

ASS. REC. BY:

REF:

C121

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. \_\_\_\_\_

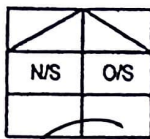
Claims No. \_\_\_\_\_

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHD 9322X Yr Regn: 05, 19Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour M.P. White / Bl A/C: Insured / Std / NI / NASp. Reading 262702 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3F4803080032Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD / A/Rlm orTyre Size: F: Wanli 195/65R15R: Spilun

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 24/6/22D.O.I. 22/8/2022

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

Days Of Repair: \_\_\_\_\_

1)

☐

: Final Report

Resurvey No. of Trlp: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Report Format :

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

TOTAL

Not Authored  
1/1/2022

**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

**SHD9322X**

**AAD2206-104**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**22 AUG 2022**

**SHD9322X**

JTDKB3FU803080032

200303878K

TOYOTA

PRIUS

24/06/2022

**XE3095X/CHINA**

17/05/2019

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	COVER, REAR BUMPER, LOWER
1	GUARD, REAR BUMPER, CENTER
1	RETAINER, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, RH
1	FILLER, REAR BUMPER EXTENSION, LH
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
1	COVER, FLOOR UNDER, NO.2 RH
1	COVER, REAR FLOOR CTR
1	COVER, DECK TRIM, REAR
1	PANEL SUB-ASSY, BODY LOWER BACK
1	REAR TAILGATE TOYOTA LOGO
1	REAR TAILGATE WORDING 'PRIUS'
1	REAR TAILGATE WORDING 'HYBRID'

	LIST
\$	442.60 7
\$	332.70 7
\$	15.40 X
\$	576.30
\$	116.50
\$	117.70
\$	123.70
\$	925.60
\$	241.90
\$	229.90
\$	126.70
\$	650.30
\$	47.90
\$	54.60
\$	54.60
<b>TOTAL \$</b>	<b>4,056.40</b>
<b>25% \$</b>	<b>1,014.10</b>
<b>\$</b>	<b>3,042.30</b>

**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

\$	700.00 X
\$	95.00
\$	150.00
\$	200.00
\$	130.00
\$	80.00
\$	80.00
\$	180.00
\$	85.00
\$	65.00
<b>TOTAL \$</b>	<b>1,765.00</b>

**TOTAL PARTS \$ 4,807.30**

**Trans-cab Auto Services Pte Ltd**

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CO./GST Reg. No. 201019626G

**SHD9322X****AAD2206-104****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	na	300.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	na	380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		2,200.00	200/
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na	380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	4	180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	4	480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	4	480.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	4	380.00	X
To check steering geometry and computer wheel alignment	\$	4	220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	4	250.00	200/ X
Towing Fees	\$		150.00	X
Putty And Spray Painting Of The Affected Portion.	\$		2,200.00	220/
To reinstall rear bumper parking sensor.	\$		170.00	?
To Check Electrical Lighting Concerned.	\$		170.00	10/
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	4	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	4	220.00	X



**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

**SHD9322X**

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

**AAD2206-104**

	\$	<i>na</i> 380.00	X
<b>TOTAL</b>	\$	<b>8,920.00</b>	

<b>Over All Total</b>	\$	<b>13,727.30</b>
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**(PART-BY-PART) Repair Days**~~25 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	25/06/2022 00:40 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS AVE 3 JUNCTION OF WOODLANDS AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9322X
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#### 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	5DR 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
Policy Number / Cover Note Number	VFX/P2413997

#### DRIVER

Name of Driver	LOW KIM SUAN
NRIC No	SXXXX315Z
Date Of Birth	09/02/1964

Occupation .....  
Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

Outdoor  
29/11/1983  
38 YEARS AND 7 MONTHS  
Female  
(Phone) +65-90628968  
-  
Claims@transcab.com.sg  
HDB Tampines, 244 Tampines Street 21.  
#02-383  
(S)521244  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Head to Rear  
Raining  
Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
Number of vehicles involved in the accident .....  
Was anybody injured in the Accident? .....  
Was any injured conveyed to hospital by ambulance? .....  
Was any other vehicle or property damaged? .....  
Number of Passengers (Including Driver) .....  
Has the driver been approached by unknown person(s)  
soliciting/offering accident claims assistance? .....  
Translator's name .....  
Translator's ID .....  
Translator's phone number .....  
Translator's email .....  
Original language used in the statement .....

No  
2  
Yes  
No  
Yes  
2  
No  
-  
-  
-  
-  
-

#### PASSENGER 1

Name .....  
Gender .....

P1  
Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION, SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL WILL CONSULT DOCTOR.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....

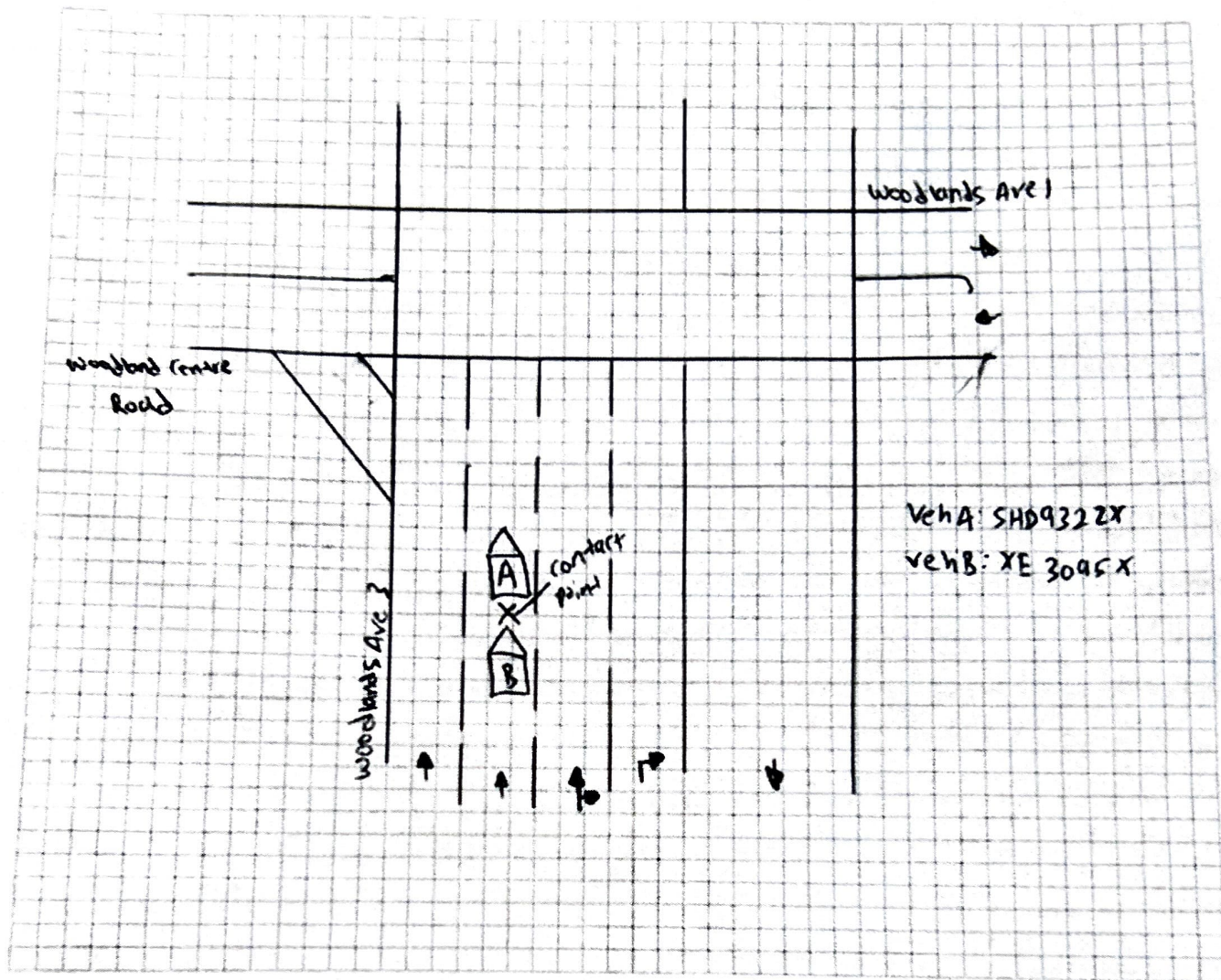
Yes  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....  
Vehicle Manufacturer .....

XE3095X  
-





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

Policyholder's Signature  
Date & Time:

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

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