ASS. REC. BY: Kenneth | REF: AG 1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

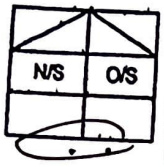
Sum Insured: _____ Excess: _____

(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 Rport: _____ 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: SHD 5384T Yr Regn: 01/19

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 573783 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FUX03078928

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Grenlander

Front		Rear	
R/Bal.	9 mm	R/Bal.	5 mm
L/Bal.	9 mm	L/Bal.	5 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 _____

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

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

Not Authorised
1/Sup 8

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
SHD5384T

AAD2304-

Vehicle No.:	SHD5384T
Chassis No.:	JTDKB3FUX03078928
Co UEN.:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident:	14/4/2023
Third Party Insurer:	SDX6690U/AIG
Date of Registriation:	11/1/2019

17 APR 2023

	PART		LIST
1	COVER, REAR BUMPER	$	Bu 558.39
1	COVER, REAR BUMPER, LOWER	$	Cu 19.43
1	GUARD, REAR BUMPER, CENTER	$	Bu(TD) 726.92
1	SEAL, REAR BUMPER SIDE, LH	$	Pu 111.41 X
1	SEAL, REAR BUMPER SIDE, RH	$	Pu 111.41 X
1	FILLER, REAR BUMPER EXTENSION, RH	$	Pu 155.72 X
1	FILLER, REAR BUMPER EXTENSION, LH	$	Pu 155.72 X
1	RETAINER, REAR BUMPER SIDE, LH	$	Pu 147.11 X
1	RETAINER, REAR BUMPER SIDE, RH	$	Pu 148.58 X
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	$	Pu 419.90
1	COVER, FLOOR UNDER, RH	$	Pu 220.50 X
1	COVER, FLOOR UNDER, LH	$	Pu 304.92 X
1	COVER, REAR FLOOR	$	Pu 290.43 X
1	COVER, DECK TRIM, REAR	$	Pu 159.39 X
1	PAN, REAR FLOOR	$	R 734.90 X
1	PANEL SUB-ASSY, BODY LOWER BACK	$	R 824.46 X
1	LENS & BODY, REAR COMBINATION LAMP, LH	$	Pu 559.13
1	LENS AND BODY, REAR LAMP, LH	$	Pu 634.73
1	COVER, REAR COMBINATION LAMP, LH	$	Pu 81.48
1	LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	$	Pu 570.15 X
1	LENS AND BODY, REAR LAMP, RH	$	Pu 634.73
1	COVER, REAR COMBINATION LAMP, RH	$	Pu 81.48
1	PANEL SUB-ASSY, BACK DOOR	$	R 1,443.86
1	STAY ASSY, BACK DOOR, LH	$	Pu 305.66
1	STAY ASSY, BACK DOOR, RH	$	Pu 305.66
1	HINGE ASSY, BACK DOOR, LH	$	R 77.18
1	HINGE ASSY, BACK DOOR, RH	$	R 77.18
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	$	R 1,171.38
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	$	Re 68.88
1	PLATE, BACK DOOR NAME, NO.1	$	Re 68.88

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

AAD2304-

SHD5384T

1	ORNAMENT SUB-ASSY, BACK DOOR	$	NA 90.30	✓
		TOTAL $	**11,259.81**	
		25% $	**2,814.95**	
		$	**8,444.85**	

SPECIAL NETT

1SET	PARKING AID	$	Pcl 700.00	220/a
1	REAR BUMPER CLIP	$	NA 65.00	60/a
1	BOOT STICKER TRANSCAB	$	NA 100.00	30/a ✓
1	BOOT STICKER TEL NO.	$	NA 100.00	30/a
1	REAR LH BUMPER RETAINER CLIP	$	NA 65.00	X
1	REAR RH BUMPER RETAINER CLIP	$	NA 65.00	X
1	END PANEL INNER TRIM CLIP	$	NA 60.00	X
1	REAR BUMPER PROTECTOR	$	NSP 180.00	X
2	WINDSCREEN SEALANT	$	NA 150.00	X
1	WINDSCREEN MOULDING	$	NA 200.00	X
1	WINDSCREEN INNER SPONGE SEAL	$	NA 130.00	X
		TOTAL $	**1,815.00**	
		TOTAL PARTS $	**10,259.85**	

LABOUR

To rust-proofing of the affected areas.	$	NA 600.00	X
Putty and spray painting of the affected portion.	$	1,200.00	440/
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	2,000.00	200/
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

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
SHD5384T

AAD2304-

To transfer of tailgate fittings and conduct water seepage test.	$	170.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	$	170.00	X
To reinstall rear bumper parking sensor.	$	170.00	501
To check steering geometry and computer wheel alignment	$	220.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	$	170.00	X
TOTAL	**$**	**5,420.00**	
OVERALL TOTAL	**$**	**15,679.85**	

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:

SA1D234E000A / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 14/04/2023 22:10 (SGT)
SUBMITTED BY: Jun Keat
VERSION: 1 (14/04/2023 22:10 (SGT))

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 witholding 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 22:10 (SGT)
Reported by	Actual Driver
Date of Accident	14/04/2023 12:55 (SGT)
Exact Location of Accident	Near 510 Choa Chu Kang Street 51, Block 510, Singapore 680510
Additional Location Information	JUNCTION OF KJE SLIP ROAD AND CHOA CHU KANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5384T

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	KOH KAR GUAN, ALVIN
NRIC No	SXXXX274H
Date Of Birth	22/08/1981
Occupation	Outdoor

Date Of Driving Pass	01/02/2005
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96136133
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	125 HOUGANG AVE 1
Address complement	#09-1462
Postcode	530125
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 1255HOURS, I WAS TRAVELLING ALONG KJE SLIP ROAD TOWARDS CHOA CHU KANG WAY. WHEN I STOPPED MY VEHICLE AT THE SLIP ROAD FOR CHECKING THE ONCOMING TRAFFIC , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE.

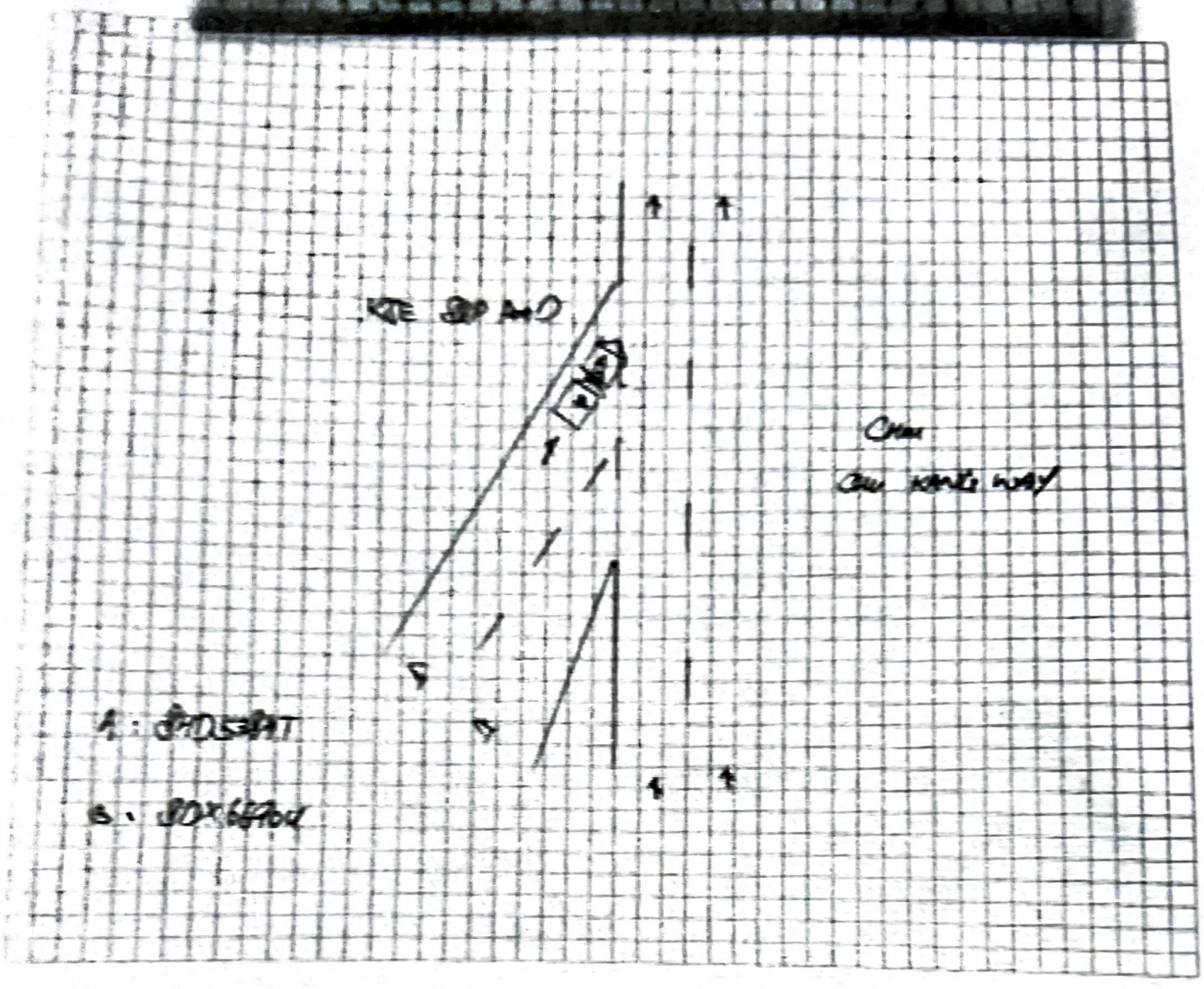
ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDX6690U

ACCIDENT DIAGRAM



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