

ASS. REC. BY:

REF:

7m1/

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:

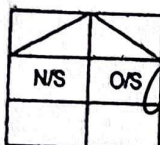
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 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:

SHC 5797R

Yr Regn:

08. 22

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

Truck / Trailer or

Make:

Toy Priv

C.C

1798

Colour

Mr White / Rm

A/C:

Insured / Std / NI / NA

Sp. Reading

12744

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 703098013

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rm or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

28/11/22

D.O.I.

12/12/2022

Survey held at

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

Frt RH door

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ - RS. SI

) Fin. TS

) Others

Report Format :

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

TOTAL

Not Authorized
Penny B4pain

AAD2211-118

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

SHC5797R

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

12 DEC 2022

SHC5797R

JTDKB3FU703096013

TOYOTA

PRIUS GEN 4

28/11/2022

GBD8128T/TOKIO

31/08/2022

PART

LIST

- 1 PANEL SUB-ASSY, FRONT DOOR, RH
- 1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH
- 1 HANDLE ASSY, FRONT DOOR, OUTSIDE RH
- 1 MOTOR ASSY, POWER WINDOW REGULATOR, RH
- 1 WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH
- 1 HINGE ASSY, FRONT DOOR, LOWER RH
- 1 HINGE ASSY, FRONT DOOR, UPPER RH
- 1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH
- 1 TAPE, BLACK OUT, NO.2 FRT RH
- 1 TAPE, BLACK OUT, NO.1 FRT RH
- 1 TAPE, BLACK OUT, NO.3 FRT RH
- 1 PANEL SUB-ASSY, REAR DOOR, RH
- 1 FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH
- 1 HANDLE ASSY, REAR DOOR OUTSIDE, RH
- 1 WEATHERSTRIP, REAR DOOR OPENING TRIM, RH
- 1 MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH
- 1 REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH
- 1 TAPE, BLACK OUT, NO.2 REAR RH
- 1 TAPE, BLACK OUT, NO.3 REAR RH
- 1 TAPE, BLACK OUT, NO.1 REAR RH
- 1 HINGE ASSY, REAR DOOR, LOWER RH
- 1 HINGE ASSY, REAR DOOR, UPPER RH

\$	<i>By/way</i>	1,300.70	✓
\$	<i>h</i>	193.50	X
\$	<i>h</i>	390.60	X
\$	<i>h</i>	926.00	X
\$	<i>h</i>	321.10	X
\$	<i>h</i>	110.60	X
\$	<i>h</i>	97.50	X
\$	<i>h</i>	238.30	X
\$	<i>h</i>	43.50	—
\$	<i>h</i>	13.30	—
\$	<i>h</i>	26.30	✓
\$	<i>h</i>	1,294.90	X
\$	<i>h</i>	193.50	}
\$	<i>h</i>	97.40	
\$	<i>h</i>	293.00	
\$	<i>h</i>	926.00	
\$	<i>h</i>	206.70	
\$	<i>h</i>	34.90	
\$	<i>h</i>	15.40	
\$	<i>h</i>	21.90	
\$	<i>h</i>	87.10	}
\$	<i>h</i>	98.90	

TOTAL \$ 6,931.10

25% \$ 1,732.78

\$ 5,198.33

Trans-cab Auto Services Pte Ltd

AAD2211-118

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5797R

Special Nett

- 1 DOOR STICKER TRANSCAB
- 1 DOOR STICKER TEL. NO
- 1 DOOR TRIM CLIP
- 1 DOOR WEATHERSTRIP CLIP

\$	<i>nn</i>	100.00	<i>born</i>
\$	<i>nn</i>	100.00	X
\$	<i>nn</i>	75.00	X
\$	<i>nn</i>	80.00	X
TOTAL		\$	355.00

TOTAL PARTS	\$	5,553.33
-------------	----	----------

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	<i>301</i>
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>201</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>261</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>151</i>
TOTAL		\$	4,540.00

Over All Total	\$	10,093.33
----------------	----	-----------

(PART-BY-PART) Repair Days*02* 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	28/11/2022 11:00 (SGT)
Reported by	Driver
Date of Accident	28/11/2022 08:45 (SGT)
Exact Location of Accident	5032 Ang Mo Kio Ind Park 2, Singapore 569554
Additional Location Information	5032 ANG MO KIO IND PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5797R
-----------------------------	----------

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	CHEN SIANG TEE
NRIC No	SXXXX238B
Date Of Birth	25/03/1954
Occupation	Outdoor

Date Of Driving Pass	17/08/1973
Driving experience	49 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87591278
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	899B WOODLANDS DR 50
Address complement	#11-278
Postcode	731899
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	Side Swipe
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

ON 28/11/2022 AT ABOUT 0845HOURS , MY VEHICLE WAS PARKED AT 5032 ANG MO KIO IND PARK 2 PARKING LOT AND I SLEEPING INSIDE MY VEHICLE . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B COLLIDED ONTO MY DRIVER'S DOOR WHILE HE REVERSING .

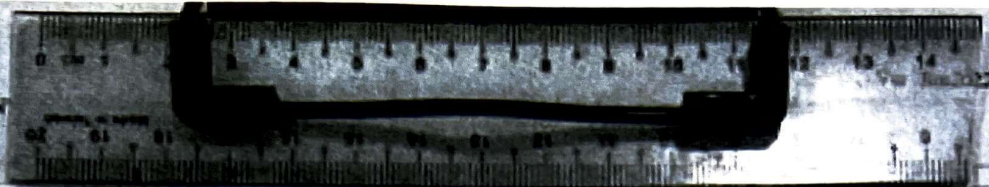
ATTACHMENT(S)

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	GBD8128T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

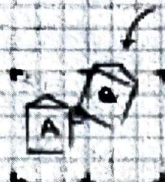
ACCIDENT



5022 8001 40 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300 310 320 330 340 350 360 370 380 390 400 410 420 430 440 450 460 470 480 490 500 510 520 530 540 550 560 570 580 590 600 610 620 630 640 650 660 670 680 690 700 710 720 730 740 750 760 770 780 790 800 810 820 830 840 850 860 870 880 890 900 910 920 930 940 950 960 970 980 990 1000

A. BIC5797R

B. 680P128T



F

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Keel

Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

ON 28/11/2022 AT ABOUT 0845HOURS , MY VEHICLE WAS PARKED AT 5032 ANG MO KIO IND PARK 2 PARKING LOT AND I SLEEPING INSIDE MY VEHICLE . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B COLLIDED ONTO MY DRIVER'S DOOR WHILE HE REVERSING .

Declaration

We declare the foregoing particulars are true in every respect.

Witnessed By Reporting Officer
Wong Jun Keat