

ASS. REC. BY:

REF:

A61

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

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:

SHD 9462A

Yr Regn:

08, 19

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M.P. White / Red

AC:

Insured / Std / NI / NA

Sp. Reading

382710

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU X 03083188

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / ☒ or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Wanli

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

14/4/23

D.O.I.

17/4/2023

Survey held at

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

N/S

The U/C / 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

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

TOTAL

NOT Notarized  
11 Sep 8

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  
SHD9462A

AAD2304-

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

17 APR 2023

SHD9462A  
JTDKB3FUX03083188  
200303878K  
TOYOTA  
PRIUS  
14/4/2023  
SML2832K/AIG  
30/8/2019

PART

- 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 LAMP ASSY, FOG, LH
- 1 UNIT ASSY, HEADLAMP, LH

LIST

\$	Bu	653.31	✓
\$	h	100.17	X
\$	h	902.16	X
\$	h	100.49	X
\$	Dr	59.85	✓
\$	cm	255.36	✓
\$	h	1,236.69	X
\$	h	68.88	✓
\$	cm	1,200.78	✓
\$		3,325.56	?
TOTAL		\$ 7,903.25	
25%		\$ 1,975.81	
		\$ 5,927.44	

SPECIAL NETT

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

\$	na	65.00	✓
\$	na	65.00	60.00
\$	na	65.00	X
\$	na	65.00	X
TOTAL		\$ 260.00	
TOTAL PARTS		\$ 6,187.44	

LABOUR

To rust-proofing of the affected areas.

\$ na 600.00 X

Putty and spray painting of the affected portion.

\$ 1,200.00 4402

**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

**SHD9462A**

**AAD2304-**

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

\$ 2,000.00 *3001*

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

\$ *na* 220.00 *X*

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

\$ *na* 170.00 *X*

**TOTAL \$ 4,570.00**

**OVERALL TOTAL \$ 10,757.44**

*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	14/04/2023 22:39 (SGT)
Reported by	Actual Driver
Date of Accident	14/04/2023 15:40 (SGT)
Exact Location of Accident	Near 26 Robinson Rd, Singapore 068896
Additional Location Information	ROBINSON ROAD TOWARDS TOWN BEFORE AIA TOWER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9462A

#### 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	MOHAMED SALLEH BIN JUNID
NRIC No	SXXXX974I
Date Of Birth	17/04/1961
Occupation	Outdoor



Date Of Driving Pass	10/07/1981
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91874928
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	210 YISHUN ST 21
Address complement	#06-33
Postcode	760210
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	Side Swipe
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 14/4/2023 AT ABOUT 1540HOURS , I WAS TRAVELLING ALONG ROBINSON ROAD TOWARDS TOWN . AFTER I FILTERED INTO MY RIGHT LANE AND GOING STRAIGHT , SUDDENLY VEHICLE B FILTERING INTO MY LANE WITHOUT CHECKING AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE . DURING THE ACCIDENT , I TRYING TO AVOID ACCIDENT WITH VEHICLE B AND I MAKE A RIGHT TURN , BUT VEHICLE B STILL HIT ONTO MY VEHICLE .

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

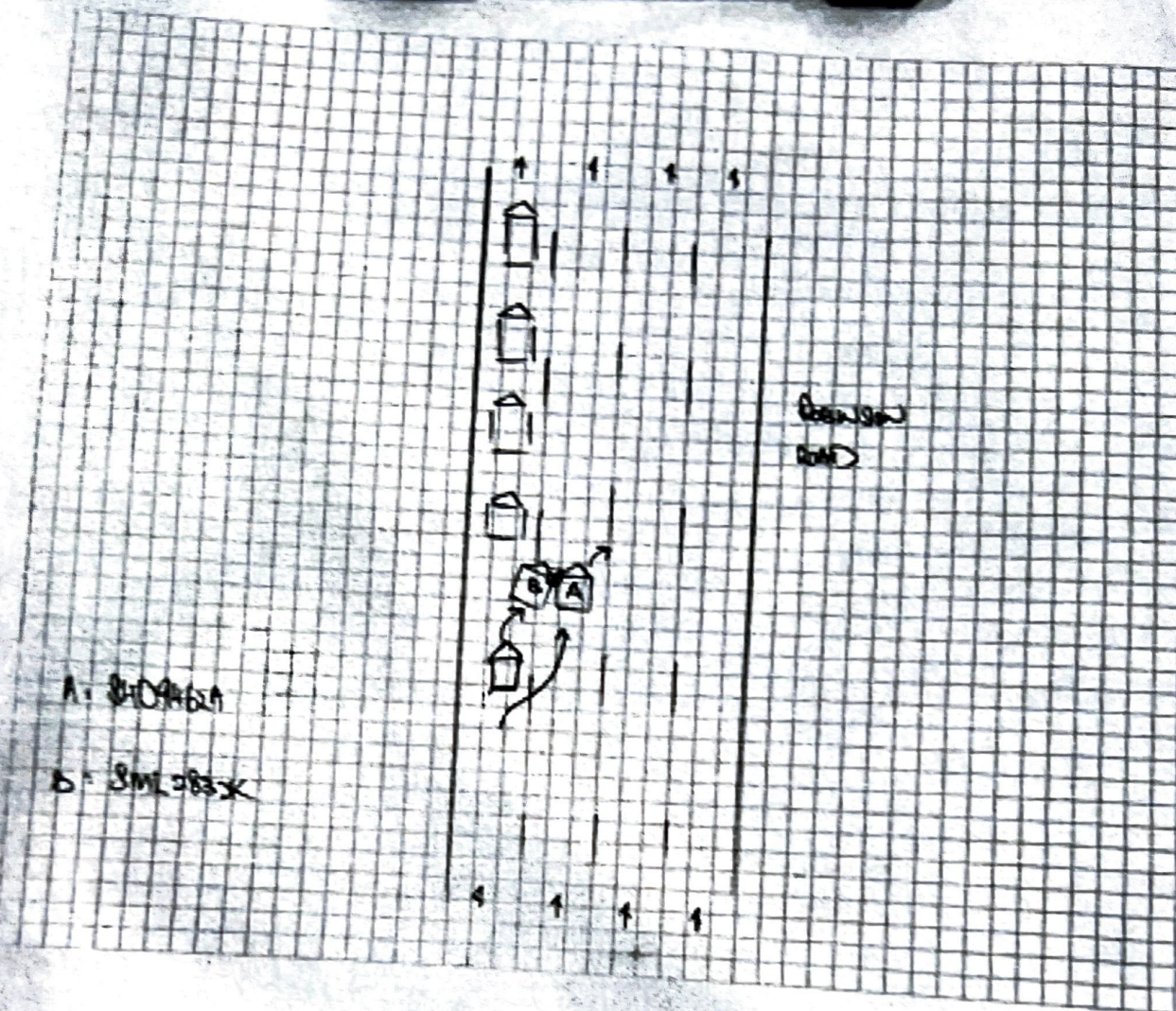
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML2832K
-----------------------------	----------



# ACCIDENT DIAGRAM

Ver. Jun2022



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