANSCAB	\$	na 100.00	60sa
1 DOOR TRIM CLIP	\$	na 75.00	X
1 DOOR WEATHERSTRIP CLIP	\$	na 80.00	X
<b>TOTAL</b>	<b>\$</b>	<b>385.00</b>	
<b>TOTAL PARTS</b>	<b>\$</b>	<b>7,195.08</b>	

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	301
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	\$	1,600.00	4001
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	na 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	6601
To reinstall rear bumper parking sensor.	\$	na 170.00	X
To transfer of tire, rim and on wheel balancing.	\$	na 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	151
To check steering geometry and computer wheel alignment	\$	na 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	na 170.00	X



**Trans-cab Auto Services Pte Ltd**

**AAD2211-010**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC5721J**

<b>TOTAL</b>	<b>\$</b>	<b>5,100.00</b>
--------------	-----------	-----------------

<b>Over All Total</b>	<b>\$</b>	<b>12,295.08</b>
-----------------------	-----------	------------------

**(PART-BY-PART) Repair Days**

**— Days**

*3 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	31/10/2022 17:30 (SGT)
Reported by	Driver
Date of Accident	31/10/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BEDOK SOUTH ROAD TOWARDS PIE BESIDE TEMASEK JUNIOR COLLEGE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5721J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5DR 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	YAP CHIN GUAN
NRIC No	SXXXX332J
Date Of Birth	07/01/1966

Occupation  
 Date Of Driving Pass  
 Driving experience  
 Gender  
 Mobile Number  
 Alt. Phone Number  
 Email Address  
 Address  
 Address complement  
 Postcode  
 Is the driver the policyholder?  
 If No, Relationship of the Driver with the Insured  
 Does Driver Own Other Vehicles?  
 Vehicle Registration Number of Other Vehicle Owned by Driver  
 Insurance Company of Other Vehicle Owned by Driver

Outdoor  
 19/12/1983  
 38 YEARS AND 10 MONTHS  
 Male  
 (Phone) +65-98070374  
 -  
 Claims@transcab.com.sg  
 HDB Woodlands, 843 Woodlands Street 82  
 #06-83  
 730843  
 No  
 Hirer  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Collision - Change/cross lane  
 Clear  
 Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
 Number of vehicles involved in the accident  
 Was anybody injured in the Accident?  
 Was any injured conveyed to hospital by ambulance?  
 Was any other vehicle or property damaged?  
 Number of Passengers (Including Driver)  
 Has the driver been approached by unknown person(s)  
 soliciting/offering accident claims assistance?  
 Translator's name  
 Translator's ID  
 Translator's phone number  
 Translator's email  
 Original language used in the statement

No  
 2  
 No  
 -  
 Yes  
 1  
 No  
 -  
 -  
 -  
 -  
 -

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
 Police Station Name  
 Police Station Phone No  
 Alt. Police Station Phone No  
 Police Station Address  
 Was notice of intended Prosecution given?  
 If yes, against whom?

Yes  
 Woodlands West Neighbourhood Police Centre  
 (Phone) +65-18003639999  
 (Fax) +65-63640997  
 1 Woodlands St 12 Singapore 738622  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20221101/2081 LODGED AT WPPDLANDS WEST NPC

#### ATTACHMENT(S)

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

Yes  
 Yes  
 WITH TRANSCAB

#### DETAILS OF OTHER VEHICLE PROPERTY 1

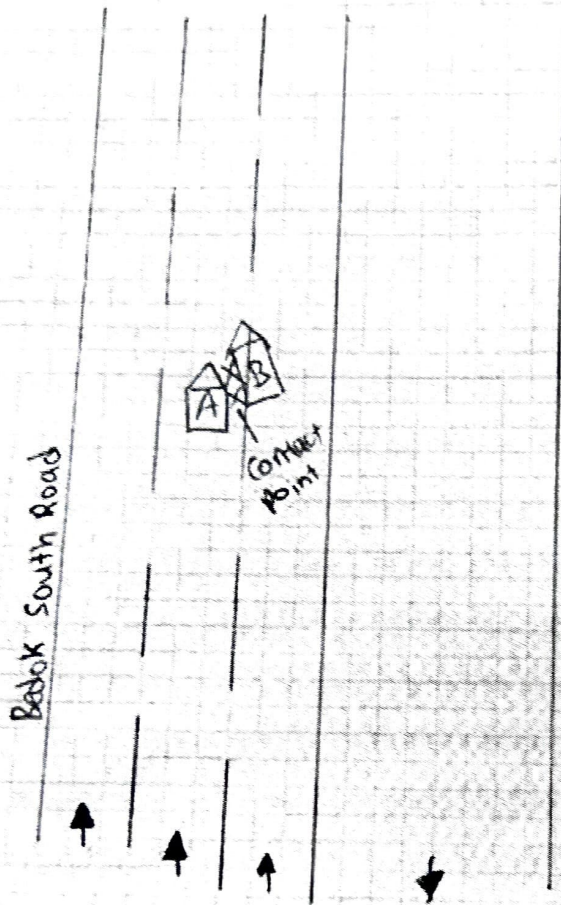
Vehicle Registration Number  
 Vehicle Manufacturer

SLS8950M  
 Toyota




ACCIDENT DIAGRAM

Ver. 30042021



veh A: SHC5721J  
veh B: SL58950M

Policyholder's Signature  
Date & Time:

  
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.:



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999



T/20221101/2081

1 of 3

Report No: T/20221101/2081

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
01/11/2022 17.42

Vide Report No.:  
G/20221031/0100

Station Diary No.:  
89

**Informant's Particulars**

Name of Informant:  
MR CHIN GUAN

Address:  
APT BLK 843 WOODLANDS STREET 82 #06-83 SINGAPORE  
730843

IC Card No.:  
TAG NO / S 742332J

Contact No.:  
Home/Office Mobile: 98070374

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 56 07/01/1966

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
Taxi driver

Driving Licence Information:  
Class:

Date of Expiry:

**General Information of the Accident**

Type of  
Accident:

Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
31/10/2022 11:30

Type of Location:  
Straight Road

Location:

BEDOK SOUTH ROAD

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:  
60 Km/h

Traffic Flow:  
One Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Moderate

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 Passeng
SHC5721J	Taxi	TOYOTA	Prius	Red	Slightly Damaged	0
SLS8950M	Car	TOYOTA	Sienta	Blue	Slightly Damaged	3

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1500-333 9999

**CONTINUATION OF REPORT**

Name	YAP CHIN GUAN	ID No.	S1742332J
Related Vehicle	SHC5721J (Taxi)	Contact No.	98070374
Hospital/Clinic	TEMASEK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/11/2022	Date Discharge	01/11/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On the 31st Oct 2022, I was driving my taxi bearing vehicle number SHC 5721J (Red/Toyota Prius) on lane 2 of the 3 lane along 22 Bedok South just outside of Temasek Junior College when I noticed 01 Singapore Vehicle number SLS 8950M (Blue/Toyota Sienta) which was travelling on lane 1 started to drifted onto my lane causing it to side swipe and hit onto my right side of the vehicle. I then stopped at the side of the road to make a check and discover there were some scratches and slight dent across the front side fender all the way to my driver seat door. I also noticed there were some slight dent on the other vehicle however before I could exchange the particulars, the other driver started to throw a punch on my right ear causing me to called for police( G/20221031/0100) however before the police arrive, the said driver fled the scene. I was issued with 2days of MC from Temasek Medical (0000104626).

I am lodging this report for the purpose of claiming insurance as per directed by my company "Transcab"