

ASS. REC. BY:

REF:

A/G

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

04 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC5922X

Yr Regn:

11, 20

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

Truck / Trailer or

Make:

Toy Pirus

c.c

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

38343

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU503092624

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

13/3/21

D.O.I.

16/3/2021

Survey held at

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

o/s Rear

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 Trip:

Survey Fee:

Transportation:

S + RS. SI

), Fines

), Others

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

SHC5922X

AAD2103-079

*Not Authorised**Recovery B4 print*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

16 MAR 2021

SHC5922X

JTDKB3FU503092624

TOYOTA

PRIUS GEN 4

13/03/2021

AIG

06/11/2020

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	GUARD, REAR BUMPER, CENTER
1	SEAL, REAR BUMPER SIDE, RH
1	RETAINER, REAR BUMPER SIDE, RH
1	LENS & BODY, REAR COMBINATION LAMP, RH
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH
1	PANEL SUB-ASSY, QUARTER, RH
1	PANEL SUB-ASSY, REAR DOOR, RH
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH
1	HINGE ASSY, REAR DOOR, LOWER RH
1	HINGE ASSY, REAR DOOR, UPPER RH

	LIST	
\$	Bulld	485.60 ✓
\$	n	332.70 X
\$	sn	374.50 X
\$	sn	118.30 X
\$	sn	132.60 ✓
\$	sn	339.60 X
\$	CVT Gen	261.00 ✓
\$	Pr	871.50 ✓
\$	n	1,294.90 X
\$	sn	206.70 X
\$	n	87.10 X
\$	n	98.90 X
<b>TOTAL</b>	<b>\$</b>	<b>4,603.40</b>
<b>25%</b>	<b>\$</b>	<b>1,150.85</b>
	<b>\$</b>	<b>3,452.55</b>

**Special Nett**

1	REAR BUMPER SIDE CLIP
1	REAR FENDER LINER CLIP
1	TAIL LAMP CLIP
1	TYRE
1	RIM <i>Pr?</i>
1	DOOR STICKER TEL NO.
1SET	PARKING AID
1SET	REAR BUMPER CLIP

\$	nn	60.00 ✓ <i>50sn</i>
\$	nn	65.00 X
\$	nn	70.00 X
\$	sn	350.00 X
\$	nd	1,879.40 ✓
\$	nn	100.00 X
\$	sn	700.00 X
\$	nn	85.00 X



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SHC5922X

1 REAR BUMPER RETAINER CLIP

\$ *nn* 75.00 *X***TOTAL** \$ **3,384.40****TOTAL PARTS** \$ **6,836.95****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.

\$ 380.00 *1001*

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

\$ 1,600.00 *6001*

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ *nn* 380.00 *X*

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 *4401*

To reinstall rear bumper parking sensor.

\$ 170.00 *501*

To transfer of tire, rim and on wheel balancing.

\$ 170.00 *201*

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

To check steering geometry and computer wheel alignment

\$ 220.00 *801*To remove and refit of rear fender fittings, attachment and perform ~~water seepage test~~.\$ *nn* 170.00 *X***TOTAL** \$ **5,100.00****Over All Total** \$ **11,936.95**

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 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	15/03/2021 11:13 (SGT)
Date of Accident	13/03/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF YISHUN AVE 1 AND SEMBAWANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5922X

#### 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 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

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

#### DRIVER

Name of Driver	TAN BOCK LIM
NRIC No	SXXXX532H
Date Of Birth	27/12/1965
Occupation	Outdoor



Date Of Driving Pass	17/07/1984
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96928418
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Toh Guan View, 265 Toh Guan Road
Address complement	#14-17
Postcode	600265
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	Side Swipe
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER 1
Gender	Male

#### PASSENGER 2

Name	PASSENGER 2
Gender	Female

#### PASSENGER 3

Name	PASSENGER 3
Gender	Male

#### 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 YISHUN AVE 1 TOWARDS MANDAI AVE. WHEN THE TRAFFIC LIGHT TURNED TO GREEN, I STARTED TO DRIVE MY VEHICLE. SUDDENLY VEHICLE B COLLIDED ONTO RIGHT REAR SIDE OF MY VEHICLE.

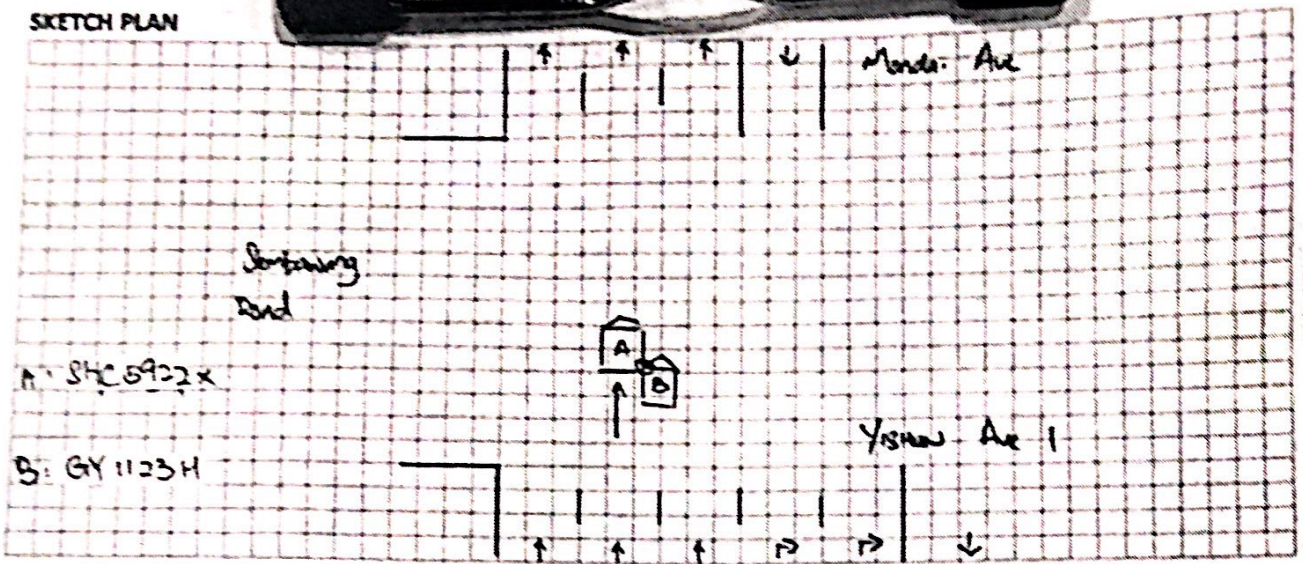
#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1



SKETCH PLAN



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.: