

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:

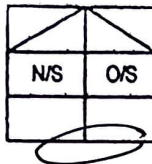
Excess:

(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:

04

days

Res.: Yes or No

Lum Sum:

131

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

S11B 9926P

Yr Regn:

08, 20

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

Truck / Traller or

Make:

Toy

Prius

c.c

1798

Colour

M.P. White / Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

156999

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31FU 903091430

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Wanli

195/65R15

R: Sailun

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

24/8/22

D.O.I.

25/8/2022

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

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

Not Attached  
Paying B4 pay

**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

**SHB9926P**

**AAD2208-**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**25 AUG 2022**

**SHB9926P**

JTDKB3FU903091430

200303878K

TOYOTA

PRIUS GEN 4

24/08/2022

**YN9444Z/ China.**

31/08/2020

**PART**

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 GUARD, REAR BUMPER, CENTER
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 COVER, REAR BUMPER, LOWER
- 1 COVER, DECK TRIM, REAR
- 1 MOULDING SUB-ASSY, ROOF TOP
- 1 MOULDING SUB-ASSY, ROOF DRIP SIDE FINISH, REAR LH
- 1 MOULDING SUB-ASSY, ROOF DRIP SIDE FINISH, REAR RH
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 SPOILER SUB-ASSY, REAR
- 1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2
- 1 PLATE, BACK DOOR NAME, NO.1
- 1 ORNAMENT SUB-ASSY, BACK DOOR
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 BOARD ASSY, BACK DOOR TRIM
- 1 WEATHERSTRIP, BACK DOOR
- 1 BOX, DECK FLOOR, REAR
- 1 BOX, DECK FLOOR, RH
- 1 BOX, DECK FLOOR, LH
- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH

**LIST**

\$	Ben	485.60	—
\$	B	332.70	—
\$	CM	374.50	—
\$	h	118.30	X
\$	h	118.30	X
\$	Dit	132.60	—
\$	mit	22.00	—
\$	h	126.70	X
\$	mit	656.90	— 2
\$	mit	54.40	X
\$	mit	54.40	X
\$		651.00	?
\$	Ben	1,147.80	—
\$	CM	1,575.40	—
\$	h	54.60	—
\$	h	54.60	—
\$	h	47.90	—
\$	CM	913.60	—
\$		259.20	?
\$	h	372.30	X
\$	h	105.80	X
\$	h	313.60	X
\$	h	313.00	X
\$	h	242.50	X
\$	h	242.50	X
\$	h	61.00	X
\$	h	61.00	X
<b>TOTAL</b>	<b>\$</b>	<b>8,892.20</b>	
<b>25%</b>	<b>\$</b>	<b>2,223.05</b>	

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CO./GST Reg. No. 201019626G

**SHB9926P****AAD2208-**

\$	<b>6,669.15</b>
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**Special Nett**

1	REAR SPOILER CLIP	\$	na	65.00	✓
1	REAR BUMPER SIDE CLIP	\$	na	60.00	✓
1	BOOT STICKER TRANSCAB	\$	na	100.00	30sn
1	BOOT STICKER TEL NO	\$	na	100.00	30sn
1SET	PARKING AID	\$	sn	700.00	X
1SET	REAR BUMPER CLIP	\$	na	85.00	X
1	REAR BUMPER RETAINER CLIP	\$	na	75.00	X
<b>TOTAL</b>		\$		<b>1,120.00</b>	

<b>TOTAL PARTS</b>	\$	<b>7,789.15</b>
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**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.	\$		380.00	601
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,800.00	8001
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	na	380.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,600.00	11001
To reinstall rear bumper parking sensor.	\$		170.00	501
To transfer of tire, rim and on wheel balancing.	\$	na	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	201
To check steering geometry and computer wheel alignment	\$	na	220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	na	170.00	X



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**AAD2208-**

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**SHB9926P**

**TOTAL \$ 5,300.00**

**Over All Total \$ 13,089.15**

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

~~20~~ Days

4 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:**

**Trans-cab Auto Services Pte Ltd****AAD2208-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHB9926P**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SHB9926P**

JTDKB3FU903091430

200303878K

TOYOTA

**PRIUS GEN 4**

24/08/2022

**YN9444Z/**

31/08/2020

**SUPPLEMENTARY****PART****LIST**

- 1 LENS & BODY, REAR COMBINATION LAMP, RH (Upper)
- 1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH (Lower)
- 1 COVER, REAR COMBINATION LAMP, RH

<i>cm</i>	339.6	—
<i>cm</i>	261	—
<i>cm</i>	69.9	—

<b>TOTAL</b>	<b>\$</b>	<b>670.50</b>
<b>25%</b>	<b>\$</b>	<b>167.63</b>
	<b>\$</b>	<b>502.88</b>

**LABOUR**

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

\$	300.00	<i>180/-</i>
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<b>TOTAL</b>	<b>\$</b>	<b>300.00</b>
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<b>Over All Total</b>	<b>#REF!</b>
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# 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 Actual 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	24/08/2022 14:08 (SGT)
Reported by	Driver
Date of Accident	24/08/2022 08:10 (SGT)
Exact Location of Accident	Near Blk 390, Singapore
Additional Location Information	TAMPINES AVE 7 TOWARDS AVE 2
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9926P
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	1798

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

## DRIVER

Name of Driver	CHUA CHEOK CHUEN
NRIC No	SXXXX530A
Date Of Birth	07/03/1964
Occupation	Outdoor

Date Of Driving Pass	13/05/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82239820
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	170 ANG MO KIO AVE 4
Address complement	#08-523
Postcode	560170
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

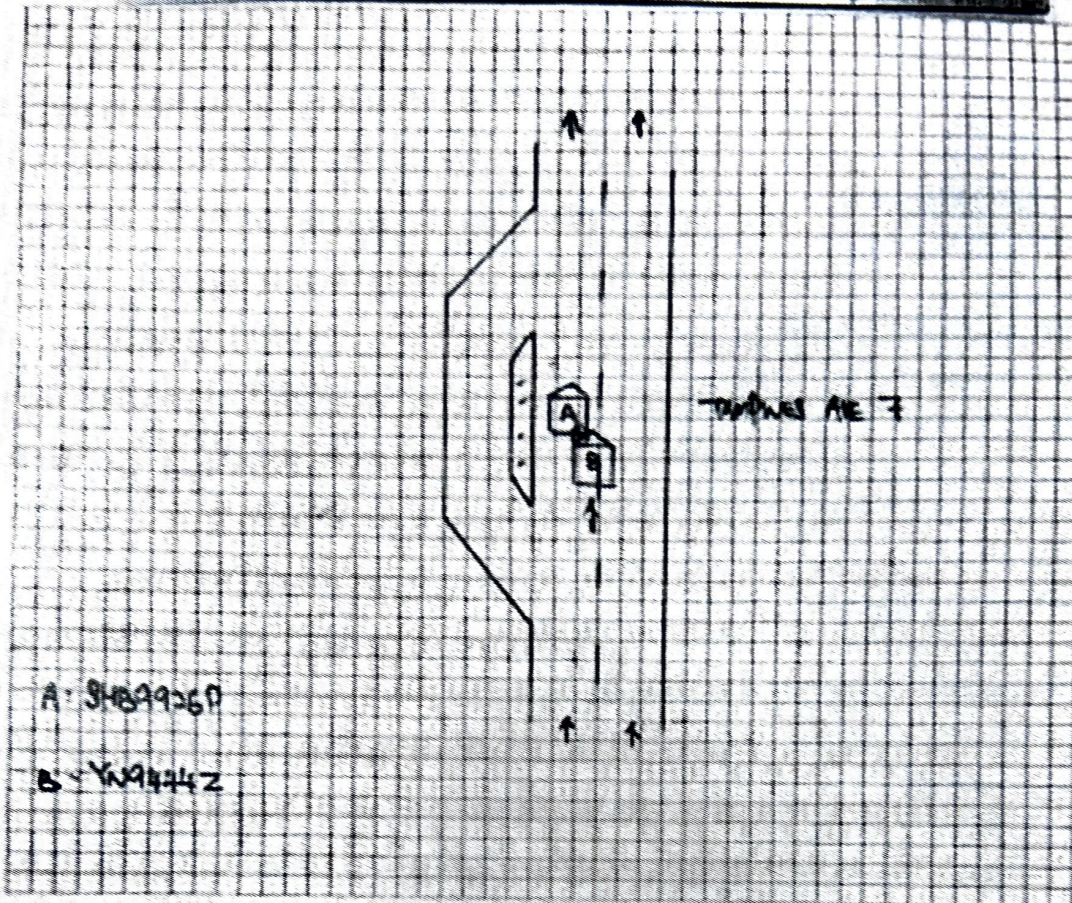
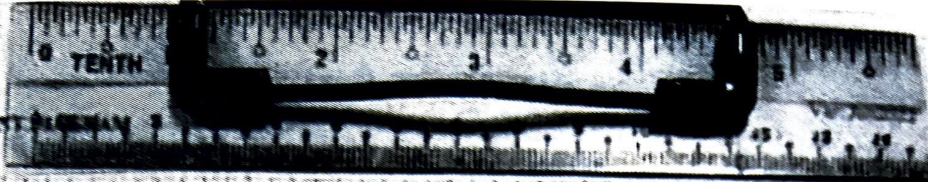
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL UPLOAD INTO TRANSCAB

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9444Z
Vehicle Manufacturer	Isuzu
Vehicle Model	NHR85AUE4A R1



ACCIDENT REPORT



A - 9HB9926D

B - YN9444Z

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer  
Wong Jun Keat  
Witnessed by Reporting Centre  
Personnel