

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: _____

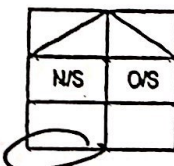
Excess: _____

(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: _____

02 days

Res.: Yes or No

Lum Sum: _____

1-B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14C 56612Yr Regn: 02 21

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

Truck / Trailer or _____

Make: ToyPro

c.c.

1790Colour M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading 32656

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: JTOK B3F U 70 309 3869Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rlm / STD / Rlm or _____

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 12/8/21D.O.I. 14/9/2021

Survey 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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

F. Rates

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

SHC5661Z**AAD2109-***Not Authorized
Permy B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

14 SEP 2021**SHC5661Z**

JTDBK3FU703093869

TOYOTA

PRIUS GEN 4

12/09/2021

ATG.

26/02/2021

| | PART | | LIST | |
|---|---|----|---------------|---|
| 1 | COVER, REAR BUMPER | \$ | R 485.60 | ✓ |
| 1 | REINFORCEMENT SUB-ASSY, REAR BUMPER | \$ | R 332.70 | X |
| 1 | GUARD, REAR BUMPER, CENTER | \$ | 1111.1 374.50 | ✓ |
| 1 | COVER, REAR BUMPER, LOWER | \$ | R 22.00 | X |
| 1 | RETAINER, REAR BUMPER SIDE, LH | \$ | 111 132.60 | ✓ |
| 1 | RETAINER, REAR BUMPER SIDE, RH | \$ | R 132.60 | X |
| 1 | PANEL SUB-ASSY, BODY LOWER BACK | \$ | R 651.00 | X |
| 1 | COVER, DECK TRIM, REAR | \$ | R 126.70 | X |
| 1 | LENS & BODY, REAR COMBINATION LAMP, LH | \$ | R 339.60 | X |
| 1 | LENS & BODY, REAR COMBINATION LAMP, NO.2 LH | \$ | R 261.00 | ✓ |
| 1 | PANEL SUB-ASSY, BACK DOOR | \$ | R 1,147.80 | X |
| 1 | GARNISH SUB-ASSY, BACK DOOR, OUTSIDE | \$ | R 913.60 | X |
| 1 | STAY ASSY, BACK DOOR, LH | \$ | R 242.50 | X |
| 1 | STAY ASSY, BACK DOOR, RH | \$ | R 242.50 | X |
| 1 | HINGE ASSY, BACK DOOR, LH | \$ | R 61.00 | X |
| 1 | HINGE ASSY, BACK DOOR, RH | \$ | R 61.00 | X |
| 1 | ORNAMENT SUB-ASSY, BACK DOOR | \$ | R 47.90 | ✓ |
| 1 | PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2 | \$ | R 54.60 | ✓ |
| 1 | PLATE, BACK DOOR NAME, NO.1 | \$ | R 54.60 | ✓ |

Putty And Spray Painting Of The Affected Portion

TOTAL \$ 5,683.80**25% \$ 1,420.95**To remove And Refit Rear Big & Small W/screen Glass To
The New Bodywork Paper**\$ 4,262.85****Special Nett**

To remove rear bumper parking sensor

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AAD2109-**SHC5661Z**

| | | | |
|--------------------------------|-----------|-----------------|------|
| 1SET PARKING AID | \$ | 700.00 | X |
| 1SET REAR BUMPER CLIP | \$ | 85.00 | 501m |
| 1 TAIL LAMP CLIP | \$ | 65.00 | X |
| 1 BUMPER CENTRE GUARD CLIP | \$ | 80.00 | X |
| 1 REAR BUMPER PROTECTOR | \$ | 180.00 | X |
| 1 REAR BUMPER RETAINER CLIP | \$ | 75.00 | X |
| 1 BOOT STICKER TRANSCAB | \$ | 100.00 | 301m |
| 1 BOOT STICKER 65553333 | \$ | 100.00 | 301m |
| 2 WINDSCREEN SEALANT | \$ | 150.00 | X |
| 1 WINDSCREEN MOULDING | \$ | 200.00 | X |
| 1 WINDSCREEN INNER SPONGE SEAL | \$ | 130.00 | X |
| TOTAL | \$ | 1,185.00 | |

TOTAL PARTS \$ 5,447.85**LABOUR**

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

\$ 240.00 X

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 X

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

\$ 3,000.00 3001

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

\$ 380.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 4401

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

\$ 300.00 X

To reinstall rear bumper parking sensor.

\$ 170.00 501

Trans-cab Auto Services Pte Ltd

AAD2109-

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SHC5661Z

To Check Electrical Lighting Concerned.

\$

170.00

201

TOTAL

\$

6,240.00

Over All Total

\$

11,687.85

(PART-BY-PART) Repair Days

20 Days

2 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 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 12/09/2021 20:52 (SGT)
Date of Accident 12/09/2021 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information 22A/B Havelock Road food Center open carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5661Z

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 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
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 RUDI HADI WINARNO @ LOW CHEW SENG
NRIC No SXXXX700H

 Accident report SA0A219C0003

| | |
|--|--|
| Date Of Birth | 10/10/1963 |
| Occupation | Outdoor |
| Date Of Driving Pass | 03/01/2012 |
| Driving experience | 9 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92749808 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | HDB Hougang Spring, 693 Hougang Street 61. |
| Address complement | #02-120 |
| Postcode | 530693 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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) | 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

My vehicle SHC5661Z was stationary at the open carpark of Blk 22A and B Havelock Rd open carpark. While my vehicle was stationary at the parking lot, suddenly I felt an impact coming from my rear vehicle. I immediately get down from my vehicle and discover that the 3rd party SKJ7323P had gone over the kerb while parking his vehicle and collided onto my vehicle. I managed to take some photos and exchange particulars with the 3rd party. No injuries was involved at the scene.

ATTACHMENT(S)

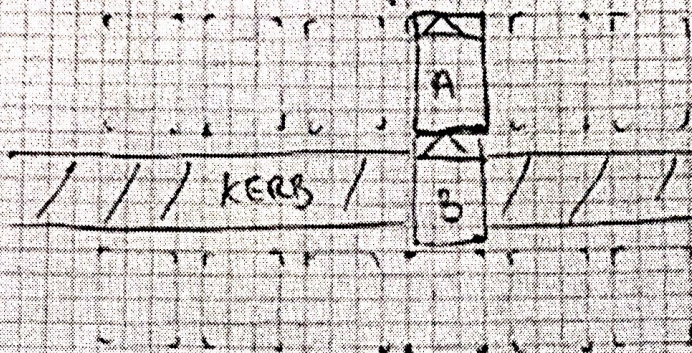
| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SKJ7323P |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | ELANTRA 1.6 AT ABS D/AB 2WD 4DR |
| Vehicle Variant | - |
| Vehicle Colour | Blue |
| Vehicle Category | Private car |
| Name of Driver | Koh kian chew |
| NRIC No | SXXXX127B |

OPEN CARPARK BIK 22 A & B
HAWLOCK RD

STATIONARY (PARKED)



A SHC 5661 Z

B SKJ 7323 P

Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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