

ASS. REC. BY:

REF:

A16/

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:

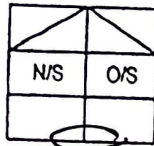
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1 1/2 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S118 7678T

Yr Regn:

03, 19

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

Truck / Traller or

Make:

Toy Privs

c.c.

1798

Colour:

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

312845

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU003079506

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / RIm or

Tyre Size:

F:

195/65R15

R:

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

Sailun

Front

R/Bal.

9

mm

Rear

R/Bal.

6

mm

L/Bal.

9

mm

L/Bal.

6

mm

D.O.A.

17/9/22

D.O.I.

28/9/2022

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + R.S. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

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

SHB7678T

AAD2209-

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

26 SEP 2022

SHB7678T

JTDKB3FU003079506

200303878K

TOYOTA

PRIUS

17/09/2022

SNC3169X/ AIG

22/03/2019

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	BOARD ASSY, BACK DOOR TRIM
1	WEATHERSTRIP, BACK DOOR
1	BOARD, BACK DOOR TRIM
1	COVER, FLOOR UNDER, NO.1 LH
1	COVER, FLOOR UNDER, NO.2 RH
1	COVER, REAR FLOOR CTR
1	COVER, DECK TRIM, REAR
1	PANEL SUB-ASSY, BODY LOWER BACK

LIST	
\$	442.60 X
\$	332.70 7
\$	15.40 X
\$	576.30 ✓
\$	116.50
\$	117.70
\$	259.20
\$	372.30
\$	225.20 X
\$	175.10
\$	241.90
\$	229.90
\$	126.70
\$	650.30
TOTAL \$	3,881.80
25% \$	970.45
\$	2,911.35

Special Nett

1SET PARKING AID
1SET REAR BUMPER CLIP
1 REAR BUMPER PROTECTOR
1SET REAR BUMPER RETAINER CLIP
1 REAR NUMBER PLATE WITH HOLDER
1 END PANEL TRIM CLIP

\$	700.00 X
\$	95.00 6000
\$	180.00 3000
\$	85.00 X
\$	140.00 X
\$	65.00 X
TOTAL \$	1,265.00

Trans-cab Auto Services Pte Ltd

AAD2209-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB7678T

TOTAL PARTS \$ **4,176.35****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 *1501*

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

To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.

\$ *4* 380.00 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 X

Towing Fees

\$ *4* 150.00 X

Trans-cab Auto Services Pte Ltd**AAD2209-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB7678T

Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	2200
To reinstall rear bumper parking sensor.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	4 170.00	X
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.	\$	2 220.00	X
To replace, refix and top up coolant for radiator	\$	4 170.00	X
To lift-up / out engine with gear box and refit.	\$	4 440.00	X
To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.	\$	4 380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	4 380.00	X
TOTAL	\$	10,290.00	
Over All Total	\$	14,466.35	

(PART-BY-PART) Repair Days**25 DAYS**

1 1/2 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 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	19/09/2022 12:55 (SGT)
Reported by	Driver
Date of Accident	17/09/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7678T
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 - Reporting only
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	PEH BOON CHYE
NRIC No	SXXXX698C
Date Of Birth	02/08/1964
Occupation	Outdoor

Date Of Driving Pass	18/02/1982
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91008196
Alt. Phone Number	-
Email Address	Vincentpeh123@gmail.com
Address	430B YISHUN AVE 11
Address complement	#08-408
Postcode	762430
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	3
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?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NANDA BAYESKEN MASLAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT LODGED AT CHANGKAT NPP. VIDE REPORT NO T/20220917/2075.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC3169X
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	JERRETT
Contact Number	(Phone) +65-96482400
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

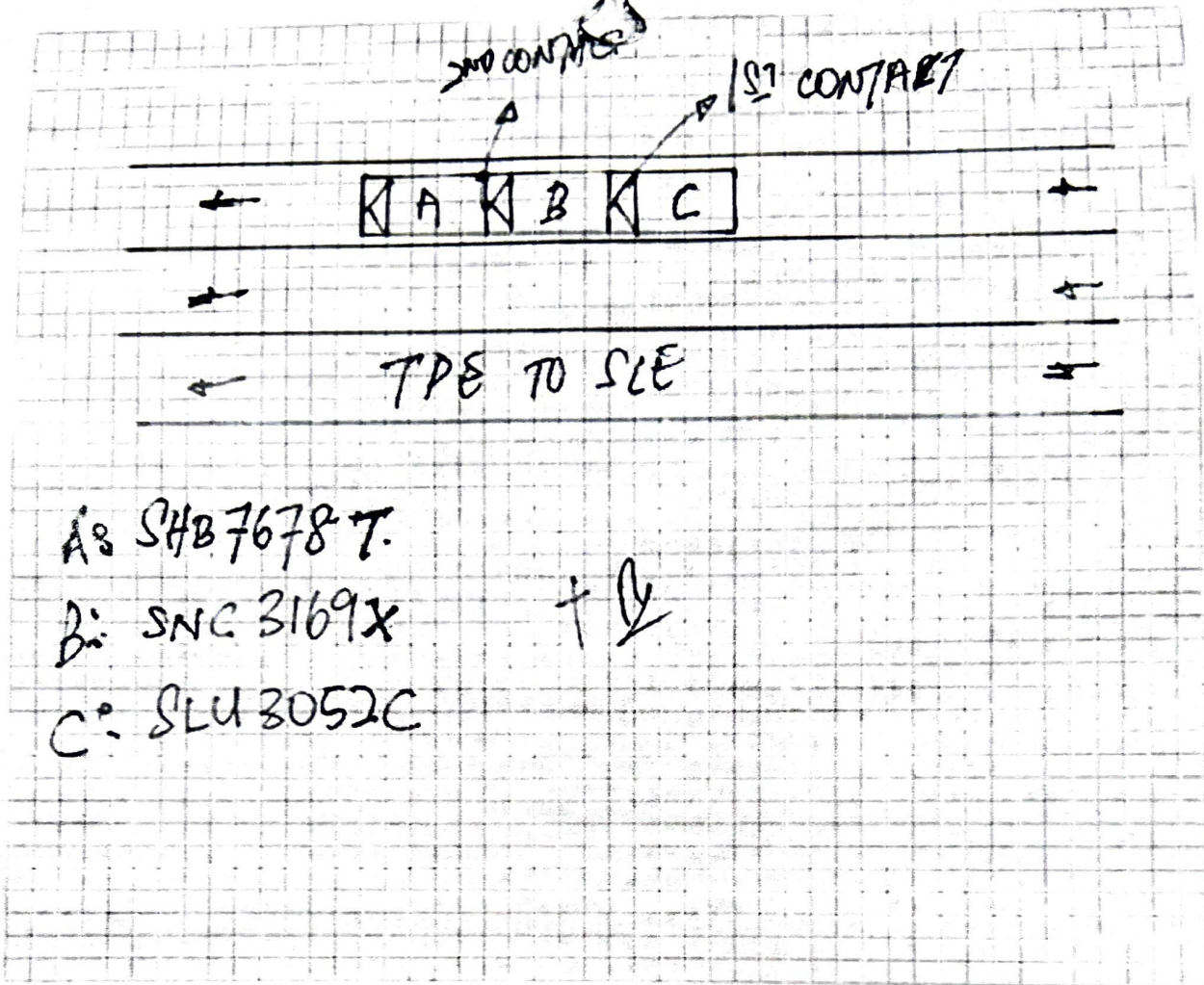
Vehicle Registration Number	SLU3052C
Vehicle Manufacturer	BMW
Vehicle Model	X1
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PEH BOON CHYE
Gender	Male
Phone No	(Phone) +65-91008196
Address	430B YISHUN AVE 11
Address Complement	#08-408
Post Code	762430
Approximate Age Years Old	-
Injuries Sustained	SORE BACK AND NECK
Injured person in which vehicle?	SHB7678T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

ACCIDENT DIAGRAM



 Policyholder's Signature / Date &
 Time

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

 Witnessed By Reporting Officer
 Hashim Bin Kamari

 Witnessed by Reporting Centre
 Personnel