

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:

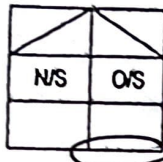
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 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 78227

Yr Regn:

08, 19

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

Truck / Trailer or

Make:

Toy Prius

c.c.

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

268964

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU103083452

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/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.

R/Bal.

mm

mm

L/Bal.

L/Bal.

mm

mm

D.O.A.

19/2/23

D.O.I.

7/3/2023

Survey held at

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

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Parking

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

SHB7822T*Not Notified*
*11 May 8***AAD2302-088**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

07 MAR 2023**SHB7822T**

JTDKB3FU103083452

200303878K

TOYOTA

PRIUS

19/02/2023

SJE9888B/TOKIO

30/08/2019

PART

- 1 COVER, REAR BUMPER
- 1 GUARD, REAR BUMPER, CENTER
- 1 COVER, REAR BUMPER, LOWER
- 1 FILLER, REAR BUMPER EXTENSION, RH
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 COVER, FLOOR UNDER, NO.2 (RH)
- 1 COVER, FLOOR UNDER, NO.1 (LH)
- 1 COVER, REAR FLOOR (CTR)
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK

LIST

\$	<i>na</i>	558.39	<i>?</i>
\$	<i>na / na</i>	726.92	<i>✓</i>
\$	<i>na</i>	19.43	<i>✓</i>
\$		155.72	<i>?</i>
\$		419.90	<i>?</i>
\$	<i>na</i>	147.11	<i>X</i>
\$	<i>na</i>	148.58	<i>X</i>
\$	<i>na</i>	220.50	<i>X</i>
\$	<i>na</i>	304.92	<i>X</i>
\$	<i>na</i>	290.43	<i>X</i>
\$	<i>na</i>	159.39	<i>X</i>
\$	<i>na</i>	824.46	<i>X</i>

TOTAL \$ 3,975.72**25% \$ 1,666.03****\$ 4,998.08****Special Nett**

- 1 PARKING AID
- 1 REAR LOWER BUMPER CLIP
- 1 REAR BUMPER CLIP
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL
- 1 REAR TAILGATE STICKER "Trans-Cab"
- 1 REAR TAILGATE STICKER "6555-3333"
- 1 REAR BUMPER PROTECTOR
- 1 REAR NUMBER PLATE WITH HOLDER

\$	<i>na</i>	700.00	<i>X</i>
\$	<i>na</i>	65.00	<i>30/na</i>
\$		60.00	<i>?</i>
\$	<i>na</i>	150.00	<i>X</i>
\$	<i>na</i>	200.00	<i>X</i>
\$	<i>na</i>	130.00	<i>X</i>
\$	<i>na</i>	80.00	<i>X</i>
\$	<i>na</i>	80.00	<i>X</i>
\$	<i>na</i>	180.00	<i>30/na</i>
\$	<i>na</i>	140.00	<i>X</i>

TOTAL**\$ 1,785.00****TOTAL PARTS \$ 6,783.08**

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SHB7822T

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,400.00	<i>2001</i>
To transfer of Fender fittings, attachments and perform water seepage test.	\$	<i>nn</i> 480.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,400.00	<i>2201</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>?</i>
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	<i>nn</i> 380.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 240.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	<i>nn</i> 380.00	X
To Check Electrical Lighting Concerned.	\$	<i>nn</i> 170.00	X
TOTAL	\$	5,760.00	
Over All Total	\$	12,543.08	

(PART-BY-PART) Repair Days

~~04~~ days*2 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	20/02/2023 10:56 (SGT)
Reported by	Driver
Date of Accident	19/02/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF UPPER CHANGI ROAD EAST AND SIMEI AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7822T
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	YAP TECK SENG
NRIC No	SXXXX952F
Date Of Birth	17/04/1965
Occupation	Outdoor

Date Of Driving Pass	18/10/1983
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91885413
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	336 TAMPINES ST 32
Address complement	#04-492
Postcode	520336
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?	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	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 19/2/2023 AT ABOUT 1530HOURS , I WAS TRAVELLING ALONG UPPER CHANGI ROAD EAST TOWARDS SIMEI AVE . WHEN I STOPPED MY VEHICLE FOR CHECKING THE ONCOMING TRAFFIC , 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	SJE9888B
Vehicle Manufacturer	Lexus

Describe Circumstances of the Accident

ON 19/2/2023 AT ABOUT 1530HOURS, I WAS TRAVELLING ALONG UPPER CHANGI ROAD EAST TOWARDS SIMEI AVE. WHEN I STOPPED MY VEHICLE FOR CHECKING THE ONCOMING TRAFFIC, SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE.

Declaration

I/We declare the foregoing particulars are true in every respect.

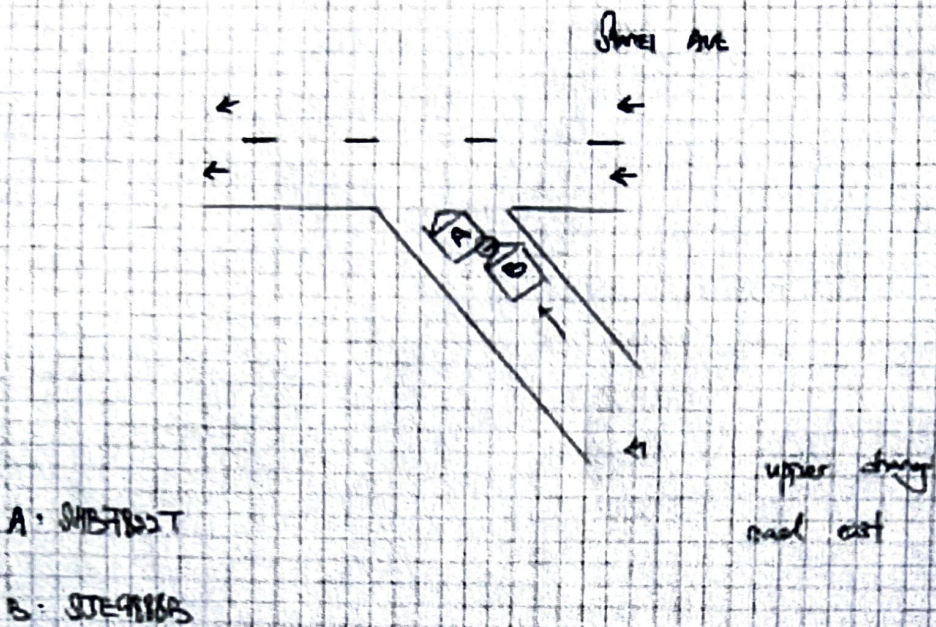
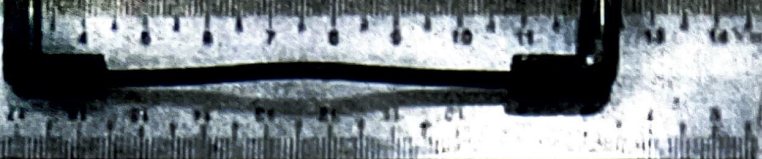
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 20/2/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

SCALE IN CM



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