

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:

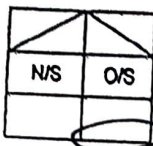
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

27 1/2 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S14D 5247G Yr Regn: 11, 18

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

Truck / Trailer or

Make:

Toy Prius

C.C

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

534745

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTOK 83FU 603 07 6688

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 / OHTS / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

16/3/22

D.O.I.

17/3/2022

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

**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  
**SHD5247G**

*Not Wharfed*  
*1/1/2022*

**AAD2203-**

Vehicle No.:  
 Chassis No.:  
 Co UEN:  
 Vehicle Make:  
 Vehicle Model:  
 Date of Accident :  
 Third Party Insurer :  
 Date of Registration:

**17 MAR 2022**

**SHD5247G**

JTDKB3FU603076688

200303878K

TOYOTA

PRIUS

16/03/2022

**SLG3272H/ ALG-**

15/11/2018

**PART**

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 FILLER, REAR BUMPER EXTENSION, RH
- 1 COVER, BACK DOOR TRIM
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS AND BODY, REAR LAMP, RH
- 1 LENS & BODY, REAR COMBINATION LAMP, RH
- 1 COVER SUB-ASSY, QUARTER PILLAR, RH
- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH
- 1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2
- 1 PLATE, BACK DOOR NAME, NO.1
- 1 ORNAMENT SUB-ASSY, BACK DOOR
- 1 PANEL SUB-ASSY, REAR DOOR, RH
- 1 HANDLE ASSY, REAR DOOR OUTSIDE, RH

LIST		
\$	Bu	442.60 ✓
\$	Sm	15.40 X
\$	Bu/No	576.30 ✓
\$		332.70 ?
\$	mtg Bu	123.70 ✓
\$	Sm	24.90 X
\$	R	650.30 X
\$	Sm	502.00 X
\$	cm	451.80 ✓
\$	Sm	207.30 X
\$	R	871.50 X
\$	R	1,147.80 X
\$	R	925.60 X
\$	R	61.00 X
\$	R	61.00 X
\$	Sm	54.60 —
\$	Na	54.60 —
\$	Na	47.90 —
\$	R	1,294.90 X
\$	R	97.40 X

**TOTAL \$ 6,551.00**  
**25% \$ 1,637.75**  
**\$ 4,913.25**

**Special Nett**

- 1SET PARKING AID
- 1 REAR BUMPER CLIP

\$ Sm 700.00 X  
 \$ Na 65.00 60.50

**Trans-cab Auto Services Pte Ltd****AAD2203-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

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**SHD5247G**

1 REAR TAIL LAMP CLIP	\$	nn	65.00	X
1 END PANEL INNER TRIM CLIP	\$	nn	60.00	X
1 CLIP(FOR REAR DOOR TRIM BOARD)	\$	nn	65.00	X
2 WINDSCREEN SEALANT	\$	nn	150.00	X
1 WINDSCREEN MOULDING	\$	nn	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	nn	130.00	X

**TOTAL \$ 735.00****TOTAL PARTS \$ 8,543.40****LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	250.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,800.00	4401
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn	380.00	X
To Check Electrical Lighting Concerned.	\$		170.00	201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		3,000.00	3001
To check steering geometry and computer wheel alignment	\$	nn	220.00	X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	nn	170.00	X
<b>TOTAL</b>	<b>\$</b>		<b>5,990.00</b>	
<b>Over All Total</b>	<b>\$</b>		<b>19,446.65</b>	

**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

**(PART-BY-PART) Repair Days****20 Days****2 1/2 days**

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	16/03/2022 15:39 (SGT)
Date of Accident	16/03/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION SHUN FU ROAD AND SIN MING ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5247G

#### 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	(Office) +65-62876666

#### 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	CHIA CHEONG CHUAN
NRIC No	SXXXX822D

Date Of Birth	17/02/1954
Occupation	Outdoor
Date Of Driving Pass	08/07/1976
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97821231
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Yio Chu Kang Green, 608 Ang Mo Kio Avenue 5 #04-2785
Address complement	-
Postcode	560608
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)	4
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	Male

#### PASSENGER 3

Name	P3
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 THE MENTIONED LOCATION, MY VEHICLE WAS STATIONERY WAITING FOR THE VEHICLE INFRONT TO MOVED OFF. SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

#### 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	WITH TRANSCAB.

Was there any audio recorded? ..... No

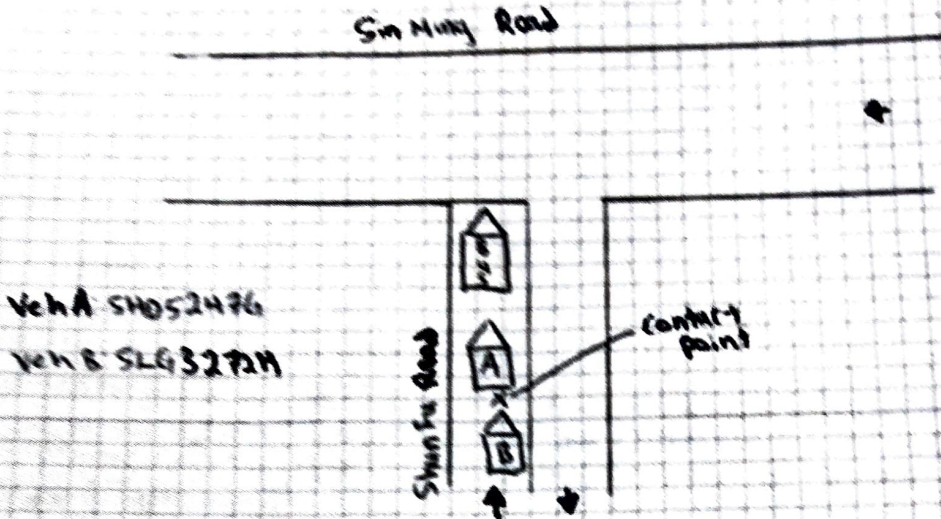
# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG3272H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TAN PIN
NRIC No	SXXXX463I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



ACCIDENT DIAGRAM

Ver 30042021



*chee*

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

Policyholder's Signature  
Date & Time:

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

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