

ASS. REC. BY:

REF:

AGZ/

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:

2 1/2 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SHC 5540P

Yr Regn:

04, 21

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

Truck / Trailer or

Make:

Toy Pro

c.c

1798

Colour

M.P. White/Red

A/C:

Insured / Std / NI / NA

Sp. Reading

111 642

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKCB3FU 503092252

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Wanh

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.

4/3/23

D.O.I.

7/3/2023

Survey held at

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

O/S M

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Frt / R

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

TOTAL

Not Authorized  
Resony Bepain

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No. : 62571330

CO./ GST Reg. No. 201019626G

**SHC5540P**

**AAD2303-**

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

07 MAR 2023

SHC5540P

JTDKB3FU503092252

200303878K

TOYOTA

PRIUS GEN 4

4/3/2023

SLD4536G/ Auto Gen

29/4/2021

**PART**

**LIST**

1 FENDER SUB-ASSY, FRONT RH	\$	Pr 1,236.69	✓
1 LINER, FRONT FENDER, RH	\$	CM 255.36	✓
1 EMBLEM, SIDE PANEL, RH	\$	Pr 68.88	✓
1 COVER, FRONT BUMPER	\$	CM 659.40	✓
1 SUPPORT, FRONT BUMPER SIDE, RH	\$	CM 100.49	✓
1 STAY SUB-ASSY, FRONT BUMPER, RH	\$	Pr 59.85	✓
1 MOULDING, FRONT BUMPER SIDE, RH	\$	CM 120.86	✓
1 COVER, FRONT BUMPER HOLE, RH	\$	Pr 38.22	✓
1 UNIT ASSY, HEADLAMP, RH	\$	CM 3,325.56	✓
1 JAR ASSY, WINDSHIELD WASHER	\$	Pr 276.15	✓
1 RIM	\$	Pr 1,995.11	✓
1 GRILLE, RADIATOR, LOWER NO.1	\$	Pr 224.70	X
1 COVER SUB-ASSY, FRONT PILLAR, UPR RH	\$	Pr 126.74	X
1 HOOD SUB-ASSY	\$	Pr 1,243.20	X
1 INSULATOR, HOOD	\$	Pr 518.07	X
1 HINGE ASSY, HOOD, LH	\$	Pr 74.34	X
1 HINGE ASSY, HOOD, RH	\$	Pr 74.34	X
1 MOULDING ASSY, BODY ROCKER PANEL, RH	\$	Pr 624.54	X
1 PANEL SUB-ASSY, FRONT DOOR, RH	\$	Pr 1,641.36	X
1 HINGE ASSY, FRONT DOOR, LOWER RH	\$	Pr 139.86	X
1 HINGE ASSY, FRONT DOOR, UPPER RH	\$	Pr 123.06	X
1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$	Pr 243.81	X
1 HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$	Pr 493.40	X
1 MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH	\$	Pr 1,161.83	X
1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$	Pr 300.62	X
1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$	Pr 243.81	X
1 WEATHERSTRIP, FRONT DOOR, RH	\$	Pr 292.32	X
1 TAPE, BLACK OUT, NO.2 FRT RH	\$	Pr 55.02	X
1 TAPE, BLACK OUT, NO.1 FRT RH	\$	Pr 16.91	X



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**SHC5540P****AAD2303-**

- 1 TAPE, BLACK OUT, NO.3 FRT RH

	\$	na	33.29	X
<b>TOTAL</b>	\$		<b>5,369.81</b>	
25%	\$		<b>1,342.45</b>	
	\$		<b>4,027.35</b>	

**SPECIAL NETT**

- 1 FRT BUMPER CLIP  
 2 FENDER LINER CLIP  
 2 DOOR TRIM CLIP  
 1 RH ROCKER PANEL MOULDING CLIP  
 2 FRT DOOR STICKER TRANSCAB  
 1 WINDSCREEN MOULDING  
 1 WINDSCREEN INNER SPONGE SEAL

	\$	na	65.00	601
	\$	na	65.00	
	\$	na	130.00	X
	\$	na	65.00	X
	\$	na	100.00	X
	\$	na	200.00	X
	\$	na	130.00	X
<b>TOTAL</b>	\$		<b>625.00</b>	
<b>TOTAL PARTS</b>	\$		<b>4,652.35</b>	

**LABOUR**

To rust-proofing of the affected areas.

\$ 600.00 301

Putty and spray painting of the affected portion.

\$ 1,200.00 601

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 2,000.00 4001

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

\$ na 170.00 X

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

\$ na 380.00 X

To transfer of tire, rim and on wheel balancing.

\$ 170.00 201

To check steering geometry and computer wheel alignment

\$ 220.00 601

To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.

\$ na 170.00 X

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**SHC5540P**

**AAD2303-**

**TOTAL \$ 4,910.00**

**OVERALL TOTAL \$ 9,562.35**

*2 1/2 day,*

**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	06/03/2023 16:23 (SGT)
Reported by	Driver
Date of Accident	04/03/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TAMPINES ST 81 NEAR BLK 820B BEFORE BEFORE TAMPINES AVE 3 JUNCTION
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5540P
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

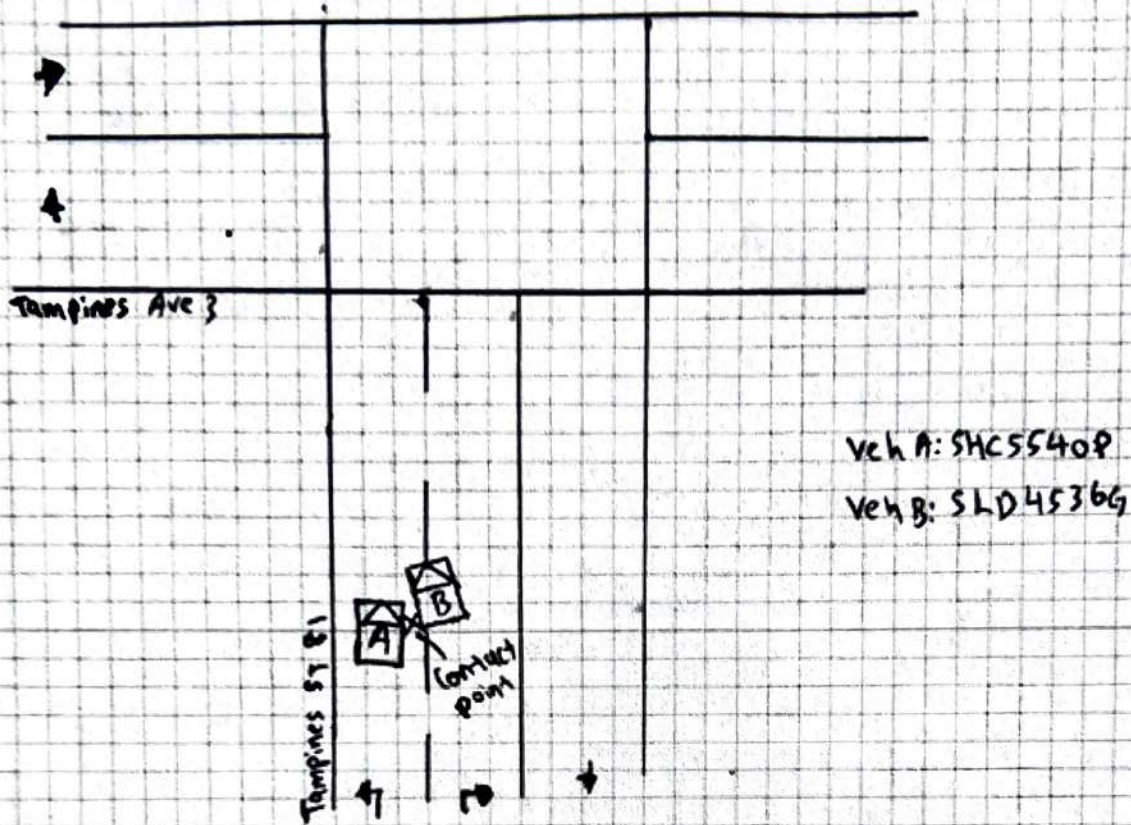
## DRIVER

Name of Driver	ANG SIAM HOCK
NRIC No	SXXXX492G
Date Of Birth	01/03/1952






ACCIDENT DIAGRAM



Policyholder's Signature  
Date & Time:

  
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.: