



**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

**SMY3179M**

**AAD2110-**

*Not Authorized  
Perjury B4 pain*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**26 OCT 2021**

**SMY3179M**

JTDKB3FU303091584

TOYOTA

PRIUS GEN 4

25/10/2021

*AIG*

26/02/2021

PART	LIST	
1 COVER, REAR BUMPER	<i>Be</i>	485.60 ✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER		332.70 ?
1 COVER, REAR BUMPER, LOWER	<i>Sn</i>	22.00 X
1 GUARD, REAR BUMPER, CENTER	<i>Be</i>	374.50 ✓
1 RETAINER, REAR BUMPER SIDE, LH	<i>Sn</i>	132.60 X
1 RETAINER, REAR BUMPER SIDE, RH	<i>Sn</i>	132.60 X
1 REFLECTOR ASSY, REFLEX, LH	<i>Sn</i>	39.00 X
1 REFLECTOR ASSY, REFLEX, RH	<i>Sn</i>	39.00 X
1 PANEL SUB-ASSY, BACK DOOR	<i>Be</i>	1,147.80 ✓
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	<i>Sn</i>	54.60 X
1 PLATE, BACK DOOR NAME, NO.1	<i>Sn</i>	54.60 X
1 ORNAMENT SUB-ASSY, BACK DOOR	<i>Sn</i>	47.90 X
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	<i>Sn</i>	913.60 X
1 BOARD ASSY, BACK DOOR TRIM	<i>Sn</i>	259.20 X
1 WEATHERSTRIP, BACK DOOR	<i>Sn</i>	372.30 X
1 COVER, FLOOR UNDER, NO.1 LH	<i>Sn</i>	175.10 X
1 COVER, FLOOR UNDER, NO.2 RH	<i>Sn</i>	241.90 X
1 COVER, REAR FLOOR CTR	<i>Sn</i>	229.90 X
1 COVER, DECK TRIM, REAR	<i>Sn</i>	126.70 X
1 PANEL SUB-ASSY, BODY LOWER BACK	<i>Sn</i>	651.00 X
1 STAY ASSY, BACK DOOR, LH	<i>Sn</i>	242.50 X
1 STAY ASSY, BACK DOOR, RH	<i>Sn</i>	242.50 X
1 HINGE ASSY, BACK DOOR, LH	<i>Sn</i>	61.00 X
1 HINGE ASSY, BACK DOOR, RH	<i>Sn</i>	61.00 X
<b>TOTAL</b>	<b>\$</b>	<b>6,439.60</b>
<b>25%</b>	<b>\$</b>	<b>1,609.90</b>
	<b>\$</b>	<b>4,829.70</b>

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**Special Nett**

1SET PARKING AID	\$	700.00	X
1SET REAR BUMPER CLIP	\$	95.00	505N
2 WINDSCREEN SEALANT	\$	150.00	805N
1 WINDSCREEN MOULDING	\$	200.00	—
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	305N
1 REAR TAILGATE STICKER "Trans-Cab"	\$	80.00	X
1 REAR TAILGATE STICKER "6555-3333"	\$	80.00	X
1 REAR BUMPER PROTECTOR	\$	180.00	X
1SET REAR BUMPER RETAINER CLIP	\$	85.00	X
1 END PANEL TRIM CLIP	\$	65.00	X
1SET BUMPER CLIP FRT	\$	95.00	X
1 REAR NUMBER PLATE WITH MOULDING	\$	200.00	X
<b>TOTAL</b>	<b>\$</b>	<b>2,060.00</b>	

**TOTAL PARTS \$ 6,889.70**

**LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	1800
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	\$	2,200.00	4000
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	600
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	480.00	X

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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
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	~ 380.00	X
To check steering geometry and computer wheel alignment	\$	~ 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	~ 250.00	X
Towing Fees	\$	~ 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	440/
To reinstall rear bumper parking sensor.	\$	170.00	50/
To Check Electrical Lighting Concerned.	\$	170.00	20/
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

*Handwritten notes and stamps:*  
 - A red rectangular stamp with illegible text.  
 - A handwritten note: "Over All Total" near the first item.  
 - A handwritten note: "440/" next to the Putty and Spray Painting item.  
 - A handwritten note: "50/" next to the rear bumper parking sensor item.  
 - A handwritten note: "20/" next to the Check Electrical Lighting item.

**TOTAL \$ 10,290.00**

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**Over All Total \$ 17,179.70**

**(PART-BY-PART) Repair Days**

**25 DAYS**

*4 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 ..... 25/10/2021 16:23 (SGT)  
Date of Accident ..... 25/10/2021 13:05 (SGT)  
Exact Location of Accident ..... Near 75 Wolskel Rd, Singapore 357980  
Additional Location Information ..... JUNCTION OF WOLSKEL ROAD AND JLN GIRANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY3179M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS LEASING PTE LTD  
Company Reg No ..... 2XXXXX575K  
Email Address ..... Claims@transcab.com.sg  
Mobile Phone No ..... (Phone) +65-65552222  
Alternative Phone No ..... (Office) +65-65552222

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... 5DR HATCHBACK (AUTO)  
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 ..... Private hire  
Transmission ..... Auto  
CC ..... 1767

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2440417  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... LIM HOCK BEE  
NRIC No ..... SXXXX643D

Date Of Birth .....	10/11/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	12/04/1991
Driving experience .....	30 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93396751
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	409 SEMBAWANG DRIVE
Address complement .....	#10-788
Postcode .....	750409
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 .....	Raining
Road Surface .....	Wet

**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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

**PASSENGER 1**

Name .....	P1
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 TRAVELLING ALONG JLN GIRANG TOWARDS WOLSKEL ROAD . AFTER I MAKE A LEFT TURN INTO THE MAIN ROAD , I APPLIED MY BRAKE AND STOPPED IN TIME WHILE I SAW VEHICLE IN FRONT OF ME CAME TO A STOP . OUT OF SUDDEN , I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR 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 .....	UPLOADED INTO AXA.
Was there any audio recorded? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

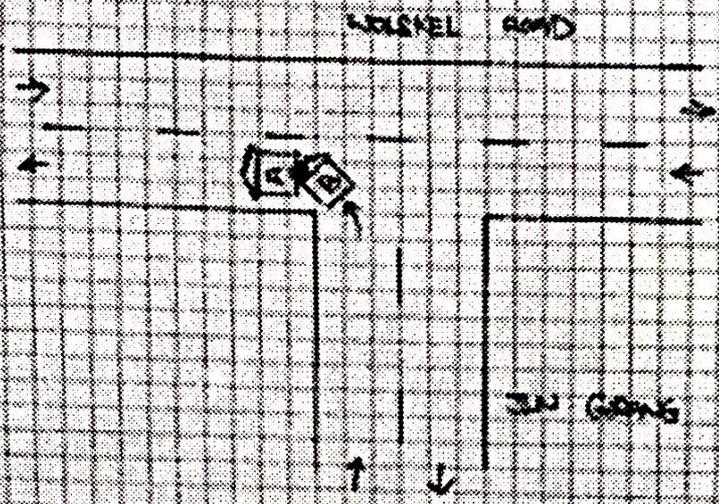
Vehicle Registration Number .....	SFA1966E
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	C180

Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... LEE LAY KIM  
 NRIC No ..... SXXXX526D  
 Contact Number ..... (Phone) +65-96175121  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

**INJURED PERSONS DETAILS**

**INJURED 1**

Name of injured person ..... LIM HOCK BEE  
 Gender ..... Male  
 Phone No ..... (Phone) +65-93396751  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SMY3179M  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No



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/IN No.:

**SKETCH PLAN**

**REFER TO ATTACHED ACCIDENT DIAGRAM**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

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BRAKE AND STOPPED IN TIME WHILE I SAW VEHICLE IN FRONT OF ME  
CAME TO A STOP . OUT OF SUDDEN , I FELT AN IMPACT AND NOTICED  
THAT VEHICLE B HAD COLLIDED ONTO REAR 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)

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**WONG JUN KEAT**  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: