

ASS. REC. BY:

REF:

TMI

Kenneth

## ASSIGNMENT

S14B7678-7

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:

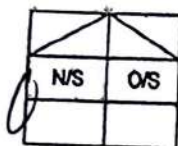
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

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:

Yr Regn:

03, 19

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

Truck / Trailer or

Make:

Toy PWS

C.G.

1798

Colour

M. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

333971

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 003079506

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD M/Rlm or

Tyre Size:

F:

Wanli

195/65R15

R:

Sailun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

9/12/22

D.O.I.

19/12/2022

Survey held at

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

N/S Rec

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prell. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fix. Fee

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

**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  
**SHB7678T**

*Not Withain* AAD2212-049  
*1/1 Rm B*

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

**19 DEC 2022**

**SHB7678T**  
 JTDKB3FU003079506  
 200303878K  
 TOYOTA  
 PRIUS  
 09/12/2022  
**SMF6823S/TOKIO**  
 22/03/2019

	<b>PART</b>
1	PANEL SUB-ASSY, REAR DOOR, LH
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, LH
1	COVER, REAR DOOR OUTSIDE HANDLE, LH
1	HINGE ASSY, REAR DOOR, LOWER LH
1	HINGE ASSY, REAR DOOR, UPPER LH
1	TAPE, BLACK OUT, NO.1 REAR LH
1	TAPE, BLACK OUT, NO.2 REAR LH
1	TAPE, BLACK OUT, NO.3 REAR LH
1	PANEL SUB-ASSY, QUARTER, LH
1	PANEL SUB-ASSY, QUARTER WHEEL HOUSE, INNER LH
1	LINER, REAR WHEEL HOUSE, LH
1	MOULDING ASSY, BODY ROCKER PANEL, LH
1	RIM

	<b>LIST</b>
\$	<i>B</i> 1,294.90 ✓
\$	<i>P</i> 193.50 X
\$	<i>P</i> 17.90 X
\$	<i>R</i> 87.10 X
\$	<i>R</i> 98.90 X
\$	<i>R</i> 21.90 —
\$	<i>R</i> 34.90 —
\$	<i>R</i> 15.40 —
\$	<i>B</i> 871.50 ✓
\$	<i>R</i> 544.00 X
\$	<i>P</i> 139.80 X
\$	<i>R</i> 594.80 X
\$	<i>P</i> 1,900.10 X

**TOTAL \$ 5,814.70**  
**25% \$ 1,453.68**  
**\$ 4,361.03**

**Special Nett**

2SET	DOOR WEATHERSTRIP CLIP
1	FENDER LINER CLIP
1	FRT DOOR STICKER TRANSCAB
1	REAR DOOR STICKER TEL. NO

\$	<i>nn</i> 130.00 X
\$	<i>nn</i> 65.00 X
\$	<i>nn</i> 100.00 X
\$	<i>nn</i> 100.00 <i>60.00</i>
<b>\$</b>	<b>395.00</b>

**TOTAL**

**TOTAL PARTS \$ 4,756.03**

**LABOUR**

**Trans-cab Auto Services Pte Ltd****AAD2212-049**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHB7678T**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	1001
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,400.00	7001
Putty And Spray Painting Of The Affected Portion.	\$	1,400.00	6001
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	601
To Check Electrical Lighting Concerned.	\$	170.00	201
<b>TOTAL</b>	<b>\$</b>	<b>3,590.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>8,346.03</b>	

**(PART-BY-PART) Repair Days** 05 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	09/12/2022 17:05 (SGT)
Reported by	Driver
Date of Accident	09/12/2022 14:28 (SGT)
Exact Location of Accident	Near 238 Yio Chu Kang Rd, Singapore 545670
Additional Location Information	JUNCTION OF YIO CHU KANG ROAD AND POH HUAT ROAD WEST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7678T
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### 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	-

### 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	PEH BOON CHYE
NRIC No	SXXXX698C
Date Of Birth	02/08/1964

Occupation	Outdoor
Date Of Driving Pass	18/02/1982
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91008196
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	430B YISHUN AVE 11
Address complement	#08-480
Postcode	762430
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	98595039
Gender	Female

#### 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 9/12/2022 AT ABOUT 1428HOURS , I WAS TRAVELLING ALONG YIO CHU KANG ROAD TOWARDS NEX . WHEN I DRIVING ALONG MY LANE , SUDDENLY VEHICLE B TURNING OUT FROM POH HUAT ROAD WEST WITHOUT CHECKING AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE .

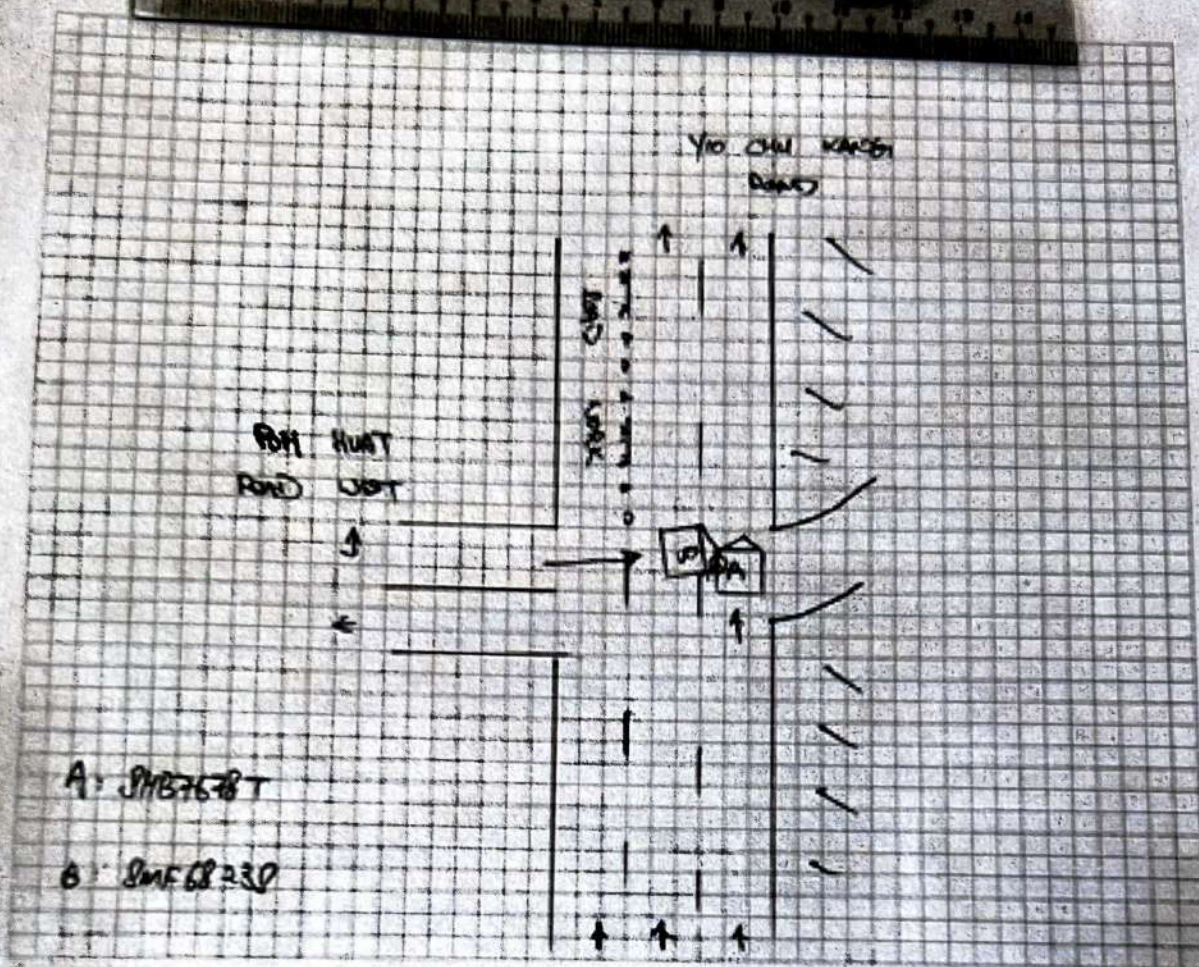
#### ATTACHMENT(S)

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.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF6823S
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN SHI WEN , ARIEL
NRIC No	SXXXX684F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-





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