

ASS. REC. BY:

REF:

TM/1

## 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:

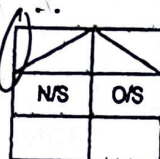
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

40,253/

IDAC Accident Report:

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:

SID 5297L

Yr Regn:

11, 18

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

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU403076723

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

8

mm

L/Bal.

6 mm

L/Bal.

8

mm

D.O.A.

24/3/23

D.O.I.

28/3/2023

Survey held at

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

N/S R/R

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

Date / Time

Action / Instruction

Bottom Flay

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

Fees

Others

Report Format:

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

TOTAL

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  
 SHD5297L

AAD2303-

*Not Authored*  
*L/Ry B*

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

28 MAR 2023

SHD5297L  
 JTDKB3FU403076723  
 200303878K  
 TOYOTA  
 PRIUS  
 24/3/2023  
 GBD896L/ Tokio.  
 15/11/2018

PART

LIST

- 1 COVER, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 SUPPORT, FRONT BUMPER SIDE, LH
- 1 STAY SUB-ASSY, FRONT BUMPER, LH
- 1 LINER, FRONT FENDER, LH
- 1 FENDER SUB-ASSY, FRONT LH
- 1 FRONT FENDER EMBLEM LH
- 1 RIM
- 1 LAMP ASSY, FOG, LH
- 1 UNIT ASSY, HEADLAMP, LH

|    |           |          |   |
|----|-----------|----------|---|
| \$ | <i>cm</i> | 653.31   | ✓ |
| \$ | <i>sn</i> | 100.17   | X |
| \$ | <i>rn</i> | 902.16   | X |
| \$ | <i>dy</i> | 100.49   | ✓ |
| \$ | <i>rn</i> | 59.85    | X |
| \$ | <i>dy</i> | 255.36   | ✓ |
| \$ | <i>rn</i> | 1,236.69 | ✓ |
| \$ | <i>rn</i> | 68.88    | ✓ |
| \$ | <i>rn</i> | 1,995.11 | ✓ |
| \$ | <i>sn</i> | 1,200.78 | X |
| \$ |           | 3,325.56 | ? |

|       |    |          |
|-------|----|----------|
| TOTAL | \$ | 9,898.36 |
| 25%   | \$ | 2,474.59 |
|       | \$ | 7,423.77 |

SPECIAL NETT

- 1 FENDER LINER CLIP
- 1 TYRE
- 1 FRT BUMPER CLIP
- 1 FRT LH BUMPER BRACKET CLIP
- 1 FENDER LINER CLIP

|    |           |        |             |
|----|-----------|--------|-------------|
| \$ | <i>rn</i> | 65.00  | ✓           |
| \$ | <i>sn</i> | 350.00 | X           |
| \$ | <i>rn</i> | 65.00  | <i>born</i> |
| \$ | <i>rn</i> | 65.00  | X           |
| \$ | <i>rn</i> | 65.00  | X           |

|             |    |          |
|-------------|----|----------|
| TOTAL       | \$ | 610.00   |
| TOTAL PARTS | \$ | 8,033.77 |

LABOUR

To rust-proofing of the affected areas.

\$ 600.00 *300*

Putty and spray painting of the affected portion.

\$ 1,200.00 *440*

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SHD5297L

AAD2303-

|   |           |                  |      |
|---|-----------|------------------|------|
| Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same | \$        | 2,000.00         | 4001 |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.                           | \$        | na 380.00        | X    |
| 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    |
| <b>TOTAL</b>  | <b>\$</b> | <b>4,570.00</b>  |      |
| <b>OVERALL TOTAL</b>  | <b>\$</b> | <b>12,603.77</b> |      |

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              | 27/03/2023 14:14 (SGT)                   |
| Reported by                     | Actual Driver                            |
| Date of Accident                | 24/03/2023 23:36 (SGT)                   |
| Exact Location of Accident      | Near 7VW6+GF Singapore                   |
| Additional Location Information | JUNCTION OF OPHIR ROAD AND REPUBLIC BLVD |
| Country/State of Loss           | Singapore                                |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5297L

#### 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 5DR 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 - 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 | SALIMAN BIN KAMBRAT |
| NRIC No        | SXXXX263Z           |
| Date Of Birth  | 06/09/1955          |
| Occupation     | Outdoor             |

|  |                          |
|--|--------------------------|
| Date Of Driving Pass   | 23/10/1992               |
| Driving experience   | 30 YEARS AND 5 MONTHS    |
| Gender   | Male                     |
| Mobile Number  | (Phone) +65-94595985     |
| Alt. Phone Number  | -                        |
| Email Address  | Claims@transcab.com.sg   |
| Address  | 720 BEDOK RESERVOIR ROAD |
| Address complement   | #05-4672                 |
| Postcode   | 470770                   |
| 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 - Major/Minor Rd |
| 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   | P1   |
| Gender | Male |

#### PASSENGER 2

|        |        |
|--------|--------|
| Name   | P2     |
| 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 24/3/2023 AT ABOUT 2336HOURS , I WAS TRAVELLING ALONG OPHIR ROAD TOWARDS ECP . WHEN I DRIVING AT THE MOST LEFT LANE , SUDDENLY VEHICLE B TURNING OUT FROM REPUBLIC BLVD AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE .

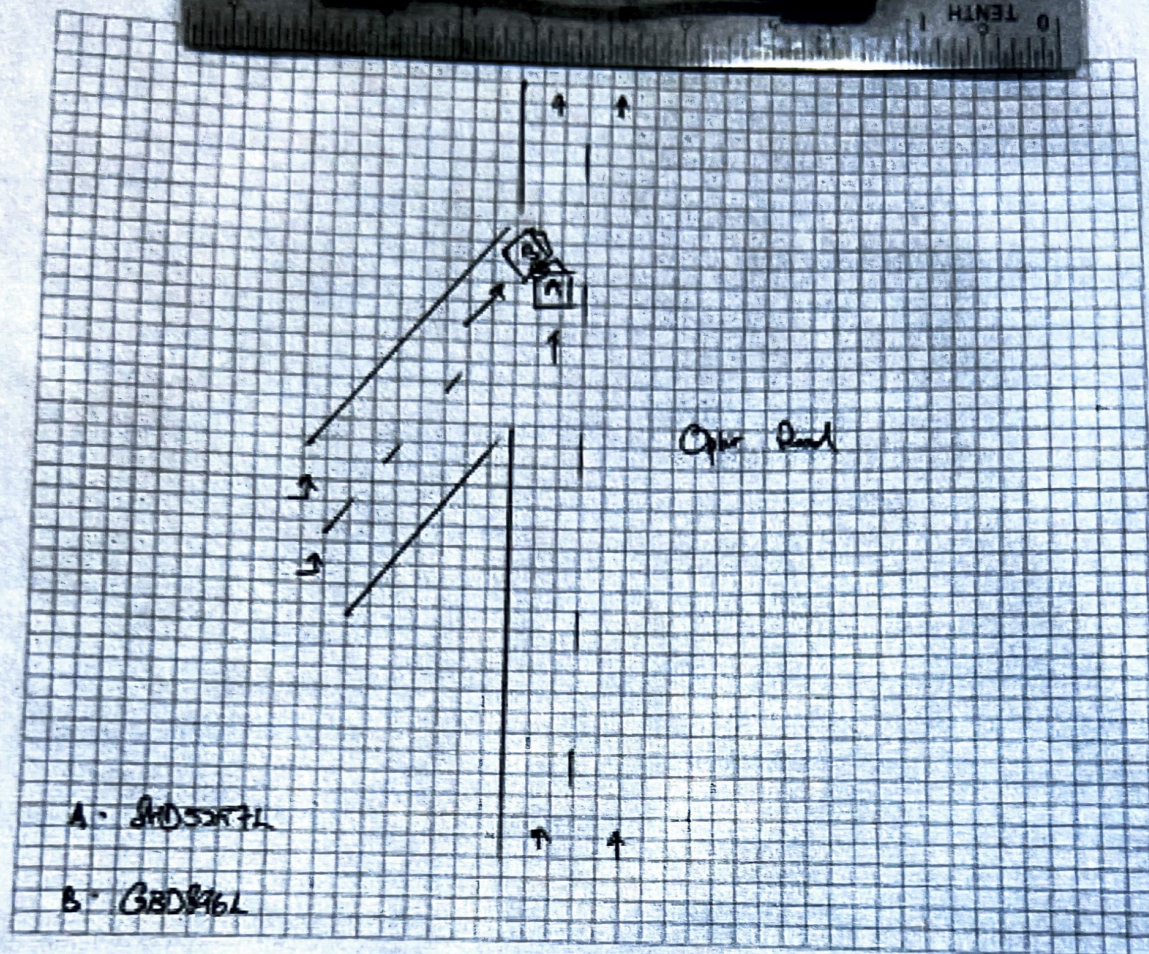
#### ATTACHMENT(S)

|   |                |
|---|----------------|
| Are accident photos available for attachment?     | Yes            |
| Was there any video captured by Car Camera?       | Yes            |
| Reasons for not uploading a video of the accident | WITH TRANSCAB. |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                    |
|---|--------------------|
| Vehicle Registration Number             | GBD896L            |
| Vehicle Manufacturer                    | Mercedes           |
| Vehicle Model                           | Citan              |
| Vehicle Variant                         | -                  |
| Vehicle Colour                          | -                  |
| Vehicle Category                        | Commercial vehicle |
| Name of Driver                          | -                  |
| Contact Number                          | -                  |
| Address                                 | -                  |
| Address complement                      | -                  |
| Postcode                                | -                  |
| Insurance Company Name                  | -                  |
| Nature Of Damage                        | -                  |
| Details of property damaged in accident | -                  |
| No. Of Passenger (Including Driver)     | -                  |

ACCIDENT



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT

Reporting Centre Personnel's Signature  
Name:  
MRC/FIN No.: