

ASS. REC. BY:

REF:

AIG /

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

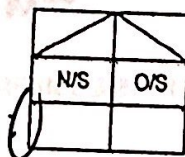
Excess:

(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:

05 days

Res.: Yes or No

Lum Sum:

I.B.I. %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/HB 9755R

Yr Regn:

11 20

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

Truck / Trailer or

Make:

Toy Prow

c.c.

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

98297

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU403091190

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Satun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/6/21

D.O.I.

1/7/2021

Survey held at

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

N/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 May have BZ.

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

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

AAD2106-100

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB9755R*Not Authored
Resurvey B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

01 JUL 2021

SHB9755R

JTDKB3FU403091190

TOYOTA

PRIUS GEN 4

28/06/2021

AIG

27/11/2020

	PART	LIST	
1	COVER, REAR BUMPER	CM 485.60	✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	R 332.70	X
1	COVER, REAR BUMPER, LOWER	Ln 22.00	X
1	GUARD, REAR BUMPER, CENTER	Ln 374.50	X
1	RETAINER, REAR BUMPER SIDE, LH	Ln 132.60	X
1	RETAINER, REAR BUMPER SIDE, RH	Ln 132.60	X
1	REFLECTOR ASSY, REFLEX, LH	Ln 39.00	X
1	PANEL SUB-ASSY, REAR DOOR, LH	R 1,294.90	X
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, LH	Ln 293.00	} X
1	HINGE ASSY, REAR DOOR, LOWER LH	R 87.10	
1	HINGE ASSY, REAR DOOR, UPPER LH	R 98.90	
1	TAPE, BLACK OUT, NO.1 REAR LH	Ln 21.90	
1	TAPE, BLACK OUT, NO.2 REAR LH	Ln 34.90	
1	TAPE, BLACK OUT, NO.3 REAR LH	Ln 15.40	
1	MOTOR ASSY, POWER WINDOW REGULATOR, LH	Ln 926.00	} X
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, LH	Ln 206.70	
1	LENS & BODY, REAR COMBINATION LAMP, LH	Ln 339.60	
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	Ln 261.00	} X
1	PANEL SUB-ASSY, QUARTER, LH	R 871.50	
1	LINER, REAR WHEEL HOUSE, LH	R 139.80	X
1	COVER, FLOOR UNDER, NO.1 (LH)	Ln 175.10	X
1	COVER, REAR FLOOR (CTR)	Ln 229.90	X
1	PANEL SUB-ASSY, BODY LOWER BACK	R 651.00	X
TOTAL		\$ 7,165.70	
25%		\$ 1,791.43	
		\$ 5,374.28	

Special Nett

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SHB9755R

1SET PARKING AID	\$	700.00	X
1SET REAR BUMPER CLIP	\$	95.00	5050
1 DOOR TRIM CLIP	\$	60.00	X
1 DOOR STICKER TEL. NO	\$	100.00	6050
1 HUB CAP	\$	211.50	X
1 RIM	\$	1,879.40	X
1 TYRE	\$	350.00	X
1 REAR FENDER CLIP	\$	60.00	X
1 REAR FENDER LINER CLIP	\$	60.00	X

TOTAL \$ 795.00**TOTAL PARTS \$ 6,169.28****LABOUR**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	170.00	800
To transfer of luggage floor panel fittings, attachments and perform water seepage test.	\$	380.00	1000
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	6000
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	480.00	X
To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.	\$	380.00	X

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SHB9755R

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

\$ *nn* 380.00 *X*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 *X*

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 250.00 *301*

Towing Fees

\$ *nn* 150.00 *X*

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 *4401*

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.

\$ *nn* 380.00 *X*

To transfer of tire, rim and on wheel balancing.

\$ *4* 220.00 *X*

To replace, refix and top up coolant for radiator

\$ *4* 170.00 *X*

To lift-up / out engine with gear box and refit.

\$ *4* 440.00 *X*

To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.

\$ *4* 380.00 *X***TOTAL** \$ **9,610.00****Over All Total** \$ **15,779.28****(PART-BY-PART) Repair Days***25 DAYS**5 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:

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	28/06/2021 21:45 (SGT)
Date of Accident	28/06/2021 16:25 (SGT)
Exact Location of Accident	509 Yishun St 51, Singapore 760454
Additional Location Information	509B YISHUN ST 51
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9755R
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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	+65-62866666

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	1767

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHIN THEY ZHEE
NRIC No	SXXXX007H

Date Of Birth	30/05/1982
Occupation	Outdoor
Date Of Driving Pass	10/09/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88662239
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	505D YISHUN ST 51
Address complement	#04-72
Postcode	764505
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	P1
Gender	Male

PASSENGER 2

Name	P2
Gender	Female

PASSENGER 3

Name	P3
Gender	Female

PASSENGER 4

Name	P4
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

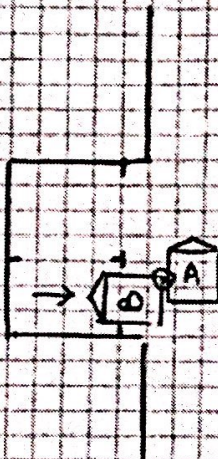
I WAS DRIVING AT 509B YISHUN ST 51 . AFTER I PICKED UP MY PASSENGERS AND I STARTED TO DRIVE MY VEHICLE . OUT OF SUDDEN , VEHICLE B REVERSING FROM LOADING BAY LOT WITHOUT CHECKING AND COLLIDED ONTO LEFT REAR SIDE OF MY VEHICLE .

ATTACHMENT(S)

501B YSHUN ST 51

A: SHB9755R

B: GBE1888Z



[Handwritten Signature]

Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING AT 509B YISHUN ST 51 . AFTER I PICKED UP MY PASSENGERS AND BEFORE I MOVE OFF . VEHICLE B REVERSING FROM LOADING BAY LOT WITHOUT CHECKING AND COLLIDED ONTO LEFT REAR SIDE OF MY VEHICLE .

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:

28/6/2021

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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