

ASS. REC. BY:

REF:

AIG

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1.51 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S110 9826J

Yr Regn:

01, 21

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M-P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

160302

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTD KB 3FU 7030 93659

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

Greenlander

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.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

16/12/22

D.O.I.

19/12/2022

Survey held at

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

o/s body

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

Date / Time

Action / Instruction

1. Goot B2

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Firm's

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

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

SHD9826J*Not Authored
Recovery B4 paint***AAD2212-075.**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

19 DEC 2022**SHD9826J**

JTDKB3FU703093659

TOYOTA

PRIUS GEN 4

16/12/2022

SJA1180H/AIG

29/01/2021

PART

- 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
- 1 FENDER SUB-ASSY, FRONT RH
- 1 EMBLEM, SIDE PANEL, RH
- 1 LINER, FRONT FENDER, LH
- 1 MIRROR ASSY, OUTER REAR VIEW, RH

LIST

- | | | | |
|----|-------------|----------|---|
| \$ | <i>B1</i> | 1,300.70 | ✓ |
| \$ | <i>D11</i> | 193.50 | ✓ |
| \$ | <i>R</i> | 390.60 | X |
| \$ | <i>Tu B</i> | 926.00 | ✓ |
| \$ | <i>R</i> | 321.10 | X |
| \$ | <i>R</i> | 110.60 | X |
| \$ | <i>R</i> | 97.50 | X |
| \$ | <i>B1</i> | 238.30 | ✓ |
| \$ | <i>R</i> | 43.50 | ✓ |
| \$ | <i>R</i> | 13.30 | ✓ |
| \$ | <i>R</i> | 26.30 | ✓ |
| \$ | <i>B1</i> | 1,294.90 | ✓ |
| \$ | <i>R</i> | 193.50 | X |
| \$ | <i>R</i> | 97.40 | X |
| \$ | <i>R</i> | 293.00 | X |
| \$ | <i>R</i> | 926.00 | X |
| \$ | <i>R</i> | 206.70 | X |
| \$ | <i>R</i> | 34.90 | ✓ |
| \$ | <i>R</i> | 15.40 | ✓ |
| \$ | <i>R</i> | 21.90 | ✓ |
| \$ | <i>D1</i> | 87.10 | ✓ |
| \$ | <i>R</i> | 98.90 | X |
| \$ | <i>B1</i> | 977.80 | ✓ |
| \$ | <i>R</i> | 54.60 | ✓ |
| \$ | <i>R</i> | 210.30 | X |
| | <i>R</i> | 1436.6 | X |

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AAD2212-

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CO./GST Reg. No. 201019626G

SHD9826J

1 MOULDING ASSY, BODY ROCKER PANEL, RH

	\$	<i>Bu M</i> 594.80 ✓
TOTAL	\$	10,205.20
25%	\$	2,551.30
	\$	7,653.90

Special Nett

1 FRT FENDER LINER CLIP	\$	<i>nn</i> 65.00 X
1 FRT BUMPER CLIP	\$	<i>nn</i> 65.00 X
1 FRT BUMPER RETAINER CLIP	\$	<i>nn</i> 75.00 X
1 DOOR STICKER TRANSCAB	\$	<i>nn</i> 100.00 <i>60sm</i>
1 DOOR STICKER TEL. NO	\$	<i>nn</i> 100.00 <i>60sm</i>
1 DOOR TRIM CLIP	\$	<i>nn</i> 75.00 X
1 DOOR WEATHERSTRIP CLIP	\$	<i>nn</i> 80.00 X
TOTAL	\$	560.00
TOTAL PARTS	\$	8,213.90

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00 <i>901</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>5001</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>8801</i>
To reinstall rear bumper parking sensor.	\$	<i>nn</i> 170.00 X

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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>201</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>
TOTAL	\$	5,100.00
Over All Total	\$	13,313.90

(PART-BY-PART) Repair Days

04 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	16/12/2022 15:31 (SGT)
Reported by	Driver
Date of Accident	16/12/2022 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE ELISA GREEN CONDO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9826J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	VXXXXXXXX3997
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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	200303878K

DRIVER

Name of Driver	TAN TIONG SENG
NRIC No	SXXXX696H
Date Of Birth	01/02/1968
Occupation	Outdoor

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA1180H
Vehicle Manufacturer	Audi
Vehicle Model	A4
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	THIA CHEE CHEW
NRIC No	SXXXX685C
Contact Number	(Phone) +65-81980001
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

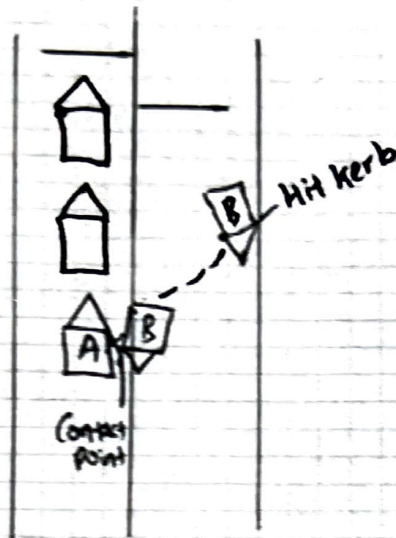
Name	P1
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN TIONG SENG
Gender	Male
Phone No	(Phone) +65-81856789
Address	HDB Tampines, 455 Tampines Street 42.
Address Complement	-
Post Code	(S)520455
Approximate Age Years Old	-
Injuries Sustained	NA
Injured person in which vehicle?	SHD9826J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Elias Green Condo



Veh A: SHD9826J
Veh B: SJA1180H

[Handwritten Signature]

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

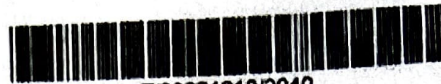
Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20221216/2040

2 of 4

Report No. T/20221216/2040

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver			
Name	TAN TIONG SENG	ID No.	S6803696H
Related Vehicle	SHD9826J (Car)	Contact No.	81856789
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	THIA CHEE CHEW	ID No.	S1461685C
Related Vehicle	SJA1180H (Car)	Contact No.	81980001
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/12/2022 at about 1050hrs, I was driving my company vehicle reg: SHD9826J and sending 2 passengers to their location at Elisa Green Condo. When I reached the said location, I was queuing to turn into the said condo and there were two vehicles in front on me.

Suddenly, I saw the vehicle reg: SJA1180H turning out from condo and hit on to the curb, thereafter he loses control and collided on to my driver side door.

After the collided, we both changed details and both of us agreed to settle the matter through insurance claim. I wish to state that my vehicle had damages at the drive side of my vehicle and I unable to open the door.

When I returned home, I felt discomfort at my back hence I went to seek for medical assistance, and I was given 5 days medical leave.

I wish to further state that I had checked with 2 passengers and they informed that they were not injured.