

ASS. REC. BY:

REF:

TM/1

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.

Bal. or Market Value: 859,968/-

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 9735 E Yr Regn: 10.20

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

Truck / Trailer or

Make:

Toy PWS

c.c

1798

Colour

M.P. White / Red

AC:

Insured / Std / NI / NA

Sp. Reading

189080

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU003092482

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 / A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Wanli

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

8

mm

D.O.A.

9/2/23

D.O.I.

20/2/2023

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS, SI

P. 100

Others

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

**SHD9755E**

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**20 FEB 2023***Na Nthoik  
Penny Bypain***AAD2302-056****SHD9755E**

JTDKB3FU003092482

200303878K

TOYOTA

PRIUS GEN 4

09/02/2023

**SFP711B/** *Tokio*

30/10/2020

PART		LIST	
1	PANEL SUB-ASSY, FRONT DOOR, LH	\$	<i>h</i> 1,641.36
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, LH	\$	<i>h</i> 243.81
1	HANDLE ASSY, FRONT DOOR OUTSIDE, LH	\$	<i>h</i> 493.40
1	WEATHERSTRIP, FRONT DOOR, LH	\$	<i>h</i> 292.32
1	HINGE ASSY, FRONT DOOR, LOWER LH	\$	<i>h</i> 139.86
1	HINGE ASSY, FRONT DOOR, UPPER LH	\$	<i>h</i> 123.06
1	TAPE, BLACK OUT, NO.1 FRT LH	\$	<i>na</i> 16.91
1	TAPE, BLACK OUT, NO.2 FRT LH	\$	<i>na</i> 55.02
1	TAPE, BLACK OUT, NO.3 FRT LH	\$	<i>na</i> 33.29
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT LH	\$	<i>h</i> 1,161.83
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH	\$	<i>h</i> 300.62
1	PANEL SUB-ASSY, REAR DOOR, LH	\$	<i>h</i> 1,634.33 ✓
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, LH	\$	<i>h</i> 243.81 X
1	HANDLE ASSY, REAR DOOR OUTSIDE, LH	\$	<i>h</i> 123.06 X
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, LH	\$	<i>h</i> 369.60 X
1	HINGE ASSY, REAR DOOR, LOWER LH	\$	<i>h</i> 109.62 X
1	HINGE ASSY, REAR DOOR, UPPER LH	\$	<i>h</i> 124.74 X
1	TAPE, BLACK OUT, NO.1 REAR LH	\$	<i>na</i> 27.62 ✓
1	TAPE, BLACK OUT, NO.2 REAR LH	\$	<i>na</i> 44.00 ✓
1	TAPE, BLACK OUT, NO.3 REAR LH	\$	<i>na</i> 19.43 ✓
1	MOTOR ASSY, POWER WINDOW REGULATOR, LH	\$	<i>h</i> 1,161.83 X
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, LH	\$	<i>h</i> 260.51 X
1	PANEL SUB-ASSY, QUARTER, LH	\$	<i>h</i> 1,099.46 X
1	MOULDING ASSY, BODY ROCKER PANEL, LH	\$	<i>h</i> 624.54 X
<b>TOTAL</b>		<b>\$</b>	<b>10,344.03</b>



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AAD2302-056

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CO./GST Reg. No. 201019626G

SHD9755E

25%	\$	2,586.01
	\$	7,758.02

**Special Nett**

2SET DOOR TRIM CLIP	\$	nn	70.00	X
2SET DOOR WEATHERSTRIP CLIP	\$	nn	130.00	X
1 DOOR STICKER TRANSCAB	\$	nn	350.00	601
1 DOOR STICKER TEL NO.	\$	nn	100.00	601
1SET CLIP, ROCKER PANEL MOULDING	\$	nn	65.00	X
1SET FENDER CLIP	\$	nn	130.00	X
1 FENDER LINER CLIP	\$	nn	65.00	X
<b>TOTAL</b>	<b>\$</b>		<b>910.00</b>	
<b>TOTAL PARTS</b>	<b>\$</b>		<b>2,300.00</b>	

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	301
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	\$	1,600.00	301
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	nn	380.00 X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	6601
To reinstall rear bumper parking sensor.	\$	nn	170.00 X
To transfer of tire, rim and on wheel balancing.	\$	nn	170.00 X

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**SHD9755E**

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

To check steering geometry and computer wheel alignment

\$ *na* 220.00 *X*To remove and refit of rear fender fittings, attachment and  
perform water seepage test.\$ *na* 170.00 *X***TOTAL** \$ **5,100.00****Over All Total** \$ **15,158.02****(PART-BY-PART) Repair Days***08 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	10/02/2023 14:42 (SGT)
Reported by	Driver
Date of Accident	09/02/2023 19:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH RIAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9755E
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### 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	(Office) +65-62876666

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5 DR HATCHBACK (AUTO)
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

### DRIVER

Name of Driver	LOW HAI MONG
NRIC No	SXXXX085Z
Date Of Birth	01/01/1953
Occupation	Outdoor



Date Of Driving Pass	24/01/1977
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96283413
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Toh Yi Gardens, 5 Toh Yi Drive.
Address complement	#05-231
Postcode	S590005
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)	3
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	MAHENDRA
Gender	Male

#### PASSENGER 2

Name	NO DETAIL
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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME RIGHT LANE AND MADE A STOP BEHIND ONE CAR AT A TRAFFIC LIGHT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM MY LEFT BY VEHICLE B, NO ONE WAS SEND TO HOSPITAL BY AN AMBULANCE,. I HAD TWO PASSENGERS WITH ME WHO CLAIMED THAT THEY HAD BODILY PAIN DUE TO THIS ACCIDENT. STATEMENT WAS READ TO ME IN ENGLISH AND I ACKNOWLEDGED IT.

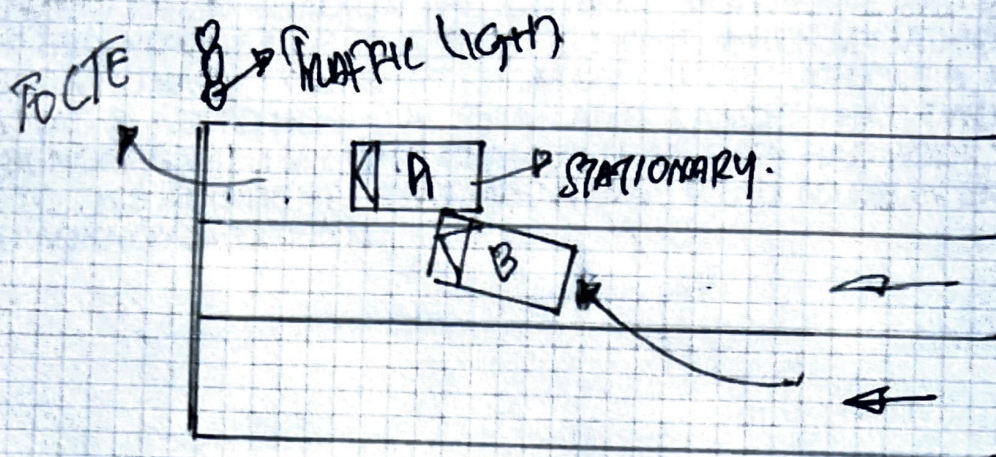
#### ATTACHMENT(S)

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	SFP711B
Vehicle Manufacturer	Toyota
Vehicle Model	NOAH HYBRID 7-SEATER 1.8X CVT
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TAY TENG KIAT
Contact Number	(Phone) +65-96790768
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	NO DETAIL
Gender	Female





BUKIT TIMAH ROAD.

A: SHD 9755E (TOYOTA PRIUS)

B: SFP 711B (TOYOTA NOAH).

low hair more.

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

low hair more.

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.: