

ASS. REC. BY:

REF: TM1Kenneth

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: 858,608/-

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: 1.21 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SHF 6216Yr Regn: 031 21

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

Truck / Trailer or

Make: Toy PriusC.C. 1798Colour M.P. White/Red

A/C: Insured / Std / NI / NA

Sp. Reading 150889

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU203092063Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Sailun 195/5R15R: Wanli

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 14/4/23D.O.I. 18/4/2023

Survey held at _____

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

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

Date/Time, File Pass to?



: Prell. Report

Days Of Repair: _____

1)



: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

S - RS. \$ _____



: Interview (\$ _____)

: F.P. \$ _____



: Tech Invs (\$ _____)

: Others \$ _____



: Weekend (\$ _____)

TOTAL

Report Format:

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

NOT WITHIN
Resurvey B4 point

Trans-cab Auto Services Pte Ltd
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No Fax No. : 62571330
CO./ GST Reg. No. 201019626G
SHF621G

AAD2304-071

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

18 APR 2023

SHF621G
JTDKB3FU203092063
200303878K
TOYOTA
PRIUS
14/4/2023
GBD5236J/TOKIO
12/3/2021

| PART | LIST |
|---------------------------------------|-------------|
| 1 COVER, REAR BUMPER | \$ 558.39 ✓ |
| 1 COVER, REAR BUMPER, LOWER | \$ 19.43 X |
| 1 GUARD, REAR BUMPER, CENTER | \$ 726.92 ✓ |
| 1 SEAL, REAR BUMPER SIDE, LH | \$ 111.41 X |
| 1 SEAL, REAR BUMPER SIDE, RH | \$ 111.41 X |
| 1 FILLER, REAR BUMPER EXTENSION, RH | \$ 155.72 X |
| 1 FILLER, REAR BUMPER EXTENSION, LH | \$ 155.72 ✓ |
| 1 RETAINER, REAR BUMPER SIDE, LH | \$ 147.11 ✓ |
| 1 RETAINER, REAR BUMPER SIDE, RH | \$ 148.58 X |
| 1 REINFORCEMENT SUB-ASSY, REAR BUMPER | \$ 419.90 ? |
| 1 COVER, FLOOR UNDER, RH | \$ 220.50 X |
| 1 COVER, FLOOR UNDER, LH | \$ 304.92 X |
| 1 COVER, REAR FLOOR | \$ 290.43 X |
| 1 COVER, DECK TRIM, REAR | \$ 159.39 X |
| 1 PANEL SUB-ASSY, BODY LOWER BACK | \$ 824.46 X |
| TOTAL | \$ 4,354.25 |
| 25% | \$ 1,088.56 |
| | \$ 3,265.68 |

| SPECIAL NETT |
|--------------------------------|
| 1SET PARKING AID |
| 1 REAR BUMPER CLIP |
| 1 REAR LH BUMPER RETAINER CLIP |
| 1 REAR RH BUMPER RETAINER CLIP |
| 1 END PANEL INNER TRIM CLIP |
| 1 REAR BUMPER PROTECTOR |

| | | |
|-------------|-------|----------|
| \$ | 22052 | 700.00 |
| \$ | 6052 | 65.00 |
| \$ | X | 65.00 |
| \$ | X | 65.00 |
| \$ | X | 60.00 |
| \$ | X | 180.00 |
| TOTAL | \$ | 1,135.00 |
| TOTAL PARTS | \$ | 4,400.68 |

LABOUR

| | | | | |
|---|----|----|----------|------|
| To rust-proofing of the affected areas. | \$ | na | 600.00 | X |
| Putty and spray painting of the affected portion. | \$ | | 1,200.00 | 2201 |
| Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same | \$ | | 2,000.00 | 2001 |
| To transfer of tailgate fittings and conduct water seepage test. | \$ | na | 170.00 | X |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | \$ | 4 | 380.00 | X |
| To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair. | \$ | 4 | 170.00 | X |
| To transfer of tailgate fittings and conduct water seepage test. | \$ | 4 | 170.00 | X |
| To transfer of bootlid fittings, attachments and perform water seepage test. | \$ | 4 | 170.00 | X |
| To reinstall rear bumper parking sensor. | \$ | | 170.00 | 501 |
| To check steering geometry and computer wheel alignment | \$ | na | 220.00 | X |
| To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test. | \$ | na | 170.00 | X |
| TOTAL | | \$ | 5,420.00 | |

OVERALL TOTAL \$ 9,820.68

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:

2 days

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 | 14/04/2023 23:59 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 14/04/2023 17:35 (SGT) |
| Exact Location of Accident | Near 8Q9C+GH Singapore |
| Additional Location Information | ULU PANDAN ROAD TURNING LEFT TO CLEMENTI ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF621G

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) +65-65553333 |
| 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 | TEO KANG HOE |
| NRIC No | SXXXX714F |
| Date Of Birth | 01/07/1965 |
| Occupation | Outdoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 12/12/1989 |
| Driving experience | 33 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94786228 |
| Alt. Phone Number | - |
| Email Address | Claims@transcab.com.sg |
| Address | 363A SEMBAWANG CRESCENT |
| Address complement | #11-721 |
| Postcode | 751363 |
| 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) | 1 |
| 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 | - |

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

I was entering Slip Road from Ulu Pandan Rd to Clementi Ave 2. I took the right side of the slip road. I was stationary as there were vehicles on the main road. As I saw a clearance I moved slowly ahead, but there was a vehicle on the main road that speed up. To prevent collision I brake. About a few seconds I brake, suddenly I felt an impact from the rear of my vehicle.

I realised that a lorry had hit the rear of my vehicle.

I took a few pictures and exchange particulars.

No serious injury involved.

Now my back and shoulder feel a bit pain. I will see a doctor soon.

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 | GBD5236J |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Dyna |
| Vehicle Variant | - |
| Vehicle Colour | Gray |
| Vehicle Category | Commercial vehicle |
| Name of Driver | RAJA GANDHI |
| Passport No/FIN | GXXXX057U |
| Contact Number | (Phone) +65-82474286 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

"ACCIDENT DIAGRAM



Witnessed By Reporting Officer
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date &
Time

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

14/4/23