

ASS. REC. BY:

REF:

EQ1

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

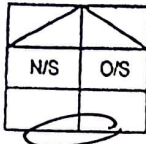
Excess:

(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:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 9070Y

Yr Regn:

11.18

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

Truck / Trailer or

Make:

Toyota Prius

c.c

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

370505

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3FU 903076118

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm 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.

7

mm

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

6/10/22

D.O.I.

10/10/2022

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 Trlp:

Survey Fee:

Transportation

S + RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

**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

**SHD9070Y**

AAD2210-025

*Not Authorized*  
*1/10/22*

Vehicle No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**10 OCT 2022****SHD9070Y**

200303878K

TOYOTA

PRIUS

6/10/2022

**YP982K / EQ**

1/11/2018

**PART****LIST**

1 COVER, REAR BUMPER	\$	<i>Sm</i>	442.60	X
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	<i>Sm</i>	332.70	X
1 COVER, REAR BUMPER, LOWER	\$	<i>Sm</i>	15.40	X
1 GUARD, REAR BUMPER, CENTER	\$	<i>Sm</i>	576.30	X
1 RETAINER, REAR BUMPER SIDE, LH	\$	<i>Sm</i>	116.50	X
1 RETAINER, REAR BUMPER SIDE, RH	\$	<i>Sm</i>	117.70	X
1 PANEL SUB-ASSY, BACK DOOR	\$	<i>Sm</i>	1,147.80	X
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	<i>Sm</i>	925.60	X
1 BOARD ASSY, BACK DOOR TRIM	\$	<i>Sm</i>	259.20	X
1 LENS & BODY, REAR COMBINATION LAMP, LH (UPPER)	\$	<i>CM</i>	443.30	✓
1 LENS AND BODY, REAR LAMP, LH (LOWER)	\$		502.00	?
1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	\$	<i>Sm</i>	443.30	✓
1 LENS AND BODY, REAR LAMP, RH (LOWER)	\$	<i>Sm</i>	502.00	X
1 COVER, FLOOR UNDER, NO.1 LH	\$	<i>Sm</i>	175.10	X
1 COVER, FLOOR UNDER, NO.2 RH	\$	<i>Sm</i>	241.90	X
1 COVER, REAR FLOOR CTR	\$	<i>Sm</i>	229.90	X
1 COVER, DECK TRIM, REAR	\$	<i>Sm</i>	126.70	X
1 SPOILER, SUB ASSY, REAR	\$	<i>CM</i>	1,575.40	✓
1 GLASS, BACK WINDOW FIX	\$	<i>Shottan</i>	761.40	✓
1 MOULDING SUB-ASSY, ROOF TOP	\$	<i>CM</i>	656.90	✓
1 MOULDING, BACK WINDOW, LOWER NO.2	\$		23.60	?
1 MOULDING, BACK WINDOW, OUTSIDE LH NO.2	\$		30.90	?
1 MOULDING, BACK WINDOW, OUTSIDE RH NO.2	\$		30.90	?
1 DAM, BACK DOOR GLASS ADHESIVE, NO.2	\$		28.90	?
1 STAY ASSY, BACK DOOR, LH	\$	<i>Sm</i>	242.50	X
1 STAY ASSY, BACK DOOR, RH	\$	<i>Sm</i>	242.50	X
1 HINGE ASSY, BACK DOOR, LH	\$	<i>Sm</i>	61.00	X
1 HINGE ASSY, BACK DOOR, RH	\$	<i>Sm</i>	61.00	X

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**SHD9070Y****AAD2210-025**

1 REAR TAILGATE TOYOTA LOGO	\$	na	47.90	X
1 REAR TAILGATE WORDING 'PRIUS'	\$	na	54.60	X
1 REAR TAILGATE WORDING 'HYBRID'	\$	na	54.60	X
1 GLASS, BACK DOOR	\$	ht	1,656.70	✓
1 PANEL, ROOF	\$	n	1,283.90	X

<b>TOTAL</b>	<b>\$</b>	<b>13,410.70</b>
<b>25%</b>	<b>\$</b>	<b>3,352.68</b>
	<b>\$</b>	<b>10,058.03</b>

**Special Nett**

1SET PARKING AID	\$	h	700.00	X
1SET REAR BUMPER CLIP	\$	na	95.00	X
2 WINDSCREEN SEALANT	\$	na	150.00	401a
1 WINDSCREEN MOULDING	\$	na	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	na	130.00	301a
1 REAR TAILGATE STICKER "Trans-Cab"	\$	na	80.00	X
1 REAR TAILGATE STICKER "6555-3333"	\$	na	80.00	X
1 REAR BUMPER PROTECTOR	\$	na	180.00	X
2 SEAM SEALANT	\$	na	250.00	✓
1SET REAR BUMPER RETAINER CLIP	\$	na	85.00	X
1 REAR NUMBER PLATE WITH HOLDER	\$	h	140.00	X
1SET TAILLAMP LOWER CLIP	\$	na	55.00	X
1SET TAILLAMP UPPER CLIP	\$	na	55.00	✓
1 END PANEL TRIM CLIP	\$	na	65.00	X
1 REAR SPOILER CLIP	\$	na	70.00	X

<b>TOTAL</b>	<b>\$</b>	<b>2,335.00</b>
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<b>TOTAL PARTS</b>	<b>\$</b>	<b>12,393.03</b>
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**LABOUR**

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

\$ 300.00 *sd*



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

\$ *nn* 380.00 *X*

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 2,200.00 *6000*

To transfer of Tailgate fittings, attachments and perform water seepage test.

\$ *nn* 180.00 *X*

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

\$ *nn* 250.00 *X*

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 *4400*

To reinstall rear bumper parking sensor.

\$ *nn* 170.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *200*

To transfer of luggage floor panel fittings, attachment and perform water seepage test.

\$ *nn* 380.00 *X***TOTAL \$ 6,230.00****Over All Total \$ 18,623.03****(LUMP SUM) Repair Days***10 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:

## 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	06/10/2022 13:30 (SGT)
Reported by	Driver
Date of Accident	06/10/2022 10:27 (SGT)
Exact Location of Accident	Near Eunus Mansions, Singapore
Additional Location Information	JLN EUNOS TOWARDS ECP BEFORE PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9070Y
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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	-
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	WONG YIN CHONG
NRIC No	SXXXX585G
Date Of Birth	24/04/1966
Occupation	Outdoor

**Describe Circumstances of the Accident**

ON 06/10/2022 AT ABOUT 1027HOURS , I WAS TRAVELLING ALONG JLN EUNOS TOWARDS ECP . WHEN I STOPPED MY VEHICLE FOR WAITING THE TRAFFIC LIGHT , SUDDENLY I HEARD A SOUND FROM REAR OF MY VEHICLE AND NOTICED THAT A METAL DROPPED OFF FROM VEHICLE B AND HIT ONTO REAR OF MY VEHICLE .

**Declaration**

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time 01/10/2022

\_\_\_\_\_  
Witnessed By Reporting Officer  
Wong Jun Keat

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



ACCIDENT

Jun 2022

WING 1

A: 8102370Y

B: YP9834

IN 2008

Benson

Policyholder's Signature / Date & Time

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

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