

ASS. REC. BY:

REF:

PC2/21012192/KP

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:

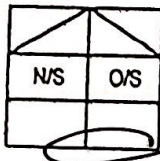
Excess:

(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:

03

days

Res.: Yes or No

Lum Sum:

1.81

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 978PR Yr Regn: 07.20

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

Truck / Trailer or

Make:

Toy Pnv

c.c

1798

Colour

MP White / R

A/C:

Insured / Std / NI / NA

Sp. Reading

185971

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTOK B31FU 5.030 91201

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Pailun

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

29/11/21

D.O.I.

1/12/2021

Survey held at

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

Rear

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

Date / Time

Action / Instruction

1 Got B1

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - 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

**SHD9769R**

*Not Authored* AAD2111-  
*Penyany B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

**01 DEC 2021****SHD9769R**

JTDKB3FU503091201

TOYOTA

**PRIUS GEN 4**

29/11/2021

FCI

14/07/2020

**PART****LIST**

1 COVER, REAR BUMPER	\$	Bu 485.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70	?
1 COVER, REAR BUMPER, LOWER	\$	22.00	X
1 GUARD, REAR BUMPER, CENTER	\$	374.50	✓
1 RETAINER, REAR BUMPER SIDE, LH	\$	132.60	X
1 RETAINER, REAR BUMPER SIDE, RH	\$	132.60	X
1 PANEL SUB-ASSY, BACK DOOR	\$	1,147.80	?
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	54.60	✓
1 PLATE, BACK DOOR NAME, NO.1	\$	54.60	✓
1 ORNAMENT SUB-ASSY, BACK DOOR	\$	47.90	✓
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	913.60	?
1 COVER, DECK TRIM, REAR	\$	126.70	X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$	651.00	X
1 STAY ASSY, BACK DOOR, LH	\$	242.50	X
1 STAY ASSY, BACK DOOR, RH	\$	242.50	X
1 HINGE ASSY, BACK DOOR, LH	\$	61.00	X
1 HINGE ASSY, BACK DOOR, RH	\$	61.00	X

**TOTAL \$ 5,083.20****25% \$ 1,270.80****\$ 3,812.40****Special Nett**

1SET PARKING AID	\$	Bu 700.00	X
1SET REAR BUMPER CLIP	\$	95.00	50 Sae
2 WINDSCREEN SEALANT	\$	150.00	?
1 WINDSCREEN MOULDING	\$	200.00	?
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	?
1 REAR TAILGATE STICKER "Trans-Cab"	\$	80.00	30 SN



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**SHD9769R**

1 REAR TAILGATE STICKER "6555-3333"	\$	80.00	3052
1 REAR BUMPER PROTECTOR	\$	180.00	X
1SET REAR BUMPER RETAINER CLIP	\$	85.00	X
1 END PANEL TRIM CLIP	\$	65.00	X
<b>TOTAL</b>	<b>\$</b>	<b>1,765.00</b>	

**TOTAL PARTS \$ 5,577.40****LABOUR**

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

\$ 300.00 7

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

\$ 2,200.00 400

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 7

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

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

\$ 380.00 X

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SHD9769R

To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn 250.00	X
Towing Fees	\$	nn 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	6601
To reinstall rear bumper parking sensor.	\$	170.00	301
To Check Electrical Lighting Concerned.	\$	170.00	151
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 remove and refit radiator support cross-member and other necessary items to enable bodywork repair.	\$	4 380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	4 380.00	X
<b>TOTAL</b>	\$	<b>10,290.00</b>	
<b>Over All Total</b>	\$	<b>15,867.40</b>	

**(PART-BY-PART) Repair Days**~~25~~ DAYS

3 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 ..... 30/11/2021 14:29 (SGT)  
Date of Accident ..... 29/11/2021 14:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG GRANGE ROAD TOWARDS ORCHARD BOULEVARD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD9769R

### 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) +65-62876666  
Alternative Phone No ..... +65-62876666

### 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  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

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

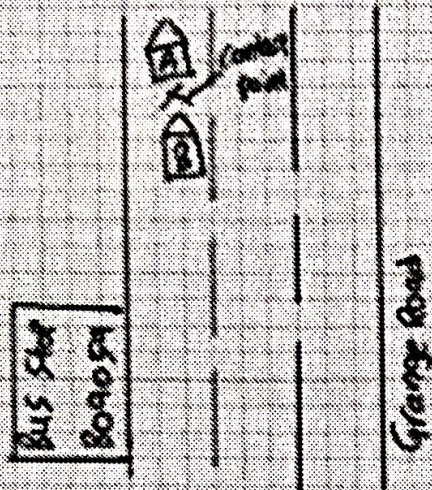
### DRIVER

Name of Driver ..... SAMSUL BAHROM BIN MUHAMMAD ISA  
NRIC No ..... SXXXX681J




ACCIDENT DIAGRAM

Ver. 30042021



Veh A: SHD 9764R  
Veh B: SBC 3366B

Policyholder's Signature  
Date & Time:

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

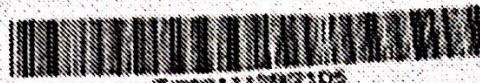
VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature  
Name:  
NIC/TFN No.:





**SINGAPORE  
POLICE FORCE**



T/20211129/2105

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No: T/20211129/2105

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHAMAD ZARIF ZAFRI BIN ABDUL RAHMAN	ID No.	G2849675W
Related Vehicle	SBS3366B (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SAMSUL BAHROM BIN MUHAMMAD ISA	ID No.	S0034681J
Related Vehicle	SHD9769R (Car)	Contact No.	91801529
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2021	Date Discharge	29/11/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 29.11.2021, at about 1455hrs, I was driving my vehicle bearing reg no SHD9769R together with a female passenger along Grange Road towards Orchard Boulevard. As I was at the traffic light junction of Grange Road and Orchard Boulevard, there were multiple vehicles ahead and the traffic was quite heavy.

The traffic light was on green light and the vehicle ahead started moving off. At one point of time, the vehicle ahead applied an emergency brake. I managed to react in time and stopped my vehicle to prevent collision.

However, I felt a huge impact from the rear. I looked through my rear mirror and discovered that it was an SBS bus bearing reg no SBS3366B behind my vehicle couldn't brake in time and collided onto my vehicle. I came down of my vehicle and exchanged the particulars with the bus driver.

After the accident, I felt pain on my neck area and had gone to consult a doctor at Mount Alvernia Hospital. I was given 05 days of MC dated 29.11.2021. I did make a check with the female passenger who informed that she does not require any medical attention and she do not wish to provide her details. My vehicle's rear bumper is dislodged from its original state but I am still able to drive my vehicle.