

ASS. REC. BY:

REF:

AIS/

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:

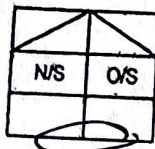
Excess:

(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:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 7684 A Yr Regn: 08.19

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

Truck / Trailer or

Make:

Toyota Pro

c.c

1798

Colour

m.p. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

326503

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3FU 703 08-3309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

Pirelli 195/65R15

R:

Sailun

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

5

mm

L/Bal.

8

mm

L/Bal.

5

mm

D.O.A.

13/12/22

D.O.I.

23/12/2022

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

1 Got B1

Data/Time, File Pass to?



: Prel. Report

1)



: Final Report

Data/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

Fees

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

SHB7684A*Not Withask
1 Pump &***AAD2212-103**

Vehicle No.:

Chassis No.:

UEN No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

23 DEC 2022**SHB7684A**

JTDKB3FU703083309

200303878K

TOYOTA

PRIUS

13/12/2022

SMU8691M/ALLIANZ

30/08/2019

PART**LIST**

1 COVER, REAR BUMPER	\$	Ry 442.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	Ry 332.70	✓
1 COVER, REAR BUMPER, LOWER	\$	Sm 15.40	X
1 GUARD, REAR BUMPER, CENTER	\$	Ry 576.30	✓
1 RETAINER, REAR BUMPER SIDE, LH	\$	Diy 116.50	✓
1 RETAINER, REAR BUMPER SIDE, RH	\$	Sm 117.70	X
1 FILLER, REAR BUMPER EXTENSION, RH	\$	Sm 123.70	X
1 FILLER, REAR BUMPER EXTENSION, LH	\$	Mfr Ry 123.70	✓
1 PANEL SUB-ASSY, BACK DOOR	\$	Ry 1,147.80	✓
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	CM 925.60	✓
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	Me 54.60	✓
1 PLATE, BACK DOOR NAME, NO.1	\$	Me 54.60	✓
1 ORNAMENT SUB-ASSY, BACK DOOR	\$	Me 47.90	✓
1 BOARD ASSY, BACK DOOR TRIM	\$	Sm 259.20	X
1 WEATHERSTRIP, BACK DOOR	\$	Diy 372.30	✓
1 BOARD, BACK DOOR TRIM	\$	Sm 225.20	X
1 LENS AND BODY, REAR LAMP, LH (LOWER)	\$	502.00	?
1 LENS & BODY, REAR COMBINATION LAMP, LH (UPPER)	\$	443.30	?
1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	\$	Sm 451.80	X
1 LENS AND BODY, REAR LAMP, RH (LOWER)	Nz \$	(CM) 502.00	X
1 COVER, REAR COMBINATION LAMP, RH	\$	Sm 64.50	X
1 COVER, REAR COMBINATION LAMP, LH	\$	Sm 64.50	X
1 BOX, DECK FLOOR, RH	\$	313.60	?
1 BOX, DECK FLOOR, LH	\$	Sm 313.00	X
1 BOARD, REAR FLOOR, NO.1	\$	Sm 519.00	X
1 BOX, DECK FLOOR, REAR	\$	105.80	?
1 PANEL ASSY, DECK TRIM SIDE, LH	\$	Sm 355.90	X

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1	PANEL ASSY, DECK TRIM SIDE, RH	\$	355.90	X
1	SEAL, REAR BUMPER SIDE, RH	\$	88.50	X
1	TROUGH, BACK DOOR OPENING, LH	\$	103.40	X
1	TROUGH, BACK DOOR OPENING, RH	\$	103.40	X
1	COVER, FLOOR UNDER, NO.1 LH	\$	175.10	X
1	COVER, FLOOR UNDER, NO.2 RH	\$	241.90	X
1	COVER, REAR FLOOR CTR	\$	229.90	7
1	COVER, DECK TRIM, REAR	\$	126.70	X
1	PAN, REAR FLOOR	\$	583.40	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	651.00	✓
1	SEAL, REAR BUMPER SIDE, LH	\$	88.50	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
TOTAL		\$	11,925.90	
25%		\$	2,981.48	
		\$	8,944.43	

Special Nett

1SET PARKING AID	\$	700.00	2005n
1SET REAR BUMPER CLIP	\$	95.00	605n
2 WINDSCREEN SEALANT	\$	150.00	805n
1 WINDSCREEN MOULDING	\$	200.00	—
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	305n
1 REAR TAILGATE STICKER "Trans-Cab"	\$	80.00	305n
1 REAR TAILGATE STICKER "6555-3333"	\$	80.00	305n
1 REAR BUMPER PROTECTOR	\$	180.00	X
2 SEAM SEALANT	\$	250.00	X
1SET REAR FENDER LINER CLIP	\$	85.00	X
1SET REAR BUMPER RETAINER CLIP	\$	85.00	X
1 REAR NUMBER PLATE WITH HOLDER	\$	140.00	455n
1 END PANEL TRIM CLIP	\$	65.00	X
TOTAL		\$	2,240.00
TOTAL PARTS		\$	11,184.43

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LABOUR

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	200/
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	\$	2,200.00	600/
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	380.00	60/
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	180.00	60/
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	nn 480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	nn 480.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn 380.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	60/
Towing Fees	\$	150.00	50/
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	880/
To reinstall rear bumper parking sensor.	\$	170.00	50/

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To Check Electrical Lighting Concerned.	\$	170.00	2d.
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	u 220.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	u 380.00	X
TOTAL	\$	8,920.00	
Over All Total	\$	20,104.43	

(PART-BY-PART) Repair Days**14 DAYS****5 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	13/12/2022 17:36 (SGT)
Reported by	Driver
Date of Accident	13/12/2022 04:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SIMS AVE EAST NEAR TO BLK 2D GEYLANG SERAI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7684A

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

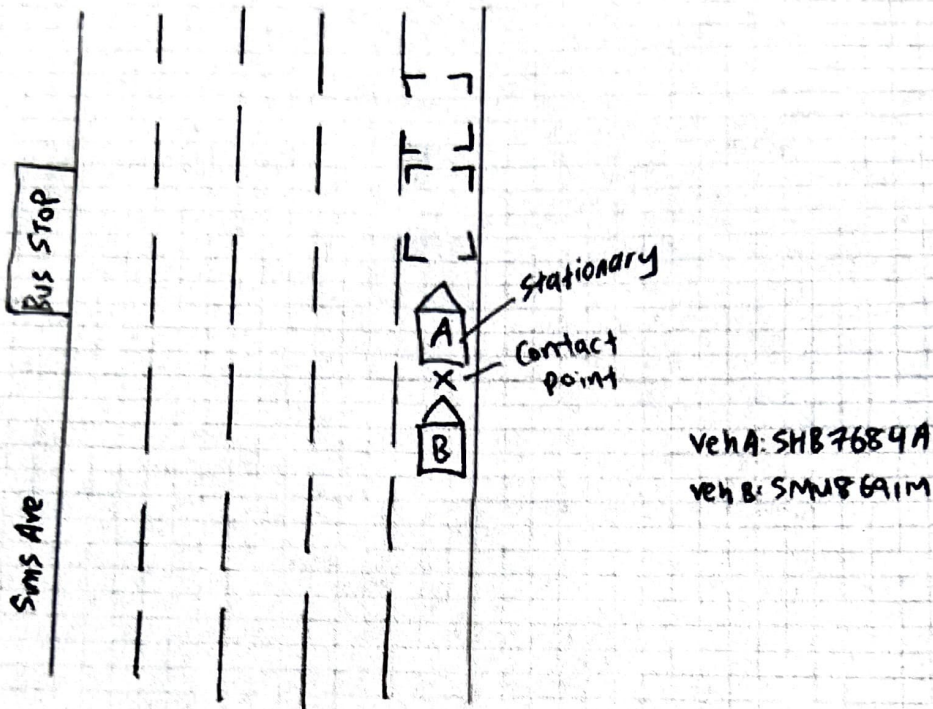
Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	TOH POH LAI
NRIC No	SXXXX976E
Date Of Birth	12/02/1963
Occupation	Outdoor

ACCIDENT DIAGRAM

Ver. 30042021



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**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20221213/2075

2 of 3

Report No. T/20221213/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH POH LAI	ID No.	S1590976E
Related Vehicle	SHB7684A (Car)	Contact No.	93544619
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/12/2022 at 0445hrs, my vehicle (SHB7684A) was stationary along the side road at Sim Avenue. I was hit by a car(SMU8691M) at the rear of my vehicle. I was attended by Traffic Police and was conveyed to Changi General Hospital. I am feeling giddy and injured at my neck area. I was given 3 days MC.

I am lodging this report for recording purposes.