

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 Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

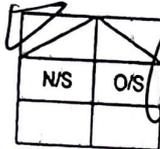
Sum Insured: _____ Excess: _____

(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: 05 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S14C 5089B Yr Regn: 10.20

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: M.P. White / Red A/C: Insured / Std / NI / NA

Sp. Reading: 268172 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31FUX03092246

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: F: Wanli 195/65R15

Rear wiper

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 3/11/22

Survey held at

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 4/11/2022

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or

O/S body & FR N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

Parties

Others

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

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

Not Notarised
 Purvey B4 point

AAD2211-

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

SHC5089B

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

04 NOV 2022

SHC5089B

JTDKB3FUX03092246

TOYOTA

PRIUS GEN 4

03/11/2022

XB8480A/ Clima.

16/10/2020

	PART	LIST	
1	MIRROR ASSY, OUTER REAR VIEW, RH	\$ Br 1,436.60	✓
1	PANEL SUB-ASSY, FRONT DOOR, RH	\$ All wrap 1,300.70	✓
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$ Sn 193.50	X
1	HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$ R 390.60	✓
1	MOTOR ASSY, POWER WINDOW REGULATOR, RH	\$ Sn 926.00	X
1	WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH	\$ Sn 321.10	X
1	HINGE ASSY, FRONT DOOR, LOWER RH	\$ R 110.60	X
1	HINGE ASSY, FRONT DOOR, UPPER RH	\$ R 97.50	X
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$ R 238.30	X
1	TAPE, BLACK OUT, NO.2 FRT RH	\$ R 43.50	✓
1	TAPE, BLACK OUT, NO.1 FRT RH	\$ R 13.30	✓
1	TAPE, BLACK OUT, NO.3 FRT RH	\$ R 26.30	✓
1	PANEL SUB-ASSY, REAR DOOR, RH	\$ R 1,294.90	✓
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH	\$ Sn 193.50	X
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH	\$ Sn 97.40	X
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, RH	\$ Sn 293.00	X
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH	\$ Sn 926.00	X
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	\$ Sn 206.70	X
1	TAPE, BLACK OUT, NO.2 REAR RH	\$ R 34.90	✓
1	TAPE, BLACK OUT, NO.3 REAR RH	\$ R 15.40	✓
1	TAPE, BLACK OUT, NO.1 REAR RH	\$ R 21.90	✓
1	HINGE ASSY, REAR DOOR, LOWER RH	\$ R 87.10	X
1	HINGE ASSY, REAR DOOR, UPPER RH	\$ R 98.90	X
1	FENDER SUB-ASSY, FRONT RH	\$ R 977.80	✓
1	EMBLEM, SIDE PANEL, RH	\$ R 54.60	✓
1	LINER, FRONT FENDER, LH	\$ CMT 210.30	✓

AAD2211-

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

SHC5089B

- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 LINER, REAR WHEEL HOUSE, RH
- 1 COVER, FRONT BUMPER
- 1 MOULDING, FRONT BUMPER SIDE, LH
- 1 RIM
- 1 HUB CAP
- 1 MOULDING ASSY, BODY ROCKER PANEL, RH

\$	<i>R</i>	871.50	X
\$	<i>Sm</i>	139.80	X
\$	<i>Bu</i>	521.00	✓
\$	<i>W</i>	95.60	✓
\$		1,900.10	?
\$		211.50	?
\$	<i>Ru</i>	594.80	X
TOTAL \$		13,944.70	
25% \$		3,486.18	
\$		10,458.53	

Special Nett

- 1 FRT FENDER LINER CLIP
- 1 RR FENDER LINER CLIP
- 1 FRT BUMPER CLIP
- 1 TYRE
- 1 FRT BUMPER RETAINER CLIP
- 1 DOOR STICKER TRANSCAB
- 1 DOOR STICKER TEL. NO
- 1 DOOR TRIM CLIP
- 1 DOOR WEATHERSTRIP CLIP

\$	<i>na</i>	65.00	✓
\$	<i>vn</i>	65.00	X
\$	<i>na</i>	65.00	<i>60na</i>
\$	<i>Pu</i>	250 350.00	<i>60na</i>
\$	<i>na</i>	75.00	X
\$	<i>na</i>	100.00	<i>60na</i>
\$	<i>na</i>	100.00	<i>60na</i>
\$	<i>na</i>	75.00	X
\$	<i>vn</i>	80.00	X
TOTAL \$		975.00	

TOTAL PARTS \$ 11,433.53

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas. \$ 240.00 *901*

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 \$ 1,600.00 *6001*

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

SHC5089B

AAD2211-

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>na</i> 380.00 X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00 <i>1100/</i>
To reinstall rear bumper parking sensor.	\$	<i>na</i> 170.00 X
To transfer of tire, rim and on wheel balancing.	\$	170.00 <i>20/</i>
To Check Electrical Lighting Concerned.	\$	170.00 <i>20/</i>
To check steering geometry and computer wheel alignment	\$	220.00 <i>60/</i>
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>na</i> 170.00 X
TOTAL	\$	5,100.00
Over All Total	\$	16,533.53

(PART-BY-PART) Repair Days Days

5 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	03/11/2022 17:32 (SGT)
Reported by	Driver
Date of Accident	03/11/2022 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SEMBAWANG ROAD BEFORE CHONG PANG CAMP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5089B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5 DR HATCHBACK (AUTO)
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	TAN SIN CHAI
NRIC No	SXXXX753G
Date Of Birth	17/02/1955
Occupation	Outdoor

Date Of Driving Pass 16/03/1977
 Driving experience 45 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92214082
 Alt. Phone Number -
 Email Address Claims@transcab.com.sg
 Address HDB Yishun Glory, 362 Yishun Ring Road
 Address complement #11-1606
 Postcode 760362
 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 - Change/cross lane
 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) 2
 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 -

PASSENGER 1

Name HASNAH BTE NADZIM
 Gender Female

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 ON THE LEFT MOST LANE, SUDDENLY THIRD PARTY CUT INTO MY LANE FROM MY RIGHT SIDE AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE. MY VEHICLE WAS THEN PUSH TO THE LEFT AND HIT ONTO THE SIDE KERB. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

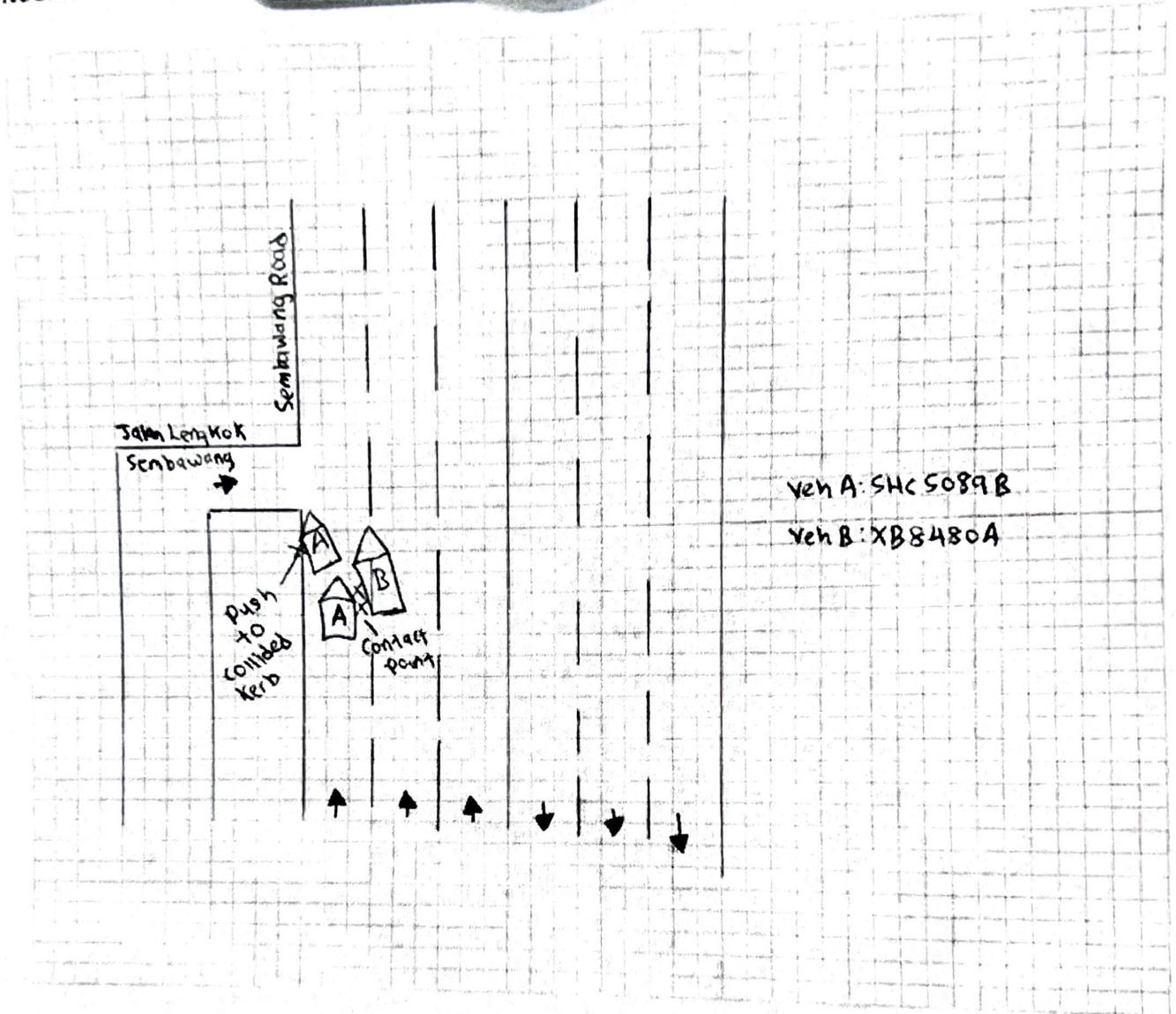
ATTACHMENT(S)

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 XB8480A

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:


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

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

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