

ASS. REC. BY:

REF:

TM1 /

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:

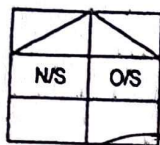
Excess:

(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 Report:

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 5295 Y

Yr Regn:

11, 20

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

Truck / Trailer or

Make:

Zog Prius

C.C

1798

Colour

MR White / R

A/C:

Insured / Std / NI / NA

Sp. Reading

288947

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU403092671

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: Continental 195/65R15

R:

Wanli

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

25/11/22

D.O.I.

12/12/2022

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

Action / Instruction

1003.65

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:

S - RS. SI

Fees

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

TOTAL

Report Format :

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

**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

**SHC5295Y***Not Authorised*  
*Penny Bepain*

AAD2211-116

**81003.65**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**12 DEC 2022****SHC5295Y**

JTDKB3FU403092677

200303878K

TOYOTA

PRIUS GEN 4

25/11/2022

**SLM7624T/TOKIO**

13/11/2020

**PART**

- |   |   |
|---|---|
| 1 | COVER, REAR BUMPER                                  |
| 1 | REINFORCEMENT SUB-ASSY, REAR BUMPER                 |
| 1 | GUARD, REAR BUMPER, CENTER                          |
| 1 | SEAL, REAR BUMPER SIDE, RH                          |
| 1 | RETAINER, REAR BUMPER SIDE, RH                      |
| 1 | COVER, REAR BUMPER, LOWER                           |
| 1 | COVER, DECK TRIM, REAR                              |
| 1 | PANEL SUB-ASSY, BODY LOWER BACK                     |
| 1 | REFLECTOR ASSY, REFLEX, RH                          |
| 1 | COVER, FLOOR UNDER, NO.2 (RH)                       |
| 1 | COVER, FLOOR UNDER, NO.1 (LH)                       |
| 1 | COVER, REAR FLOOR (CTR)                             |
| 1 | LENS & BODY, REAR COMBINATION LAMP, RH (Upper)      |
| 1 | LENS & BODY, REAR COMBINATION LAMP, NO.2 RH (Lower) |
| 1 | COVER, REAR COMBINATION LAMP, RH                    |

**LIST**

\$	<i>Rs</i>	485.60	✓
\$	<i>Rs</i>	332.70	X
\$	<i>Rs</i>	374.50	X
\$	<i>Rs</i>	118.30	X
\$	<i>Rs</i>	132.60	✓
\$	<i>Rs</i>	22.00	X
\$	<i>Rs</i>	126.70	X
\$	<i>Rs</i>	651.00	} X
\$	<i>Rs</i>	39.00	
\$	<i>Rs</i>	241.90	
\$	<i>Rs</i>	175.10	
\$	<i>Rs</i>	229.90	
\$	<i>Rs</i>	339.60	
\$	<i>Rs</i>	261.00	
\$	<i>Rs</i>	69.90	

**TOTAL \$ 6,386.30****25% \$ 1,596.58****\$ 4,789.73****Special Nett**

- |      |                           |
|------|---------------------------|
| 1    | REAR BUMPER SIDE CLIP     |
| 1SET | PARKING AID               |
| 1SET | REAR BUMPER CLIP          |
| 1    | REAR BUMPER RETAINER CLIP |

\$	<i>Rs</i>	60.00	✓
\$	<i>Rs</i>	700.00	X
\$	<i>Rs</i>	85.00	X
\$	<i>Rs</i>	75.00	X

**TOTAL \$ 1,120.00****TOTAL PARTS \$ 5,909.73****LABOUR**



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**SHC5295Y****AAD2211-116**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 240.00	<i>X</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	<i>X</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	<i>2001</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i> 380.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>2201</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>501</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>102</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	<i>X</i>
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	<i>X</i>
<b>TOTAL</b>	<b>\$</b>	<b>5,100.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>11,009.73</b>	

**(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	26/11/2022 21:11 (SGT)
Reported by	Driver
Date of Accident	25/11/2022 05:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN TOA PAYOH FILTER PIE/CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5295Y

#### 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	CHUA KIM CHYE
NRIC No	SXXXX598C
Date Of Birth	17/09/1954
Occupation	Outdoor



Date Of Driving Pass	20/11/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-90885925
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	Blk 425
Address complement	#03-221
Postcode	550425
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	Passenger 1
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

FILTERING TOWARDS PIE/CHANGI. I ALREADY SLOWED DOWN AND STOPPED TO LOOK OUT FOR ON COMING VEHICLE. SUDDENLY I FELT AN IMPACT FROM BEHIND. SAW A VEHICLE HAS ALREADY HOT INTO MY VEHICLE REAR PORTION.

#### 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	SLM7624T
Vehicle Manufacturer	Toyota
Vehicle Model	Prius

**Describe Circumstances of the Accident**

FILTERING TOWARDS PIE/CHANGI. I ALREADY SLOWED DOWN AND STOPPED TO LOOK OUT FOR ON COMING VEHICLE. SUDDENLY I FELT AN IMPACT FROM BEHIND. SAW A VEHICLE HAS ALREADY HOT INTO MY VEHICLE REAR PORTION.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

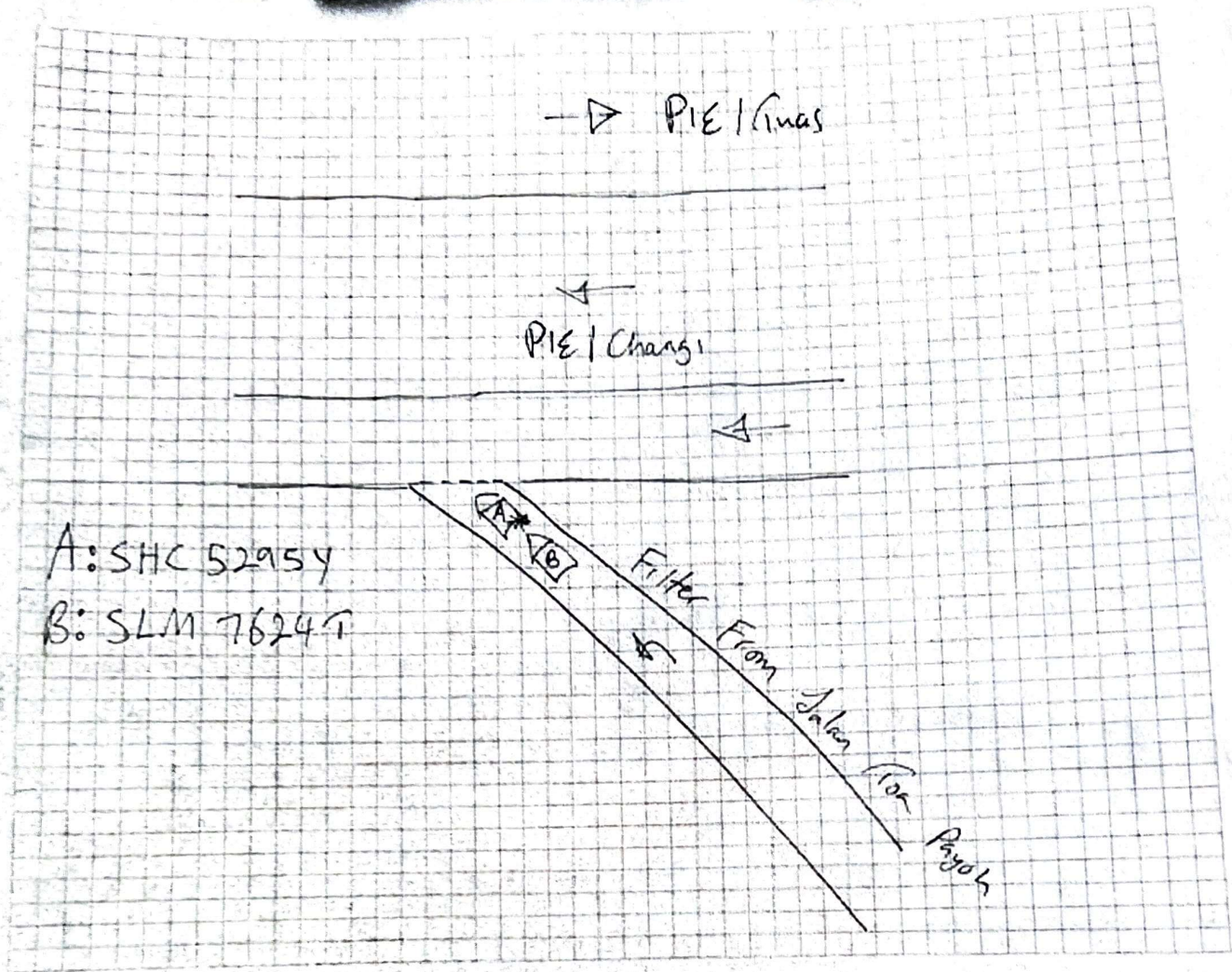
Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Aizam Bin Atan

Witnessed by Reporting Centre  
Personnel





VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

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.: