

ASS. REQ. BY:

REF:

C121

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WVS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

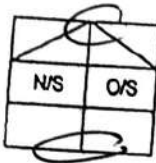
Excess: _____

(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: _____

07 days

Res.: Yes or No

Lum Sum: _____

100 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: _____

SHC 5519C Yr Regn: 03, 21

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 _____

71317

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTDKB3FU 003092160

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: 195/65R15

R: Dun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. _____

9

mm

Rear

R/Bal. _____

2

mm

L/Bal. _____

9

mm

L/Bal. _____

2

mm

D.O.A. _____

5/5/22

D.O.I. _____

6/5/2022

Survey held at _____

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

8/17

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

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

Not Withheld
Presumed B4 part

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

AAD2205-

SHC5519C

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

06 MAY 2022

SHC5519C

JTDKB3FU003092160

200303878K

TOYOTA

PRIUS GEN 4

05/05/2022

SJS4363H/CHINA

31/03/2021

PART

LIST

| | | | | |
|---|----|-----|----------|---|
| 1 COVER, REAR BUMPER | \$ | Bu | 485.60 | ✓ |
| 1 REINFORCEMENT SUB-ASSY, REAR BUMPER | \$ | Bu | 332.70 | ✓ |
| 1 COVER, REAR BUMPER, LOWER | \$ | mis | 22.00 | ✓ |
| 1 GUARD, REAR BUMPER, CENTER | \$ | Bu | 374.50 | ✓ |
| 1 RETAINER, REAR BUMPER SIDE, LH | \$ | Sm | 132.60 | X |
| 1 RETAINER, REAR BUMPER SIDE, RH | \$ | Sm | 132.60 | X |
| 1 REFLECTOR ASSY, REFLEX, LH | \$ | Sm | 39.00 | X |
| 1 REFLECTOR ASSY, REFLEX, RH | \$ | Sm | 39.00 | X |
| 1 LENS & BODY, REAR COMBINATION LAMP, RH | \$ | Sm | 339.60 | X |
| 1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH | \$ | Sm | 261.00 | X |
| 1 PANEL SUB-ASSY, BACK DOOR | \$ | Bu | 1,147.80 | ✓ |
| 1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2 | \$ | na | 54.60 | X |
| 1 PLATE, BACK DOOR NAME, NO.1 | \$ | na | 54.60 | X |
| 1 ORNAMENT SUB-ASSY, BACK DOOR | \$ | na | 47.90 | X |
| 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE | \$ | Sm | 913.60 | X |
| 1 BOARD ASSY, BACK DOOR TRIM | \$ | Sm | 259.20 | ✓ |
| 1 WEATHERSTRIP, BACK DOOR | \$ | Sm | 372.30 | X |
| 1 BOARD, REAR FLOOR, NO.1 | \$ | Sm | 519.00 | X |
| 1 BOX, DECK FLOOR, REAR | \$ | Sm | 105.80 | X |
| 1 BOX, DECK FLOOR, RH | \$ | Sm | 313.60 | X |
| 1 BOX, DECK FLOOR, LH | \$ | Sm | 313.00 | X |
| 1 PAN, REAR FLOOR | \$ | R | 583.40 | X |
| 1 COVER, FLOOR UNDER, NO.1 LH | \$ | | 175.10 | 7 |
| 1 COVER, FLOOR UNDER, NO.2 RH | \$ | | 241.90 | 7 |
| 1 COVER, REAR FLOOR CTR | \$ | mis | 229.90 | ✓ |
| 1 COVER, DECK TRIM, REAR | \$ | Bu | 126.70 | X |
| 1 PANEL SUB-ASSY, BODY LOWER BACK | \$ | Bu | 651.00 | ✓ |

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AAD2205-

SHC5519C

- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH
- 1 COVER, FRONT BUMPER
- 1 COVER, FRONT BUMPER HOLE, LH
- 1 BRACKET, FRONT BUMPER EXTENSION MOUNTING
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 GRILLE SUB-ASSY, RADIATOR
- 1 GRILLE, RADIATOR, LOWER NO.1
- 1 EMBLEM ASSY, RADIATOR GRILLE

| | | | |
|--------------|-----------|------------------|---|
| \$ | Sn | 242.50 | X |
| \$ | Sn | 242.50 | X |
| \$ | R | 61.00 | X |
| \$ | R | 61.00 | X |
| \$ | Bu | 521.00 | ✓ |
| \$ | Mt | 30.20 | ✓ |
| \$ | Sn | 110.50 | X |
| \$ | | 716.60 | 7 |
| \$ | | 80.20 | 7 |
| \$ | Mt | 422.50 | ✓ |
| \$ | Mt | 178.60 | ✓ |
| \$ | Mt | 105.80 | ✓ |
| TOTAL | \$ | 11,040.40 | |
| 25% | \$ | 2,760.10 | |
| | \$ | 8,280.30 | |

Special Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL
- 1 REAR TAILGATE STICKER "Trans-Cab"
- 1 REAR TAILGATE STICKER "6555-3333"
- 1 REAR BUMPER PROTECTOR
- 1SET REAR BUMPER RETAINER CLIP
- 1 END PANEL TRIM CLIP
- 1SET BUMPER CLIP FRT
- 1 FRONT NUMBER PLATE WITH MOULDING
- 1SET FRNT BUMPER RETAINER CLIP

| | | | |
|--------------|-----------|-----------------|-------|
| \$ | Net | 700.00 | 2205n |
| \$ | Net | 95.00 | 605n |
| \$ | Net | 150.00 | 805n |
| \$ | Net | 200.00 | ✓ |
| \$ | Net | 130.00 | 305n |
| \$ | Net | 80.00 | X |
| \$ | Net | 80.00 | X |
| \$ | Net | 180.00 | X |
| \$ | Net | 85.00 | X |
| \$ | Net | 65.00 | X |
| \$ | Net | 95.00 | 605n |
| \$ | Net | 200.00 | 655n |
| \$ | Net | 85.00 | X |
| TOTAL | \$ | 2,145.00 | |

TOTAL PARTS \$ 10,425.30**LABOUR**

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

\$ 300.00 1801

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SHC5519C

| | | | |
|---|----|----------|------|
| To remove and refit interior fittings, trimmings, garnish, fittings and other, to enable repair. | \$ | 380.00 | 601 |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | 2,200.00 | 8001 |
| To transfer of rear end panel fittings, attachment and perform water seepage test. | \$ | 380.00 | 22 X |
| To transfer of Tailgate fittings, attachments and perform water seepage test. | \$ | 180.00 | 601 |
| To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair. | \$ | 480.00 | 22 X |
| To transfer of Fender fittings, attachments and perform water seepage test. | \$ | 480.00 | 4 X |
| Labour charge to mount and dismount vehicle on jig bench, to facilitate repair. | \$ | 380.00 | 4 X |
| To check steering geometry and computer wheel alignment | \$ | 220.00 | 22 X |
| To Rust-Proofing and apply undercoat Of The Affected Areas. | \$ | 250.00 | 301 |
| Towing Fees | \$ | 150.00 | 501 |
| Putty And Spray Painting Of The Affected Portion. | \$ | 2,200.00 | 8801 |
| To reinstall rear bumper parking sensor. | \$ | 170.00 | 501 |
| To Check Electrical Lighting Concerned. | \$ | 170.00 | 301 |

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SHCS519C

| | | | | |
|--|----|----|------------------|---|
| 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. | \$ | nn | 220.00 | X |
| To remove and refit radiator support cross-member and other necessary items to enable bodywork repair. | \$ | nn | 380.00 | X |
| To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators. | \$ | nn | 380.00 | X |
| TOTAL | \$ | | 9,300.00 | |
| Over All Total | \$ | | 19,725.30 | |

(PART-BY-PART) Repair Days**25 DAYS***7 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate any 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 late reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and this copies of this report will, to a fee, be made available upon application by interested parties.
7. By the completion 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 | 05/05/2022 14:24 (SGT) |
| Date of Accident | 05/05/2022 09:40 (SGT) |
| Exact Location of Accident | Near Alt Infineon, Singapore |
| Additional Location Information | KPE TOWARDS PIE TUAS AFTER ENTER PIE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC5519C |
| 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 | SDR 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 | 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 | NA |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | POH BENG HUI |
| NRIC No | SXXXX100A |

| | |
|--|------------------------|
| Date Of Birth | 21/06/1953 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/05/1972 |
| Driving experience | 50 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-97902839 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | 607 ELIAS ROAD |
| Address complement | #13-190 |
| Postcode | 510607 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| 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 | Male |

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

ON 05/05/2022 AT ABOUT 0940HOURS , I WAS TRAVELLING ALONG KPE TOWARDS PIE (TUAS) . WHEN I ENTERING PIE , IN FRONT WAS TRAFFIC HEAVY THEN I CAME TO A STOP . SUDDENLY I FELT AN IMPACT FROM REAR OF MY VEHICLE AND MY VEHICLE HIT ONTO REAR OF VEHICLE C .

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 | SMJ9901J |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Corolla |

| | |
|---|-------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | GBG4212T |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Dyna |
| Vehicle Variant | - |
| Vehicle Colour | - |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

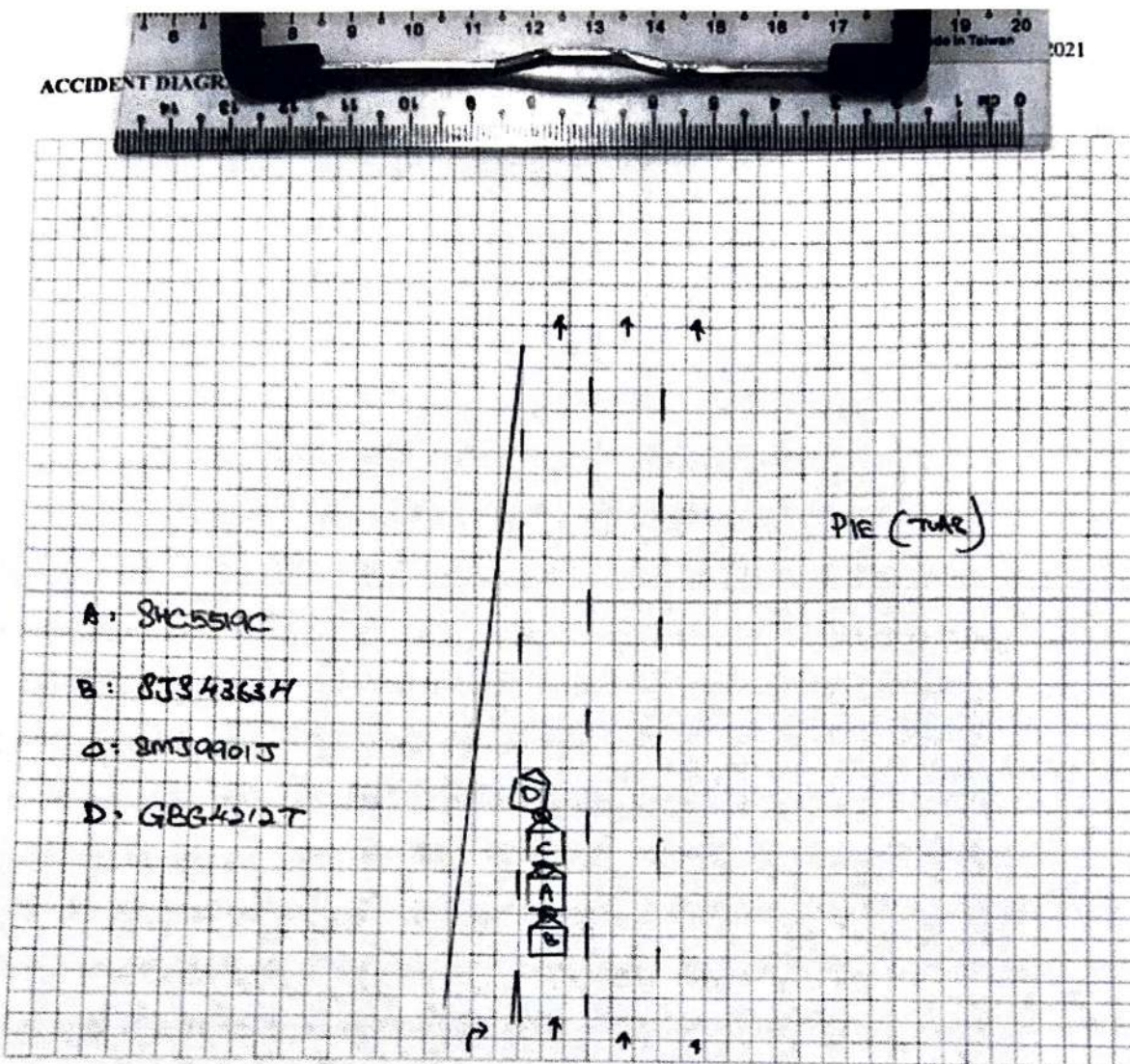
| | |
|---|-------------|
| Vehicle Registration Number | SJS4363H |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Corolla |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | POH BENG HUI |
| Gender | Male |
| Phone No | (Phone) +65-97902839 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | - |
| Were seat belts worn? | SHC5519C |
| Was this injured conveyed to hospital by ambulance? | Yes |
| | No |

ACCIDENT DIAGRAM



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/FIN No.: