

ASS. REC. BY:

REF: TN1/

ASSIGNMENT

Henrich

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. _____

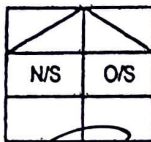
Sum Insured: _____

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: 02 days

Res.: Yes or No

Lum Sum: 1.13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/HF 533 CYr Regn: 09, 20

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

Truck / Trailer or

Make: Toyc.c. 1798Colour: h.p. white / Red

A/C: Insured / Std / NI / NA

Sp. Reading: 125345

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F4903092089Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Pailun

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 19/10/22D.O.A. 21/10/2022

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

26/10/2022 Finalised P/P \$1,555.55 @ 02 days (Red \$6,936.85/ 82%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$

) \$ + RS. \$

☐

: Interview (\$

) Fixing

☐

: Tech Invs (\$

) Others

☐

: Weekend (\$

)

TOTAL

Report Format :

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

Not Notarized
 Primary B4 paint

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

SHF533C

AAD2210-

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

21 OCT 2022

SHF533C

JTDCB3FU903092089

200303878K

TOYOTA

PRIUS GEN 4

19/10/2022

SLC2393U/TOKIO

30/09/2020

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	COVER, REAR BUMPER, LOWER
1	GUARD, REAR BUMPER, CENTER
1	SEAL, REAR BUMPER SIDE, LH
1	SEAL, REAR BUMPER SIDE, RH
1	RETAINER, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, RH
1	COVER, REAR BUMPER, LOWER
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	
\$	bu	485.60 ✓
\$		332.70 7
\$	bu	22.00 ✓
\$	bu	374.50 ✓
\$	bu	118.30 X
\$	bu	118.30 X
\$	bu	132.60 ✓
\$	bu	132.60 ✓
\$	bu	22.00 X
\$	bu	175.10 X
\$	bu	241.90 X
\$		229.90 7
\$	bu	126.70 X
\$	bu	651.00 X
TOTAL	\$	3,163.20
25%	\$	790.80
	\$	2,372.40

Special Nett

1	REAR BUMPER SIDE CLIP	\$	bu	60.00 ✓
1	REAR BUMPER PROTECTOR	\$	bu	100.00 X
1SET	PARKING AID	\$	bu	700.00 X
1SET	REAR BUMPER CLIP	\$	bu	85.00 X
1	REAR BUMPER RETAINER CLIP	\$	bu	75.00 X
TOTAL	\$	1,020.00		

TOTAL PARTS \$ 3,392.40

LABOUR

Trans-cab Auto Services Pte Ltd

AAD2210-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF533C

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 240.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	<i>200</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i> 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>220</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>50</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>15</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X
TOTAL	\$	5,100.00	
Over All Total	\$	8,492.40	

(PART-BY-PART) Repair Days

*20 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 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	20/10/2022 17:02 (SGT)
Reported by	Driver
Date of Accident	19/10/2022 21:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS EXITING JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF533C
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	GAN MENG HONG
NRIC No	SXXXX155I
Date Of Birth	19/09/1965
Occupation	Outdoor

Date Of Driving Pass	26/10/1988
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-90215213
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	30A Duku Road
Address complement	-
Postcode	429187
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, JUST EXIT FROM THE EXPRESSWAY AND IM AT THE FILTER LANE TO JALAN EUNOS. MY VEHICLE WAS STATIONARY AT THE GIVE WAY LINE TO GIVE WAY TO THE ONCOMING VEHICLE ON MY RIGHT, SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

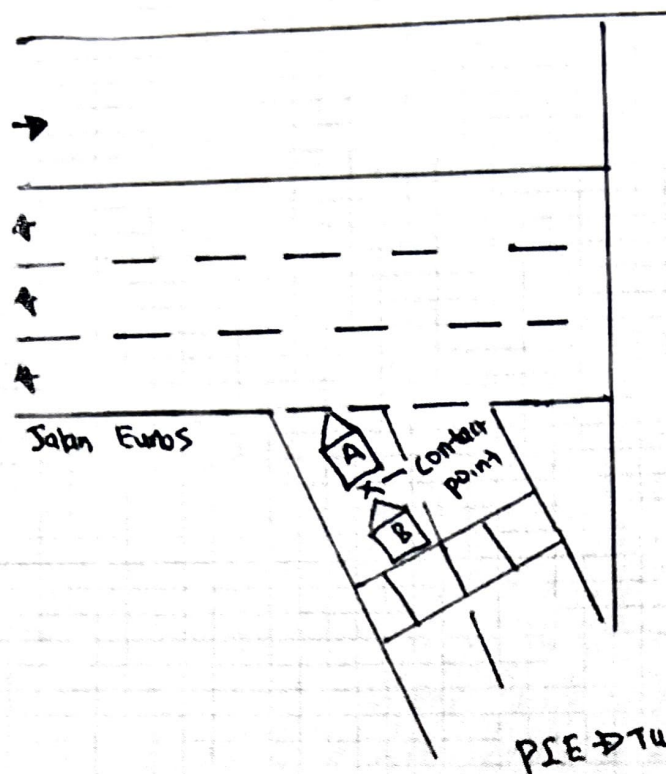
ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC2393U
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	White

ACCIDENT DIAGRAM



Veh A: SHF532
 Veh B: SLC2393U

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

Policyholder's Signature
 Date & Time:

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

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