

ASS. REC. BY:

REF: C721

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:

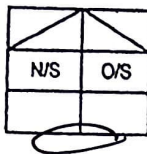
Excess:

(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:

02

days

Res.: Yes or No

Lum Sum:

1.B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 5331 B

Yr Regn:

06, 21

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

Truck / Trailer or

Make:

Toy Prius

c.c

1788

Colour

M.P. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

84310

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU203092337

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: Wanli

195/65R15

R:

Pailun

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

2

mm

L/Bal.

9

mm

L/Bal.

2

mm

D.O.A.

20/6/22

D.O.I.

15/8/2022

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)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S + RS. SI

) Fuel

) Others

Report Format :

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

TOTAL

Not Notation  
Machinery B&Paint

**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

**SHC5331B**

**AAD2205-084**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**15 AUG 2022**

**SHC5331B**

JTDKB3FU203092337

200303878K

TOYOTA

PRIUS GEN 4

15/05/2022

**SLC9321G/ China**

30/06/2021

**PART**

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 GUARD, REAR BUMPER, CENTER
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 COVER, REAR BUMPER, LOWER
- 1 PANEL SUB-ASSY, BODY LOWER BACK

**LIST**

\$	Bu	485.60	✓
\$		332.70	7
\$	nd/bu	374.50	✓
\$	Pu	118.30	X
\$	Pu	132.60	X
\$	Pu	118.30	X
\$	Pu	132.60	X
\$	Pu	22.00	X
\$	Pu	651.00	X

**TOTAL \$ 2,367.60**

**25% \$ 591.90**

**\$ 1,775.70**

**Special Nett**

- 1 REAR BUMPER SIDE CLIP
- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1 REAR BUMPER RETAINER CLIP

\$	na	60.00	✓
\$	Pu	700.00	X
\$	na	85.00	X
\$	na	75.00	X

**TOTAL \$ 920.00**

**TOTAL PARTS \$ 2,695.70**

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ na 240.00 X

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

\$ na 380.00 X

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**SHC5331B****AAD2205-084**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	2001
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	nn 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	2201
To reinstall rear bumper parking sensor.	\$	170.00	501
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	4 170.00	X
To check steering geometry and computer wheel alignment	\$	4 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	4 170.00	X
<b>TOTAL</b>	<b>\$</b>	<b>5,100.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>7,795.70</b>	

**(PART-BY-PART) Repair Days**~~20 Days~~

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 .....  
Date of Accident ..... 17/05/2022 13:14 (SGT)  
Exact Location of Accident ..... 15/05/2022 14:40 (SGT)  
Additional Location Information ..... Near AYE, Singapore  
Country/State of Loss ..... JUNCTION KEPPEL ROAD AND CANTONMENT LINK  
Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5331B

### 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

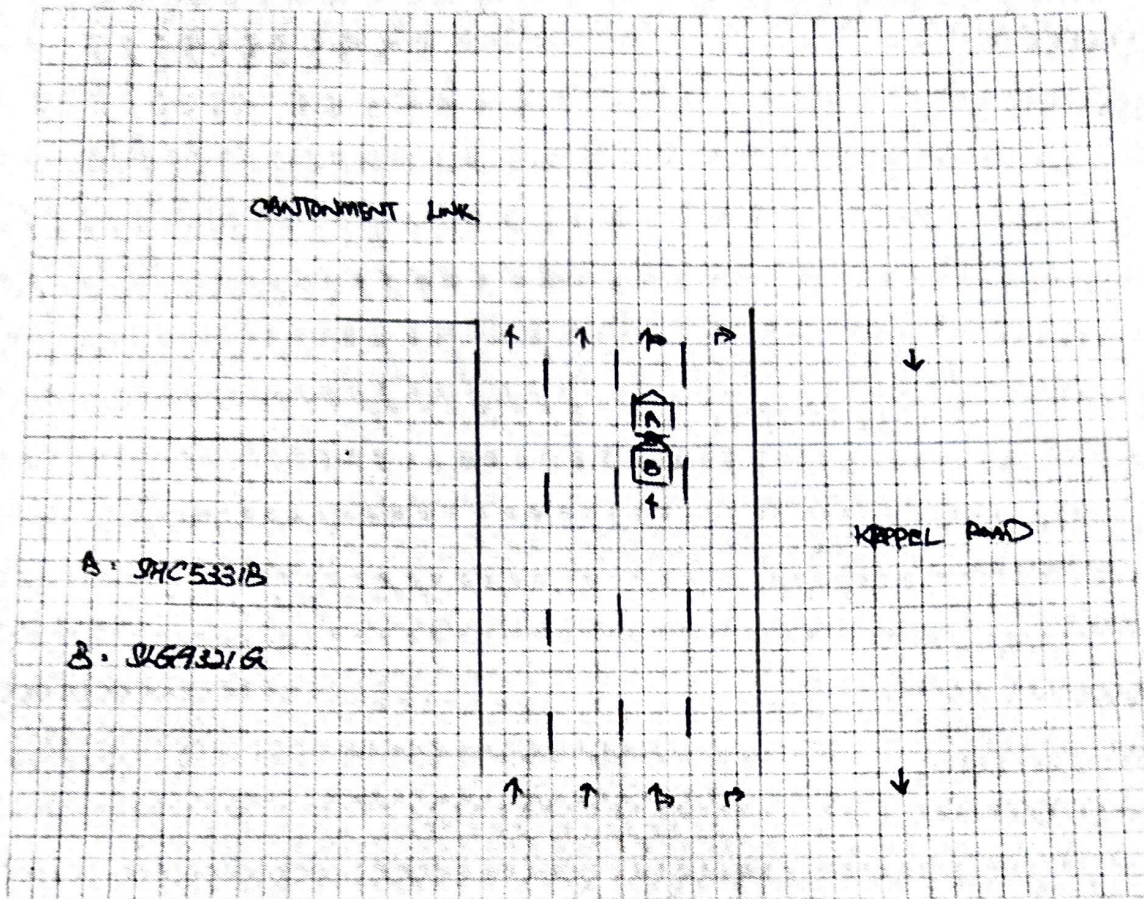
### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... LEE SENG POON  
NRIC No ..... SXXXX881G





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.:



Date Of Birth	01/01/1950
Occupation	Outdoor
Date Of Driving Pass	07/08/1975
Driving experience	46 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98535239
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	115C YISHUN RING ROAD
Address complement	#13-807
Postcode	763115
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	Female

## PASSENGER 2

Name	P2
Gender	Female

## PASSENGER 3

Name	P3
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 15/5/2022 AT ABOUT 1440HOURS , I WAS TRAVELLING ALONG KEPPAL ROAD TOWARDS CANTONMENT LINK . WHEN I STOPPED MY VEHICLE AT THE JUNCTION FOR WAITING THE TRAFFIC LIGHT , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

## 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	VIDEO WITH TRANSCAB

Was there any audio recorded?

No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9321G
Vehicle Manufacturer	Toyota
Vehicle Model	Picnic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-86213159
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-