

ASS. REC. BY:

REF: AG/

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

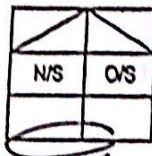
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 08 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: S14B 788 35 Yr Regn: 06.19

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

Truck / Trailer or

Make: Toy Prius c.o. 1788Colour MP White / R A/C: Insured / Std / NI / NASp. Reading 101670 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FU X0 30 81764Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or PoiturFront 8 mm Rear 8 mmR/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 3/12/20 D.O.I. 4/12/2020Survey held at ✓

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

Rear N/S

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

Date / Time Action / Instruction

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:

S + RS. \$

Fees

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

**SHB7883S****AAD2012-031***Not Authorised**Recovery B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**04 DEC 2020****SHB7883S**

JTDKB3FUX03081764

TOYOTA

PRIUS

03/12/2020

*Ally*

27/06/2019

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	COVER, REAR BUMPER, LOWER
1	GUARD, REAR BUMPER, CENTER
1	RETAINER, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, RH
1	FILLER, REAR BUMPER EXTENSION, RH
1	FILLER, REAR BUMPER EXTENSION, LH
1	PANEL SUB-ASSY, BACK DOOR
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
1	BOARD ASSY, BACK DOOR TRIM
1	WEATHERSTRIP, BACK DOOR
1	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER RH
1	BOARD, BACK DOOR TRIM
1	LENS & BODY, REAR COMBINATION LAMP, LH
1	LENS & BODY, REAR COMBINATION LAMP, RH
1	LENS AND BODY, REAR LAMP, LH
1	LENS AND BODY, REAR LAMP, RH
1	PANEL ASSY, DECK TRIM SIDE, RH
1	BOX, DECK FLOOR, LH
1	BOARD, REAR FLOOR, NO.1
1	PANEL ASSY, DECK TRIM SIDE, LH
1	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER LH
1	DUCT ASSY, QUARTER VENT, RH
1	PANEL SUB-ASSY, QUARTER, RH
1	LINER, REAR WHEEL HOUSE, RH
1	SEAL, REAR BUMPER SIDE, RH
1	COVER, FLOOR UNDER, NO.1 (LH)

	LIST	
\$	<i>B4</i>	442.60 ✓
\$	<i>B4</i>	332.70 ✓
\$	<i>SL</i>	15.40 X
\$	<i>CM</i>	576.30 ✓
\$	<i>CM</i>	116.50 ✓
\$	<i>SL</i>	117.70 X
\$	<i>SL</i>	123.70 X
\$	<i>SL</i>	123.70 X
\$	<i>R4</i>	1,147.80 ✓
\$	<i>CM</i>	925.60 ✓
\$		259.20 ?
\$	<i>Di1124</i>	372.30 ✓
\$	<i>SL</i>	56.50 X
\$	<i>SL</i>	225.20 X
\$	<i>BR</i>	443.30 ✓
\$	<i>SL</i>	451.80 X
\$	<i>BR</i>	502.00 ✓
\$	<i>SL</i>	502.00 X
\$	<i>R4</i>	355.90 ✓
\$	<i>SL</i>	313.00 X
\$	<i>SL</i>	519.00 X
\$	<i>SL Return</i>	355.90 ✓
\$	<i>SL</i>	56.50 X
\$	<i>SL</i>	67.00 X
\$	<i>R</i>	871.50 X
\$	<i>SL</i>	139.80 X
\$	<i>SL</i>	88.50 X
\$		175.10 ?

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AAD2012-031

**SHB7883S**

- 1 COVER, FLOOR UNDER, NO.2 (RH)
- 1 COVER, REAR FLOOR (CTR)
- 1 COVER, DECK TRIM, REAR
- 1 PAN, REAR FLOOR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH
- 1 SWITCH ASSY, BACK DOOR OPENER
- 1 PANEL SUB-ASSY, QUARTER, LH
- 1 LINER, REAR WHEEL HOUSE, LH
- 1 DUCT ASSY, QUARTER VENT, LH
- 1 SPOILER, SUB ASSY, REAR
- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH

\$	241.90	X
\$	229.90	X
\$	126.70	X
\$	583.40	X
\$	651.00	✓
\$	467.00	X
\$	179.10	X
\$	871.50	✓
\$	139.80	} X
\$	67.00	
\$	1,575.40	
\$	242.50	
\$	242.50	
\$	61.00	
\$	61.00	
<b>TOTAL</b>	<b>\$ 15,416.20</b>	
<b>25%</b>	<b>\$ 3,854.05</b>	
	<b>\$ 11,562.15</b>	

**Special Nett**

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL
- 1 REAR TAILGATE TOYOTA LOGO
- 1 REAR TAILGATE WORDING 'PRIUS'
- 1 REAR TAILGATE WORDING 'HYBRID'
- 1 REAR TAILGATE STICKER "Trans-Cab"
- 1 REAR TAILGATE STICKER "6555-3333"
- 1 REAR BUMPER PROTECTOR
- 2 SEAM SEALANT
- 1SET REAR FENDER LINER CLIP
- 1SET REAR BUMPER RETAINER CLIP
- 1 REAR NUMBER PLATE WITH HOLDER
- 1SET TAILLAMP LOWER CLIP
- 1SET TAILLAMP UPPER CLIP

\$	700.00	2205n
\$	95.00	505n
\$	150.00	805n
\$	200.00	✓
\$	130.00	305n
\$	47.90	✓
\$	54.60	✓
\$	54.60	✓
\$	80.00	305n
\$	80.00	305n
\$	180.00	X
\$	250.00	805n
\$	85.00	X
\$	85.00	X
\$	140.00	X
\$	55.00	✓
\$	55.00	✓



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**SHB7883S**

1	END PANEL TRIM CLIP	\$	nn	65.00	X
1	REAR SPOILER CLIP	\$	nn	70.00	X
1	TYRE 195/65/15	\$	sn	350.00	X
1	WHEEL RIM COVER	\$	sn	211.50	X
1	RIM	\$	sn	1,879.40	X

**TOTAL \$ 5,018.00****TOTAL PARTS \$ 16,580.15****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ 300.00 1801

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

\$ 2,200.00 12001

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ nn 380.00 X

To transfer of Tailgate fittings, attachments and perform water seepage test.

\$ 180.00 601

To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.

\$ nn 480.00 201X

To transfer of Fender fittings, attachments and perform water seepage test.

\$ nn 480.00 X

To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.

\$ 380.00 X

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.

\$ 380.00 X

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SHB78835

To check steering geometry and computer wheel alignment	\$	220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	901
Towing Fees	\$	150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	11001
To reinstall rear bumper parking sensor.	\$	170.00	501
To Check Electrical Lighting Concerned.	\$	170.00	201
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	220.00	X
To replace, refix and top up coolant for radiator	\$	170.00	X
To lift-up / out engine with gear box and refit.	\$	440.00	X
To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.	\$	380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	380.00	X
<b>TOTAL</b>	\$	<b>10,290.00</b>	

Over All Total \$ 26,870.15

(PART-BY-PART) Repair Days

25 DAYS  
7 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 (s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

**For Official Use**

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	03/12/2020 17:25 (SGT)
Date of Accident	03/12/2020 05:40 (SGT)
Exact Location of Accident	8 Hougang Ave 8, Singapore 530616
Additional Location Information	ALONG HOUGANG AVE 8 TOWARDS HOUGANG AVE 4 AFTER AVE 6
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7883S
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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) +65-62866666
Alternative Phone No	(Office) +65-62866666

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2348706
Cover Note Number	NA

#### DRIVER

Name of Driver	NG TEOW SENG
NRIC No	SXXXX543A
Date Of Birth	16/04/1960

Occupation .....	Outdoor
Date Of Driving Pass .....	23/07/1997
Driving experience .....	23 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94757115
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	NA
Address complement .....	-
Postcode .....	-
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 - Head to Rear
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 material 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

#### 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 DRIVING ALONG HOUGANG AVE 8 TOWARDS HOUGANG AVE 4 . AFTER I CROSS JUNCTION OF HOUGANG AVE 6 , I SAW A TAXI STOP AT LEFT SIDE OF THE ROAD . I APPLIED MY BRAKE FOR SLOWED DOWN MY VEHICLE . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE .

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

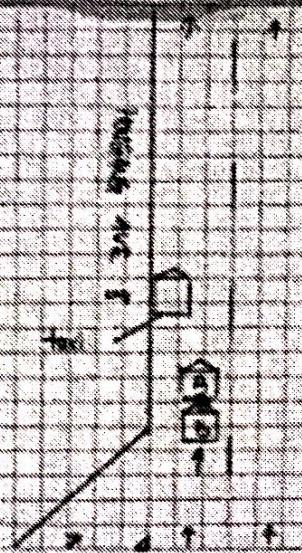
Vehicle Registration Number .....	YP7138K
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SOUNT
Contact Number .....	(Phone) +65-84071444
Address .....	-



# SKETCH PLAN

A: 3-B7133

B: 7P438K



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

## 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  
WONG JUN KEAT

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



**ACCIDENT STATEMENT (2000 characters)**

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Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 December 2020 at 9:12 AM

Date/Time:

3 December 2020 at 9:12 AM