

ASS. REC. BY:

REF:

AUG 1

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:

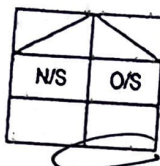
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SHD 97934

Yr Regn:

12 20

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M-P. White 1A

A/C:

Insured / Std / NI / NA

Sp. Reading

195559

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU203093195

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / 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.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

17/11/22

D.O.I.

18/11/2022

Survey held at

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

Rear O/S

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

Date/Time, File Pass to?



: Prel. Report  
 : Final Report

Date/Time, File Return to?  
 port Format :  
 mp Sum / I.B.I. (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech Invs (\$  
☐ : Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

F.P.D.S

Others

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

**SHD9793U***Not Authorized*  
*Preservy B4 paint*

AAD2211-075

Vehicle No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**1 8 NOV 2022****SHD9793U**

200303878K

TOYOTA

PRIUS GEN 4

17/11/2022

**SMC8007J/AIG**

11/12/2020

**PART****LIST**

1 COVER, REAR BUMPER	\$	<i>Bulden</i> 485.60 ✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70 ?
1 COVER, REAR BUMPER, LOWER	\$	<i>nu</i> 22.00 ✓
1 GUARD, REAR BUMPER, CENTER	\$	<i>cm</i> 374.50 ✓
1 RETAINER, REAR BUMPER SIDE, RH	\$	<i>dry</i> 132.60 ✓
1 REFLECTOR ASSY, REFLEX, RH	\$	<i>cm</i> 39.00 ✓
1 LENS & BODY, REAR COMBINATION LAMP, RH (Upper)	\$	<i>sn</i> 339.60 X
1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH (Lower)	\$	<i>sn</i> 261.00 X
1 COVER SUB-ASSY, FRONT PILLAR, UPR RH	\$	<i>sn</i> 100.40 X
1 PANEL SUB-ASSY, BACK DOOR	\$	<i>re</i> 1,147.80 X
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	<i>na</i> 54.60 X
1 PLATE, BACK DOOR NAME, NO.1	\$	<i>na</i> 54.60 X
1 ORNAMENT SUB-ASSY, BACK DOOR	\$	<i>na</i> 47.90 X
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	<i>sn</i> 913.60 X
1 WEATHERSTRIP, BACK DOOR	\$	<i>sn</i> 372.30 X
1 PAN, REAR FLOOR	\$	<i>re</i> 583.40 X
1 COVER, FLOOR UNDER, NO.1 LH	\$	<i>sn</i> 175.10 X
1 COVER, FLOOR UNDER, NO.2 RH	\$	<i>dry</i> 241.90 ✓
1 COVER, REAR FLOOR CTR	\$	<i>sn</i> 229.90 X
1 COVER, DECK TRIM, REAR	\$	<i>sn</i> 126.70 X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$	<i>re</i> 651.00 X
1 STAY ASSY, BACK DOOR, LH	\$	<i>sn</i> 242.50 X
1 STAY ASSY, BACK DOOR, RH	\$	<i>sn</i> 242.50 X
1 HINGE ASSY, BACK DOOR, LH	\$	<i>re</i> 61.00 X
1 HINGE ASSY, BACK DOOR, RH	\$	<i>re</i> 61.00 X



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**SHD9793U****AAD2211-075**

<b>TOTAL</b>	<b>\$</b>	<b>7,293.20</b>
<b>25%</b>	<b>\$</b>	<b>1,823.30</b>
	<b>\$</b>	<b>5,469.90</b>

**Special Nett**

1SET PARKING AID	\$	<i>Sm</i> 700.00 <i>X</i>
1SET REAR BUMPER CLIP	\$	<i>na</i> 95.00 <i>born</i>
2 WINDSCREEN SEALANT	\$	<i>na</i> 150.00
1 WINDSCREEN MOULDING	\$	<i>na</i> 200.00
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>na</i> 130.00
1 REAR TAILGATE STICKER "Trans-Cab"	\$	<i>na</i> 80.00
1 REAR TAILGATE STICKER "6555-3333"	\$	<i>na</i> 80.00
1 REAR BUMPER PROTECTOR	\$	<i>na</i> 180.00
1SET REAR BUMPER RETAINER CLIP	\$	<i>na</i> 85.00
1 END PANEL TRIM CLIP	\$	<i>na</i> 65.00

<b>TOTAL</b>	<b>\$</b>	<b>1,765.00</b>
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<b>TOTAL PARTS</b>	<b>\$</b>	<b>7,234.90</b>
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**LABOUR**

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

\$	<i>na</i> 300.00 <i>X</i>
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To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$	<i>na</i> 380.00 <i>X</i>
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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$	1,400.00 <i>2001</i>
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To transfer of rear end panel fittings, attachment and perform water seepage test.

\$	<i>na</i> 380.00 <i>X</i>
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To transfer of Tailgate fittings, attachments and perform water seepage test.

\$	<i>na</i> 180.00 <i>X</i>
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SHD9793U

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 250.00 <i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,400.00 <i>2201</i>
To reinstall rear bumper parking sensor.	\$	170.00 <i>501</i>
To Check Electrical Lighting Concerned.	\$	170.00 <i>201</i>
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00 <i>X</i>
To remove and replace corporate sticker	\$	<i>nn</i> 250.00 <i>X</i>

<b>TOTAL</b>	<b>\$</b>	<b>5,260.00</b>
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<b>Over All Total</b>	<b>\$</b>	<b>12,494.90</b>
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**(PART-BY-PART) Repair Days***7 DAYS**2 day1*

**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	17/11/2022 12:34 (SGT)
Reported by	Driver
Date of Accident	17/11/2022 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER SEANGOON ROAD TOWARDS HOUGANG BEFORE KOVAN MRT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9793U

#### 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	MOHAMED HASSAN BIN AWANG
NRIC No	SXXXX224I
Date Of Birth	10/02/1966



Occupation	Outdoor
Date Of Driving Pass	23/03/1991
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83734997
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Teck Ghee Horizon, 469 Ang Mo Kio Avenue 10 #08-960
Address complement	-
Postcode	560469
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	Wet

#### 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	JOSEPH - 90287868
Gender	Male

#### 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 MIDDLE LANE, THE VEHICLE INFRONT OF ME SUDDENLY BRAKE AND I MENTIONED TO STOP BEHIND THE FRONT CAR. SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

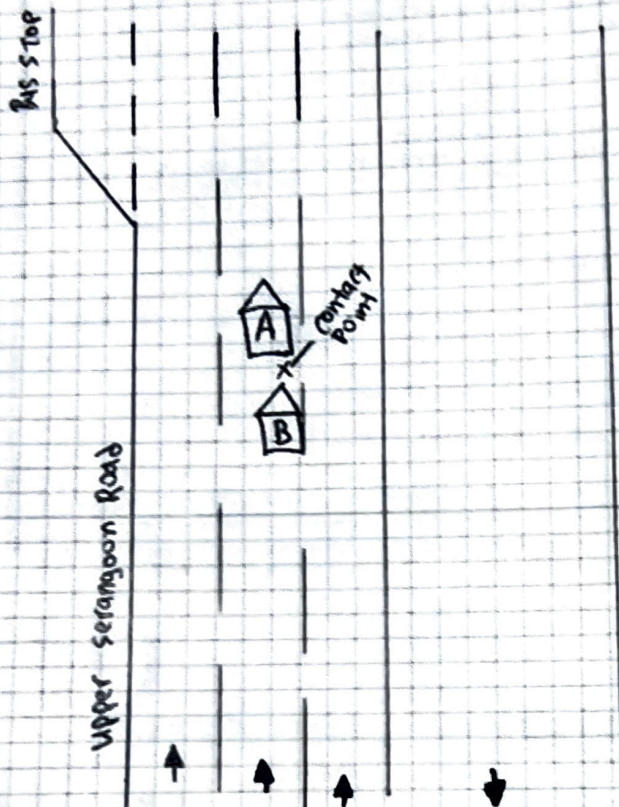
#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC8007J
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# ACCIDENT DIAGRAM



Veh A: SHD9793M  
Veh B: SMC 8007J

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.: