

ASS. REC. BY:

REF:

C.121

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

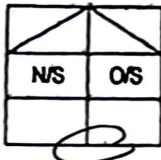
Claims No. _____

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: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S110 9345E Yr Regn: 05 19

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

Truck / Trailer or

Make: Toy Prm c.c. 1798

Colour M.P. White 1Pr AC: Insured / Std / NI / NA

Sp. Reading 345820 T/Radio: Insured / Std / NI / NA

EngNo: _____

C/No: J7DKB3FU X0.3079805

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: Greenlander 195/65R15

R: Wanli

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 9 mm

L/Bal. 8 mm

L/Bal. 9 mm

D.O.A. 12/2/23

D.O.I. 14/2/2023

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| S - RS. SI | |
| Fuel | |
| Others | |
| TOTAL | |

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)

Report Format : Lump Sum / L.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
SHD9345E

Not Authen
Li Hong B

AAD2302-063

Vehicle No.:
 Chassis No.:
 Co UEN:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :
 Date of Registration :

14 FEB 2023

SHD9345E
 JTDKB3FUX03079805
 200303878K
 TOYOTA
 PRIUS
 12/02/2023
SNA4122J/CHINA
 17/05/2019

| PART | LIST | Price | Notes |
|--|-----------|-----------------|-------|
| 1 COVER, REAR BUMPER | \$ Bu | 558.39 | — |
| 1 GUARD, REAR BUMPER, CENTER | \$ Bu 1M | 726.92 | — |
| 1 COVER, REAR BUMPER, LOWER | \$ M | 19.43 | — |
| 1 FILLER, REAR BUMPER EXTENSION, LH | \$ Bu | 155.72 | X |
| 1 FILLER, REAR BUMPER EXTENSION, RH | \$ M 3M | 155.72 | — |
| 1 REINFORCEMENT SUB-ASSY, REAR BUMPER | \$ | 419.90 | ? |
| 1 RETAINER, REAR BUMPER SIDE, LH | \$ Bu | 147.11 | X |
| 1 RETAINER, REAR BUMPER SIDE, RH | \$ Bu | 148.58 | X |
| 1 COVER, FLOOR UNDER, NO.2 (RH) | \$ Bu | 220.50 | X |
| 1 COVER, FLOOR UNDER, NO.1 (LH) | \$ Bu | 304.92 | X |
| 1 COVER, REAR FLOOR (CTR) | \$ M | 290.43 | X |
| 1 COVER, DECK TRIM, REAR | \$ Bu | 159.39 | X |
| 1 PANEL SUB-ASSY, BODY LOWER BACK | \$ M | 824.46 | X |
| 1 PANEL SUB-ASSY, QUARTER, RH | \$ M | 1,099.46 | X |
| 1 PANEL SUB-ASSY, BACK DOOR | \$ M | 1,443.86 | X |
| 1 WEATHERSTRIP, BACK DOOR | \$ Bu | 469.25 | X |
| 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE | \$ M 3M | 1,171.38 | — |
| 1 STAY ASSY, BACK DOOR, LH | \$ Bu | 305.66 | X |
| 1 STAY ASSY, BACK DOOR, RH | \$ Bu | 305.66 | X |
| 1 HINGE ASSY, BACK DOOR, LH | \$ M | 77.18 | X |
| 1 HINGE ASSY, BACK DOOR, RH | \$ M | 77.18 | X |
| 1 REAR TAILGATE TOYOTA LOGO | \$ M | 90.30 | — |
| 1 REAR TAILGATE WORDING 'PRIUS' | \$ M | 68.88 | — |
| 1 REAR TAILGATE WORDING 'HYBRID' | \$ M | 68.88 | — |
| TOTAL | \$ | 9,309.09 | |
| 25% | \$ | 1,666.03 | |
| | \$ | 4,998.08 | |

Special Nett

| | | | |
|--------------------------|----|-----------|------|
| 1 PARKING AID | \$ | CM 700.00 | 25CM |
| 1 REAR LOWER BUMPER CLIP | \$ | M 65.00 | 6CM |

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AAD2302-063

SHD9345E

| | | | | |
|-------------------------------------|-----------|----|-----------------|------|
| 1 REAR BUMPER CLIP | \$ | na | 60.00 | ✓ |
| 2 WINDSCREEN SEALANT | \$ | na | 150.00 | Pass |
| 1 WINDSCREEN MOULDING | \$ | na | 200.00 | ✓ |
| 1 WINDSCREEN INNER SPONGE SEAL | \$ | na | 130.00 | 305n |
| 1 REAR TAILGATE STICKER "Trans-Cab" | \$ | na | 80.00 | 305n |
| 1 REAR TAILGATE STICKER "6555-3333" | \$ | na | 80.00 | 305n |
| 1 REAR BUMPER PROTECTOR | \$ | na | 180.00 | |
| 1 REAR NUMBER PLATE WITH HOLDER | \$ | | 140.00 | |
| TOTAL | \$ | | 1,785.00 | |
| TOTAL PARTS | \$ | | 6,783.08 | |

LABOUR

| | | | | |
|---|----|----|----------|-----|
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | \$ | na | 380.00 | X |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | | 1,400.00 | 50d |
| To transfer of Fender fittings, attachments and perform water seepage test. | \$ | na | 480.00 | X |
| Putty And Spray Painting Of The Affected Portion. | \$ | | 1,400.00 | 66d |
| To reinstall rear bumper parking sensor. | \$ | | 170.00 | 50l |
| To transfer of luggage floor panel fittings, attachment and perform water seepage test. | \$ | na | 380.00 | X |
| To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators. | \$ | na | 380.00 | X |
| To Rust-Proofing and apply undercoat Of The Affected Areas. | \$ | na | 240.00 | X |

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SHD9345E

To conduct and perform a comprehensive vehicle diagnostic check
and reset vehicle warning indicators.

\$ *~ ~* 380.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

TOTAL \$ 5,760.00

Over All Total \$ 12,543.08

(PART-BY-PART) Repair Days

05 days

3 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 | 13/02/2023 14:49 (SGT) |
| Reported by | Driver |
| Date of Accident | 12/02/2023 22:25 (SGT) |
| Exact Location of Accident | Near PIE, Singapore |
| Additional Location Information | PIE TOWARDS TUAS AFTER TAMPINES AVE 5 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD9345E |
|-----------------------------|----------|

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

DRIVER

| | |
|----------------|----------------|
| Name of Driver | OW NGUANG SENG |
| NRIC No | SXXXX438F |
| Date Of Birth | 24/05/1960 |
| Occupation | Outdoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 29/01/1980 |
| Driving experience | 43 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-91804453 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | 467 ANG MO KIO AVE 10 |
| Address complement | #02-1010 |
| Postcode | 560467 |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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 | P1 |
| Gender | Male |

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 12/2/2023 AT ABOUT 2225HOURS , I WAS TRAVELLING ALONG PIE TOWARDS TUAS . WHEN I SAW SOME POLICEMEN ASKED ME TO SLOW DOWN MY VEHICLE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

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 | SNA4122J |
| Vehicle Manufacturer | Toyota |


Describe Circumstances of the Accident

ON 12/2/2023 AT ABOUT 2225HOURS , I WAS TRAVELLING ALONG PIE TOWARDS TUAS . WHEN I SAW SOME POLICEMEN ASKED ME TO SLOW DOWN MY VEHICLE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



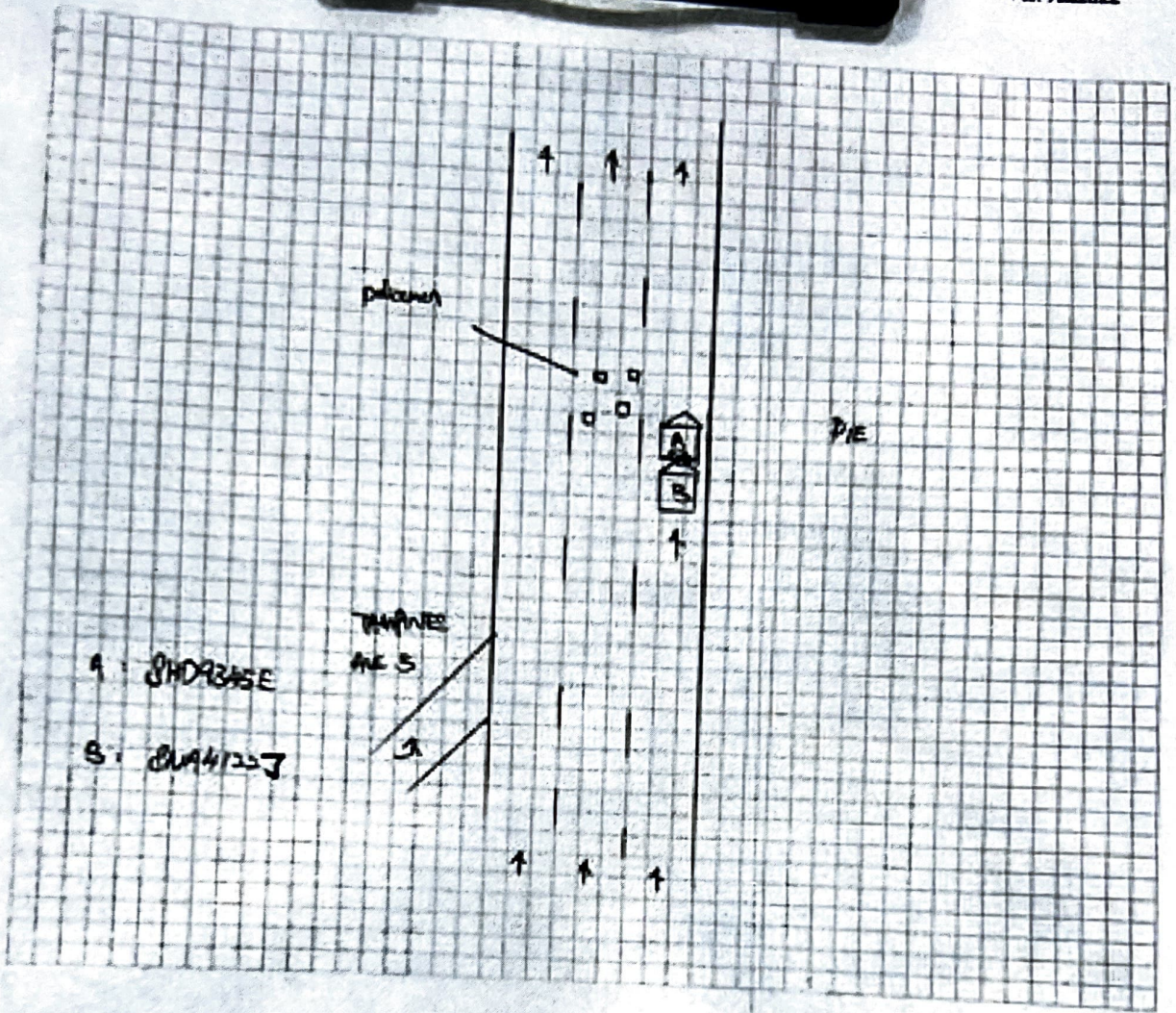
Driver's Signature (if driver is not the policyholder) / Date & Time 13/2/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel