

ASS. REC. BY:

REF:

AIG/

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06 days

Res.: Yes or No

Lum Sum:

1-B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHF 614C

Yr Regn:

081 21

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

Truck / Trailer or

Make:

707 Privi

c.g

1798

Colour:

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

138166

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU203092242

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 / Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Wanli

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

7/2/23

D.O.I.

7/2/2023

Survey held at

Des. of Damages: Fnt / 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

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Report Format :

ump 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

**SHF614C***Not Authored  
McSurvey B4 pain*

AAD2302-

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**07 FEB 2023****SHF614C**

JTDKB3FU203092242

TOYOTA

PRIUS GEN 4

07/02/2023

**SJD6262G/ AIG**

29/04/2021

**PART****LIST**

1	PANEL SUB-ASSY, FRONT DOOR, RH	\$	<i>B</i> 1,641.36	✓
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$	<i>SL</i> 243.81	X
1	HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$	<i>SL</i> 493.40	X
1	MOTOR ASSY, POWER WINDOW REGULATOR, RH	\$	<i>SL</i> 1,161.83	X
1	WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH	\$	<i>SL</i> 404.57	X
1	HINGE ASSY, FRONT DOOR, LOWER RH	\$	<i>R</i> 139.86	X
1	HINGE ASSY, FRONT DOOR, UPPER RH	\$	<i>R</i> 123.06	X
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$	<i>SL</i> 300.62	X
1	TAPE, BLACK OUT, NO.2 FRT RH	\$	<i>SL</i> 55.02	—
1	TAPE, BLACK OUT, NO.1 FRT RH	\$	<i>SL</i> 16.91	—
1	TAPE, BLACK OUT, NO.3 FRT RH	\$	<i>SL</i> 33.29	—
1	PANEL SUB-ASSY, REAR DOOR, RH	\$	<i>B</i> 1,634.33	✓
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH	\$	<i>SL</i> 243.81	X
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH	\$	<i>SL</i> 123.06	X
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, RH	\$	<i>SL</i> 369.60	X
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH	\$	1,161.83	?
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	\$	260.51	?
1	TAPE, BLACK OUT, NO.2 REAR RH	\$	<i>SL</i> 44.00	—
1	TAPE, BLACK OUT, NO.3 REAR RH	\$	<i>SL</i> 19.43	—
1	TAPE, BLACK OUT, NO.1 REAR RH	\$	<i>SL</i> 27.62	—
1	HINGE ASSY, REAR DOOR, LOWER RH	\$	<i>R</i> 109.62	X
1	HINGE ASSY, REAR DOOR, UPPER RH	\$	<i>R</i> 124.74	X
1	PANEL SUB-ASSY, QUARTER, RH	\$	<i>B</i> 1,099.46	—
1	LINER, REAR WHEEL HOUSE, RH	\$	<i>SL</i> 176.09	X
1	MIRROR ASSY, OUTER REAR VIEW, RH	\$	<i>SL</i> 1,814.09	X
1	MOULDING ASSY, BODY ROCKER PANEL, RH	\$	<i>CM</i> 624.54	✓



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**SHF614C**

1 RIM

\$ *sn* 1,900.10 X

1 HUBCAP

\$ *sn* 222.08 X**TOTAL \$ 14,346.56****25% \$ 3,586.64****\$ 10,759.92****Special Nett**

1 DOOR STICKER TRANSCAB

\$ *na* 100.00 *60sn-*

1 DOOR STICKER TEL. NO

\$ *na* 100.00 *60sn*

1 DOOR TRIM CLIP

\$ *na* 75.00 X

1 DOOR WEATHERSTRIP CLIP

\$ *na* 80.00 X

1 FENDER LINER CLIP

\$ *na* 65.00 X

1 ROCKER MOULDING CLIP

\$ *na* 65.00 X

1 TYRE

\$ *sn* 350.00 X**TOTAL \$ 835.00****TOTAL PARTS \$ 11,594.92****LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 240.00 *90l*

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 *100l*

To check steering geometry and computer wheel alignment

\$ *na* 220.00 X

To transfer of door fittings, attachment and perform water seepage test.

\$ 170.00 *120l*

To check steering geometry and computer wheel alignment

\$ *na* 220.00 X

To transfer of tire, rim and on wheel balancing.

\$ *na* 170.00 X

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SHF614C

To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>nn</i> 170.00	<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>90d</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>110d</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>20d</i>
<b>TOTAL</b>	<b>\$</b>	<b>5,110.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>16,704.92</b>	

**(PART-BY-PART) Repair Days****06 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	07/02/2023 11:58 (SGT)
Reported by	Driver
Date of Accident	07/02/2023 07:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YISHUN RING ROAD BEFORE JUNCTION OF YISHUN AVE 9
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF614C

#### 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	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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

#### DRIVER

Name of Driver	NGIAN LAI HWA
NRIC No	SXXXX411C
Date Of Birth	14/06/1956



Occupation	Outdoor
Date Of Driving Pass	17/10/1983
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92254484
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Fragrant Woods, 521 Woodlands Drive 14
Address complement	-
Postcode	730521
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 - Change/cross lane
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	MS SIM
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

I WAS TRAVELLING ALONG THE MENTIONED LOCATION ON THE LEFT LANE GOING STRAIGHT. THERE IS A LONG Q ON THE RIGHT LANE AND THIRD PARTY SUDDENLY MADE A LANE CHANGE TO THE LEFT WHILE I PASS BY HIM AND COLLIDED ONTO MY RIGHT SIDE. 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	SJD6262G
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Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MOHAMMAD HAD BIN ADNAN
NRIC No	SXXXX259G
Contact Number	(Phone) +65-97320240
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

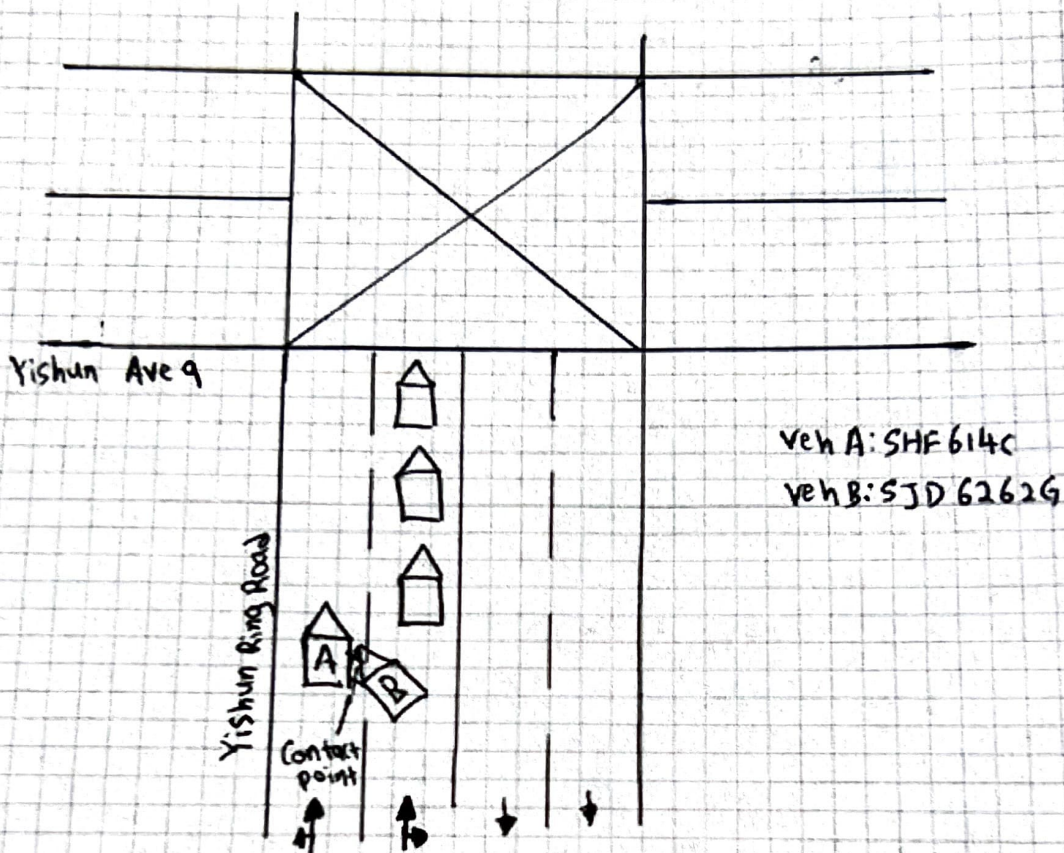
## WITNESS DETAILS

### WITNESS 1

Name	MS SIM
Phone	(Phone) +65-91075708
Email	-



ACCIDENT DIAGRAM



Driver's Signature  
Name:

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.: