

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 Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

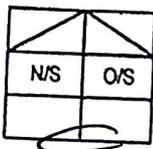
Sum Insured: _____ Excess: _____

(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: 01 days Res.: Yes or No

Lum Sum: 1.8/22 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S110 5886L Yr Regn: 011 19

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

Truck / Trailer or _____

Make: Toy Prius c.c. 1798

Colour M.P. White 1Rw A/C: Insured / Std / NI / NA

Sp. Reading 361557 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F4703079065

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 / Rim or

Tyre Size: F: Wanti 195/65R15

R: P20m

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

TOYO / YOKO or _____

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 28/6/22

Survey held at _____

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 22/8/2022

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

2 8:27:06

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

\$ - RS. \$I

Fuel/OS

Others

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

TOTAL

Report Format :

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

Not Authorized
\$270k

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
SHD5886L

AAD2206-129

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

22 AUG 2022

SHD5886L
 JTDKB3FU703079065
 200303878K
 TOYOTA
 PRIUS
 28/06/2022
GBF7777R/ AIG.
 17/01/2019

PART	LIST	
1 COVER, REAR BUMPER	\$	κ 442.60
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	κ 332.70
1 COVER, REAR BUMPER, LOWER	\$	κ 15.40
1 GUARD, REAR BUMPER, CENTER	\$	κ 576.30
1 RETAINER, REAR BUMPER SIDE, LH	\$	κ 116.50
1 RETAINER, REAR BUMPER SIDE, RH	\$	κ 117.70
1 FILLER, REAR BUMPER EXTENSION, LH	\$	κ 123.70
1 COVER, FLOOR UNDER, NO.1 LH	\$	κ 175.10
1 COVER, FLOOR UNDER, NO.2 RH	\$	κ 241.90
1 COVER, REAR FLOOR CTR	\$	κ 229.90
1 COVER, DECK TRIM, REAR	\$	κ 126.70
1 PANEL SUB-ASSY, BODY LOWER BACK	\$	κ 650.30
1 LENS AND BODY, REAR LAMP, LH (LOWER)	\$	κ 502.00
TOTAL \$		3,650.80
25% \$		912.70
		\$ 2,738.10

Special Nett

1SET PARKING AID	\$	κ 700.00 X
1SET REAR BUMPER CLIP	\$	κ 95.00 X
1 REAR BUMPER PROTECTOR	\$	κ 180.00 X
1SET REAR BUMPER RETAINER CLIP	\$	κ 85.00 X
1SET TAILLAMP LOWER CLIP	\$	κ 55.00 X
1 END PANEL TRIM CLIP	\$	κ 65.00 X
TOTAL \$		1,180.00

TOTAL PARTS \$ 3,918.10

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

CO./GST Reg. No. 201019626G

SHD5886L**AAD2206-129****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>na</i>	300.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</i>	380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		2,200.00	<i>501</i>
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>na</i>	380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	<i>na</i>	180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	<i>na</i>	480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	<i>na</i>	480.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	<i>na</i>	380.00	X
To check steering geometry and computer wheel alignment	\$	<i>na</i>	220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>na</i>	250.00	X
Towing Fees	\$	<i>na</i>	150.00	X
Putty And Spray Painting Of The Affected Portion.	\$		2,200.00	<i>2201</i>
To reinstall rear bumper parking sensor.	\$	<i>na</i>	170.00	X

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To Check Electrical Lighting Concerned.	\$	<i>nn</i>	170.00	X
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	<i>4</i>	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	<i>4</i>	220.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	<i>7</i>	380.00	X
TOTAL	\$		8,920.00	
Over All Total	\$		12,838.10	

(PART-BY-PART) Repair Days

25-DAYS
1 day

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 28/06/2022 16:41 (SGT)
Reported by Driver
Date of Accident 28/06/2022 14:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information COMMONWEALTH AVE WEST JUNCTION OF CLEMENTI AVE 2
TOWARDS CLEMENTI MRT STATION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5886L

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 -

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
Policy Number / Cover Note Number VFX/P2413997

DRIVER

Name of Driver TAN GEK KENG
NRIC No SXXXX164I
Date Of Birth 31/10/1963

Occupation	Outdoor
Date Of Driving Pass	06/10/1983
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90401412
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Choa Chu Kang, 679 Choa Chu Kang Crescent. #04-602
Address complement	-
Postcode	(S)680679
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	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, APPROACHING THE TRAFFIC LIGHT I SLOWING DOWN AS THE TRAFFIC LIGHT TURN RED. SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

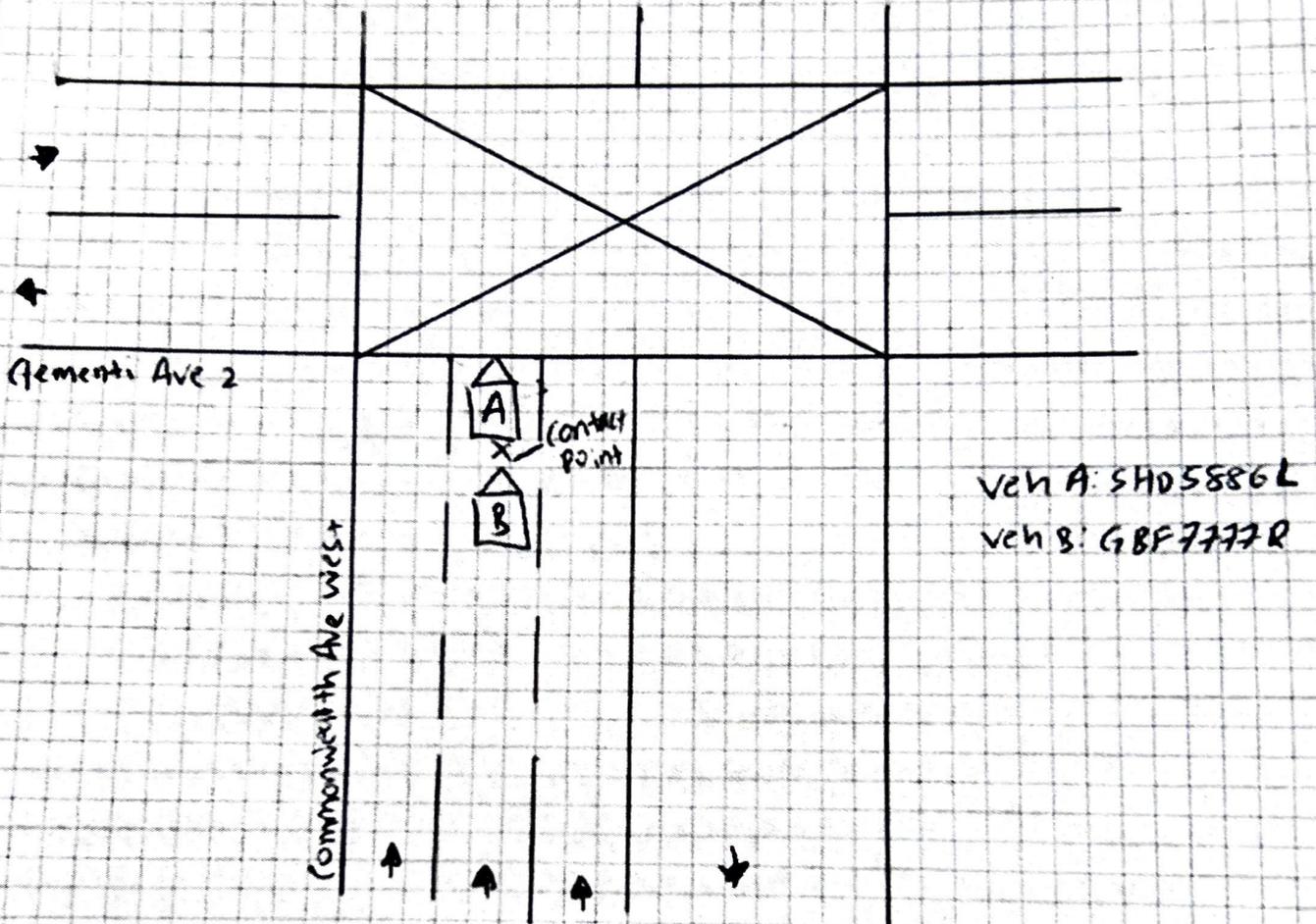
ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7777R
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	HUANG HANJUN
Passport No/FIN	GXXXX587K
Contact Number	(Phone) +65-91572768
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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
ANG QI HAO, VICTOR

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