

ASS. REC. BY:

REF: TM1/

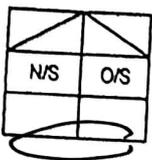
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: S1D 5483R Yr Regn: 011 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Pruv c.c. 1798
 Colour: mp. white / Red A/C: Insured / Std / NI / NA
 Sp. Reading: 516488 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTD KB3FU603079185
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rlm / STD / Rlm or _____
 Tyre Size: F: 195/65R15
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 05 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Pailun
 Front Rear
 R/Bal. 7 mm R/Bal. 9 mm
 L/Bal. 7 mm L/Bal. 9 mm
 D.O.A. 26/4/22 D.O.I. 28/4/2022
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

Date / Time	Action / Instruction
<u>1</u>	<u>Got BT</u>

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

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trlp: _____

1) _____
 Date/Time, File Return to?
 2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:

Transportation:	_____
S - RS:	_____
Fees:	_____
Others:	_____
TOTAL:	_____

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

SHD5483R

Not Authorized

1/1/2022

AAD2204-

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

28 APR 2022

SHD5483R
 JTDKB3FU603079185
 200303878K
 TOYOTA
 PRIUS
 26/04/2022
SLN6840L/TOKIO
 25/01/2019

PART	LIST	Price	Status
1 COVER, REAR BUMPER	B ₁	442.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	B ₁	332.70	✓
1 COVER, REAR BUMPER, LOWER	mi	15.40	✓
1 GUARD, REAR BUMPER, CENTER	B ₁	576.30	✓
1 RETAINER, REAR BUMPER SIDE, LH	my CM	116.50	✓
1 RETAINER, REAR BUMPER SIDE, RH	su	117.70	X
1 FILLER, REAR BUMPER EXTENSION, RH	su	123.70	X
1 FILLER, REAR BUMPER EXTENSION, LH	su	123.70	X
1 LENS & BODY, REAR COMBINATION LAMP, LH (UPPER)	CM	443.30	✓
1 LENS AND BODY, REAR LAMP, LH (LOWER)	su	502.00	X
1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	CM	451.80	✓
1 LENS AND BODY, REAR LAMP, RH (LOWER)	su	502.00	X
1 BOX, DECK FLOOR, RH	su	313.60	X
1 BOX, DECK FLOOR, LH	su	313.00	X
1 BOX, DECK FLOOR, REAR	su	105.80	X
1 COVER, FLOOR UNDER, NO.1 LH		175.10	?
1 COVER, FLOOR UNDER, NO.2 RH		241.90	?
1 COVER, REAR FLOOR CTR	mi	229.90	✓
1 COVER, DECK TRIM, REAR	su	126.70	X
1 PAN, REAR FLOOR	su	583.40	X
1 PANEL SUB-ASSY, BODY LOWER BACK		650.30	?
1 LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH	su	467.00	X
1 SWITCH ASSY, BACK DOOR OPENER	su	179.10	X
1 SPOILER, SUB ASSY, REAR	su	1,575.40	X
1 PANEL SUB-ASSY, BACK DOOR	B ₁	1,147.80	✓
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	CM	925.60	✓
1 BOARD ASSY, BACK DOOR TRIM	su	259.20	X

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1 WEATHERSTRIP, BACK DOOR	\$	Pu	372.30 X
1 BOARD, BACK DOOR TRIM	\$	Sm	225.20 X
1 BOARD, REAR FLOOR, NO.1	\$	Pu	519.00 X
1 STAY ASSY, BACK DOOR, LH	\$	Pu	242.50 X
1 STAY ASSY, BACK DOOR, RH	\$	Pu	242.50 X
1 HINGE ASSY, BACK DOOR, LH	\$	R	61.00 X
1 HINGE ASSY, BACK DOOR, RH	\$	R	61.00 X
1 REAR TAILGATE TOYOTA LOGO	\$	na	47.90 ✓
1 REAR TAILGATE WORDING 'PRIUS'	\$	na	54.60 ✓
1 REAR TAILGATE WORDING 'HYBRID'	\$	na	54.60 ✓
1 PANEL SUB-ASSY, QUARTER, RH	\$	R	871.50 X
1 LINER, REAR WHEEL HOUSE, RH	\$	na	139.80 X

TOTAL	\$	12,922.10
25%	\$	3,230.53
	\$	9,691.58

Special Nett

1SET PARKING AID	\$	nd	700.00	2205na
1SET REAR BUMPER CLIP	\$	na	95.00	605na
2 WINDSCREEN SEALANT	\$	na	150.00	805na
1 WINDSCREEN MOULDING	\$	na	200.00	✓
1 WINDSCREEN INNER SPONGE SEAL	\$	na	130.00	305na
1 REAR TAILGATE STICKER "Trans-Cab"	\$	na	80.00	305na
1 REAR TAILGATE STICKER "6555-3333"	\$	na	80.00	305na
1 REAR BUMPER PROTECTOR	\$	nsp	180.00	X
1SET REAR BUMPER RETAINER CLIP	\$	na	85.00	X
1 REAR NUMBER PLATE WITH HOLDER	\$	pu	140.00	X
1SET TAILLAMP LOWER CLIP	\$	na	55.00	X
1SET TAILLAMP UPPER CLIP	\$	na	55.00	✓
1 END PANEL TRIM CLIP	\$	na	65.00	X
1 REAR SPOILER CLIP	\$	na	70.00	X

TOTAL	\$	2,085.00
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TOTAL PARTS	\$	11,776.58
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LABOUR

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AAD2204-

SHD5483R

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	180l
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	60l
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	600l
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.	\$	180.00	60l
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	nn 480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	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.	\$	250.00	?
Towing Fees	\$	nn 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	880l
To reinstall rear bumper parking sensor.	\$	170.00	50l
To Check Electrical Lighting Concerned.	\$	170.00	20l

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

\$ *na* 380.00 X

To transfer of tire, rim and on wheel balancing.

\$ *na* 220.00 X

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

\$ *na* 380.00 X

TOTAL \$ **8,920.00**

Over All Total \$ **20,696.58**

(PART-BY-PART) Repair Days

25 DAYS

5 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 27/04/2022 16:04 (SGT)
Date of Accident 26/04/2022 23:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG PAYA LEBAR ROAD TOWARDS UBI TRAFFIC LIGHT
JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5483R
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 LEE CHOW WOON

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6840L
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	P1
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN9180J
Vehicle Manufacturer	Hino
Vehicle Model	HINO / HINO XZU710R-HKFMS3
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

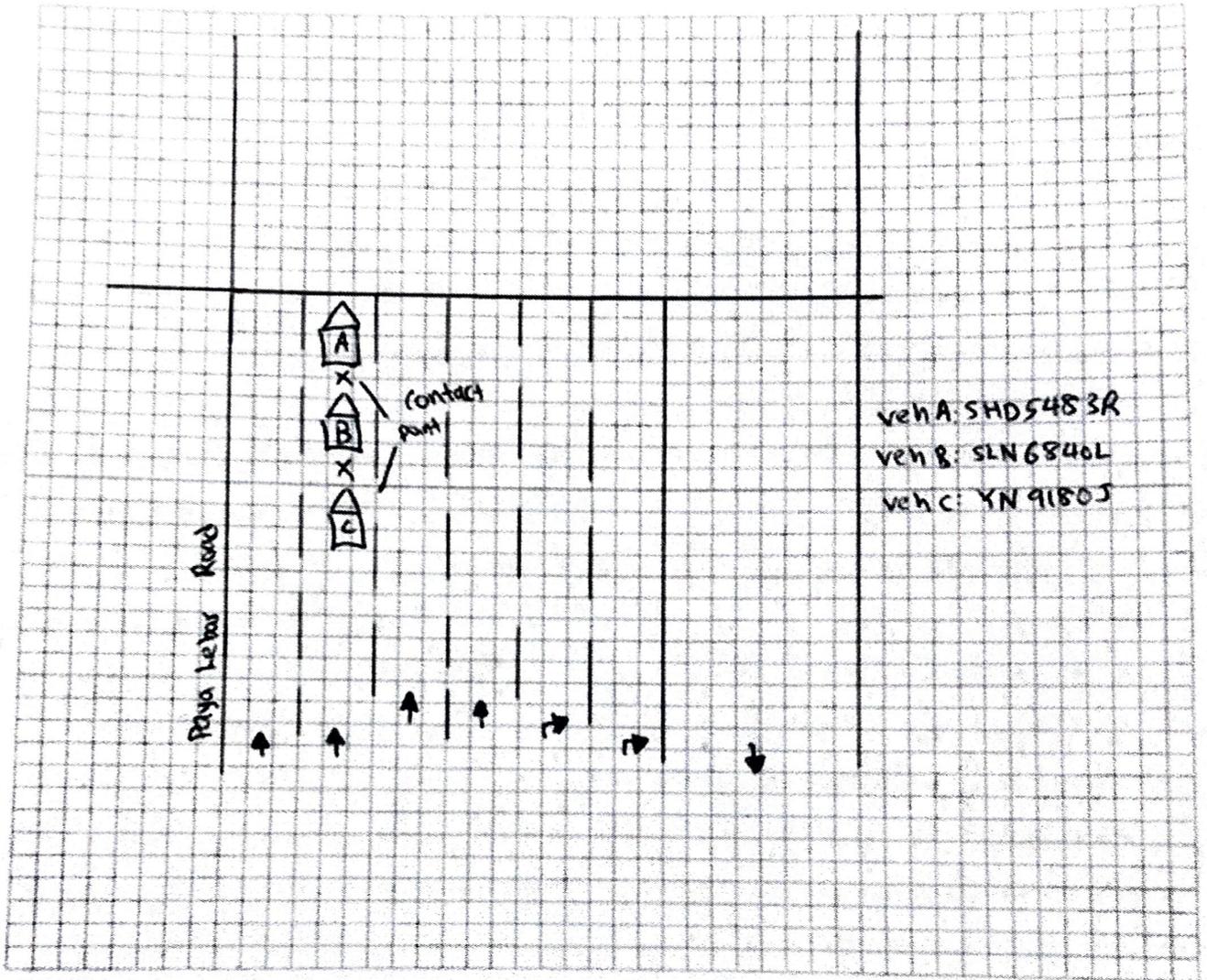
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHOW WOON
Gender	Male
Phone No	(Phone) +65-88202363
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5483R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature
Date & Time:

[Signature]
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:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20220427/2006

1 of 3

Report No. T/20220427/2006

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 OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2022 02:43		Vide Report No.: G/20220426/0210	Station Diary No.: 12
Informant's Particulars			
Name of Informant: LEE CHOW WOON		Address: APT BLK 778 YISHUN AVENUE 2 #12-1549 SINGAPORE 760778	
ID Type / ID No.: NRIC NO / S0164517Z		Contact No.:	Mobile: 88202363
Nationality: SINGAPORE CITIZEN		Email: leechowwoon48@gmail.com	
Sex: Male	Age: 74	Date of Birth: 16/03/1948	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2022 23:50	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5483R	Car				Slightly Damaged	2
SLN6840L	Car				Seriously Damaged	1
YN9180J	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



Police Station Of Origin:
 The Payoh N.P.C.
 92 The Payoh Centre #01-02 The Payoh
 Community Building SINGAPORE 319194
 Tel No: 1800-2919999

Continuation of Report

Report No: 1202047000

1-71

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil		Use of Pedestrian Crossing: NA	
Name	LEE CHOW HOON	ID No.	S01645172
Registered Vehicle	SP09888 (Car)	Control No.	80202503
Insurance/Club	INTERNATIONAL 24 HR CLINC	Class of Driving License & Expiry Date	Class: 2B 2A 2 J Date of Expiry: NIL
Date/Treatment	27/04/2022	Date/Discharge	27/04/2022
No. of Days Granted Medical Leave	05	Severity of Injury	Minor

Brief Details

On the above mentioned date, time and location, I stopped my car along the second lane of the road as the traffic light is red. Suddenly, a car, SP09888, hit onto the rear of my vehicle. There is a heavy impact and hit onto the second vehicle. I stepped from my vehicle to make a check on the damages. I then took down their particulars. Subsequently, traffic police and ambulances arrived at scene. However, no one was seriously injured.