

ASS. REC. BY:

REF:

0121

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QO 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.

Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

272

days

Res.: Yes or No

Lum Sum:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMY 582B

Yr Regn:

02 21

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

Truck / Trailer or

Make:

Toyota Pro

c.c.

1798

Colour:

Inf. white

A/C:

Insured / Std / NI / NA

Sp. Reading

885184

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK93FU 9030 9288

Gen. Cond: ~~Good~~ / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Pailun

195/65R15

R: Fina 79

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

TOYO / YOKO or

Pailun

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

30/1/22

D.O.I.

7/2/2022

Survey held at

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

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

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:

S - RS - SI

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

**SMY582B****LAD2202-003***Not Notarized  
Preliminary B4 repair*

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**07 FEB 2022****SMY582B**

JTDKB3FU903092898

201603575K

TOYOTA

PRIUS GEN 4

30/01/2022

**SLC1494T/CHINA**

10/02/2021

**PART**

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 COVER, FLOOR UNDER, NO.1 LH
- 1 COVER, FLOOR UNDER, NO.2 RH
- 1 COVER, REAR FLOOR CTR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK

**LIST**

\$	<i>Bu</i>	485.60	✓
\$		332.70	?
\$	<i>Re</i>	22.00	✓
\$	<i>Re</i>	374.50	✓
\$	<i>Re</i>	132.60	X
\$	<i>Re</i>	132.60	X
\$	<i>Re</i>	39.00	X
\$	<i>Re</i>	175.10	X
\$	<i>Re</i>	241.90	X
\$		229.90	?
\$	<i>Re</i>	126.70	X
\$	<i>Re</i>	651.00	X

**TOTAL \$ 2,943.60****25% \$ 735.90****\$ 2,207.70****Special Nett**

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL
- 1 REAR BUMPER PROTECTOR
- 1SET REAR BUMPER RETAINER CLIP
- 1 END PANEL TRIM CLIP
- 1SET BUMPER CLIP FRT
- 1 REAR NUMBER PLATE WITH MOULDING

\$	<i>Phat</i>	700.00	<i>2000</i>
\$	<i>Re</i>	95.00	<i>655</i>
\$	<i>Re</i>	150.00	} X
\$	<i>Re</i>	200.00	
\$	<i>Re</i>	130.00	
\$	<i>Re</i>	180.00	
\$	<i>Re</i>	85.00	
\$	<i>Re</i>	65.00	
\$	<i>Re</i>	95.00	
\$	<i>Re</i>	200.00	

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LAD2202-003

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SMY582B

**TOTAL \$ 1,900.00****TOTAL PARTS \$ 4,107.70****LABOUR**

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

\$ *nn* 380.00 X

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

\$ 2,200.00 *2001*

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ *nn* 380.00 X

To transfer of Tailgate fittings, attachments and perform water seepage test.

\$ *nn* 180.00 X

To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.

\$ *nn* 480.00 X

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.

\$ *nn* 250.00 X

Towing Fees

\$ *nn* 150.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 *6001*

To reinstall rear bumper parking sensor.

\$ 170.00 *501*

To Check Electrical Lighting Concerned.

\$ 170.00 *131*



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**LAD2202-003****SMY582B**

To transfer of luggage floor panel fittings, attachment and perform water seepage test.

\$ *~* 380.00 X

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

\$ *~* 380.00 X**TOTAL** \$ **7,920.00****Over All Total** \$ **12,027.70****(PART-BY-PART) Repair Days****25 DAYS***2 1/2 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 ..... 04/02/2022 01:03 (SGT)  
Date of Accident ..... 30/01/2022 11:00 (SGT)  
Exact Location of Accident ..... Holland V, Singapore  
Additional Location Information ..... Holland road  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY582B  
  
INSURED/POLICYHOLDER  
  
Is company? ..... Yes  
Name Of Registered Owner ..... TRANS LEASING PTE LTD  
Company Reg No ..... 2XXXXXX75K  
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 ..... WONG HON FUNG  
NRIC No ..... SXXXX058H

Date Of Birth	23/05/1958
Occupation	Outdoor
Date Of Driving Pass	20/11/1978
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90036692
Alt. Phone Number	-
Email Address	wonghugh@gmail.com
Address	687C Choa Chu Kang Drive
Address complement	#03-362
Postcode	683687
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	P1
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer as police reports (T/20220130/2045)

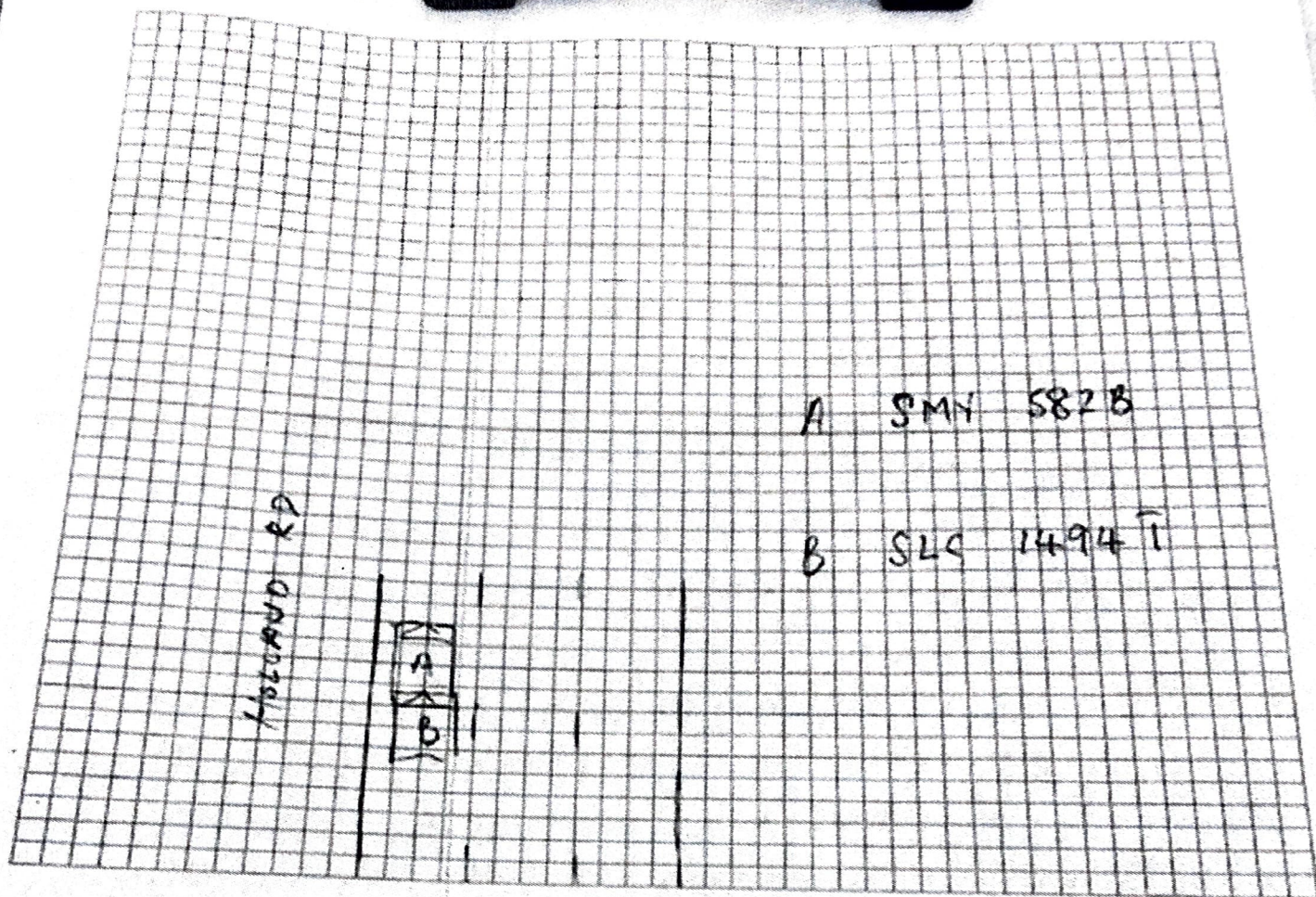
#### ATTACHMENT(S)

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	SLC1494T
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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.: