

ASS. REC. BY:

REF:

A161

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

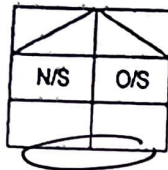
Excess: \_\_\_\_\_

(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: \_\_\_\_\_

02 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

SHF 711E

Yr Regn: \_\_\_\_\_

11, 21

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

Truck / Trailer or

Make: \_\_\_\_\_

Toy Prius

c.c

1798

Colour \_\_\_\_\_

MP White / Red

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

78753

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

JTDRB3FU 403092565

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Wanli

Front

R/Bal. \_\_\_\_\_

8

mm

Rear

R/Bal. \_\_\_\_\_

8

mm

L/Bal. \_\_\_\_\_

8

mm

L/Bal. \_\_\_\_\_

8

mm

D.O.A. \_\_\_\_\_

4/11/22

D.O.I. \_\_\_\_\_

14/11/2022

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

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: \_\_\_\_\_

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: \_\_\_\_\_

Transportation

S + RS. \$

Filing

Others

TOTAL

Report Format :

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

Not Authorized  
Recovery B4 pricing

**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

**SHF711E**

**AAD2211-038**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**14 NOV 2022**

**SHF711E**

JTDKB3FU403092565

200303878K

TOYOTA

PRIUS GEN 4

04/11/2022

**YQ5232T/ AIG.**

30/11/2021

PART		LIST	
1	COVER, REAR BUMPER	\$	485.60 X
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70 ?
1	GUARD, REAR BUMPER, CENTER	\$	374.50 ✓
1	SEAL, REAR BUMPER SIDE, LH	\$	118.30 X
1	SEAL, REAR BUMPER SIDE, RH	\$	118.30 X
1	RETAINER, REAR BUMPER SIDE, RH	\$	132.60 X
1	RETAINER, REAR BUMPER SIDE, LH	\$	132.60 X
1	COVER, REAR BUMPER, LOWER	\$	22.00 X
1	COVER, DECK TRIM, REAR	\$	126.70 X
1	COVER, FLOOR UNDER, NO.2 (RH)	\$	241.90 X
1	COVER, FLOOR UNDER, NO.1 (LH)	\$	175.10 X
1	COVER, REAR FLOOR (CTR)	\$	229.90 X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	651.00 X
1	PANEL SUB-ASSY, BACK DOOR	\$	1,147.80 X
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	54.60 X
1	PLATE, BACK DOOR NAME, NO.1	\$	54.60 X
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	47.90 X
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	913.60 X
1	BOARD ASSY, BACK DOOR TRIM	\$	259.20 X
1	WEATHERSTRIP, BACK DOOR	\$	372.30 X
1	STAY ASSY, BACK DOOR, LH	\$	242.50 X
1	STAY ASSY, BACK DOOR, RH	\$	242.50 X
1	HINGE ASSY, BACK DOOR, LH	\$	61.00 X
1	HINGE ASSY, BACK DOOR, RH	\$	61.00 X
<b>TOTAL</b>		<b>\$</b>	<b>6,598.20</b>
<b>25%</b>		<b>\$</b>	<b>1,649.55</b>
		<b>\$</b>	<b>4,948.65</b>

**Special Nett**

1 REAR BUMPER SIDE CLIP \$ 60.00 X

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**SHF711E**

- 1 BOOT STICKER TRANSCAB
- 1 BOOT STICKER TEL NO
- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1 REAR BUMPER RETAINER CLIP

\$	<i>nn</i>	100.00	X
\$	<i>nn</i>	100.00	X
\$	<i>nn</i>	700.00	X
\$	<i>nn</i>	85.00	X
\$	<i>nn</i>	75.00	X
<b>TOTAL</b>	\$	<b>1,120.00</b>	

<b>TOTAL PARTS</b>	\$	<b>6,068.65</b>
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**LABOUR**

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

\$ *nn* 240.00 X

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

\$ 1,800.00 *2000*

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ *nn* 380.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 *2000*

To reinstall rear bumper parking sensor.

\$ *nn* 170.00 X

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 X

To Check Electrical Lighting Concerned.

\$ *nn* 170.00 X

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 X

To remove and refit of rear fender fittings, attachment and perform water seepage test.

\$ *nn* 170.00 X

<b>TOTAL</b>	\$	<b>5,300.00</b>
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<b>Over All Total</b>	\$	<b>11,368.65</b>
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**LKK Auto Consultants hence notify the Repairer of the following:**

- To resurvey before/after spray painting
- To display damaged part(s) during repair
- 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:

**(PART-BY-PART) Repair Days***1 1/2* Days



## 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	05/11/2022 16:13 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 17:46 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF WOODLANDS AVE AND STREET 82
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF711E

#### 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 - 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	HENG SOO KOON
NRIC No	SXXXX000C
Date Of Birth	31/10/1972
Occupation	Outdoor

Date Of Driving Pass	19/11/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-83381697
Alt. Phone Number	-
Email Address	Tat2sailor@gmail.com
Address	184A, WOODLANDS STREET 13
Address complement	#19-645
Postcode	S731184
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)	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	SITI
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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD, ON THE EXTREME LEFT LANE WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B. I HAD MADE A STOP EARLIER S THE TRAFFUC LIGHT WAS RED. AS THE LIGHT TURNED GREEN, A CAR INFRONT OF ME MOVED OFF AND THE MADE ANOTHER STOP AT TO GIVE WAY TO PADESTRIANS. SEEING THAT I FOLLOWED SUIT AND WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. THIS INCIDENT WAS CAPTURED IN MY IN CAR VIDEO. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### ATTACHMENT(S)

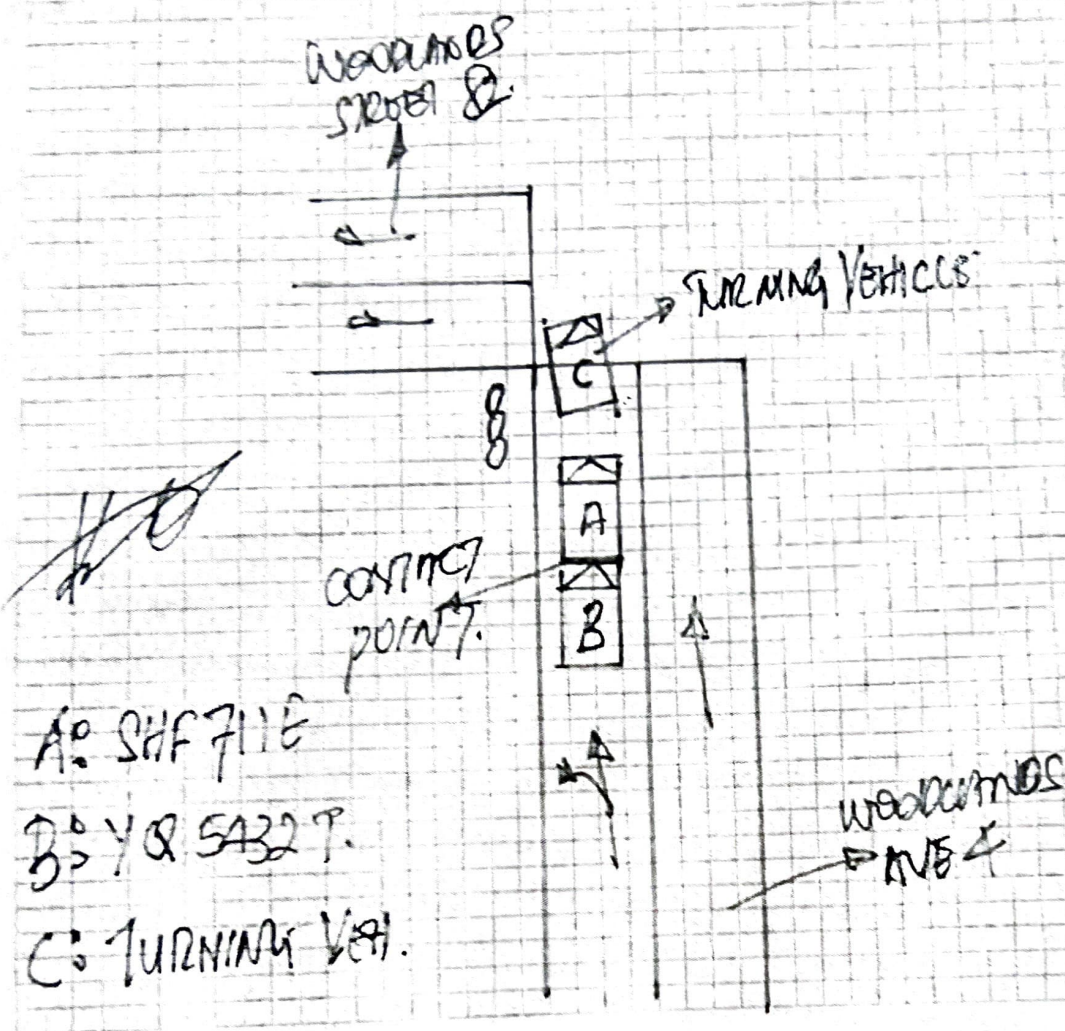
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ5232T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	NO DETAIL
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



ACCIDENT DIAGRAM



VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

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.: