

ASS. REC. BY:

REF:

TMI

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1.131 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHF 620J Yr Regn: 01, 21

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

Truck / Trailer or

Make:

Toyota Prius c.c. 1798

Colour:

M.P White / Red A/C: Insured / Std / NI / NA

Sp. Reading

165192 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3F-U X 03093588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / RIM or

Tyre Size:

F: Wanli 195/65R15

R: Sailun

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

TOYO / YOKO or

Front

R/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

26/6/23

Survey held at

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

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. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

TOTAL

Not Authored  
Purvey BQ print

23

**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

SHF620J

AAD2306-105

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

27 JUN 2023

SHF620J  
JTDKB3FUX03093588  
200303878K  
TOYOTA  
PRIUS GEN 4  
26/6/2023  
SMN7056R/TOKIO  
28/1/2021

**PART**

**LIST**

- 1 COVER, REAR BUMPER
- 1 GUARD, REAR BUMPER, CENTER
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 REAR BUMPER SIDE RETAINER RH
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, REAR FLOOR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS & BODY, REAR COMBINATION LAMP, RH
- 1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH
- 1 COVER, REAR COMBINATION LAMP, RH
- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 LINER, REAR WHEEL HOUSE, RH
- 1 CAP, WHEEL
- 1 RIM

\$	K B	612.68	X
\$	P B	472.19	X
\$	P	49.25	X
\$	P	149.21	X
\$	P	167.48	X
\$	P	220.50	X
\$	P	290.43	X
\$	P	159.39	X
\$	K B	824.46	X
\$	P	428.19	X
\$	P	329.49	X
\$	P	88.41	X
\$	K	1,099.46	X
\$	P	176.09	X
\$	P	266.91	X
\$	P	1,995.11	X

TOTAL \$ 7,329.25  
25% \$ 1,832.31  
\$ 5,496.94

**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
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING

\$	P	700.00	X
\$	na	65.00	
\$	na	65.00	
\$	na	65.00	
\$	na	60.00	
\$	na	180.00	
\$	na	150.00	
\$	na	200.00	



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SHF620J

AAD2306-105

1 WINDSCREEN INNER SPONGE SEAL

	\$	na	130.00	X
TOTAL	\$		1,615.00	
TOTAL PARTS	\$		7,111.94	

LABOUR

To rust-proofing of the affected areas.	\$	na	600.00	X
Putty and spray painting of the affected portion.	\$		1,200.00	220
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		2,000.00	80
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.	\$	L	380.00	X
To transfer of tailgate fittings and conduct water seepage test.	\$	L	170.00	X
To reinstall rear bumper parking sensor.	\$	L	170.00	X
To check steering geometry and computer wheel alignment	\$	L	220.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	L	170.00	X
	TOTAL	\$	5,080.00	
OVERALL TOTAL	\$		12,191.94	

1 day

## 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	26/06/2023 15:16 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS AFTER THOMSON EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF620J
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	-
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	TAN HUNG KAI
NRIC No	SXXXX168I
Date Of Birth	07/04/1960
Occupation	Outdoor



Date Of Driving Pass	01/07/1982
Driving experience	40 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96675211
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Tampines, 233 Simei Street 4
Address complement	-
Postcode	520233
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	No
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 - Change/cross lane
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

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, THERE IS AN ACCIDENT ON THE MOST RIGHT LANE HENCE I CHANGE LANE TO MIDDLE LANE. WHILE TRAVELLING STRAIGHT ON MY LANE SUDDENLY THIRD PARTY ON MY RIGHT MADE A LANE CHANGE TO THE LEFT AND COLLIDED ONTO MY REAR RIGHT PORTION. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL AND HAVE 2 DAYS MC.

#### 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	SMN7056R
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	WONG PENG LAM
NRIC No	SXXXX464F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	P1
Gender	Male

#### INJURED PERSONS DETAILS

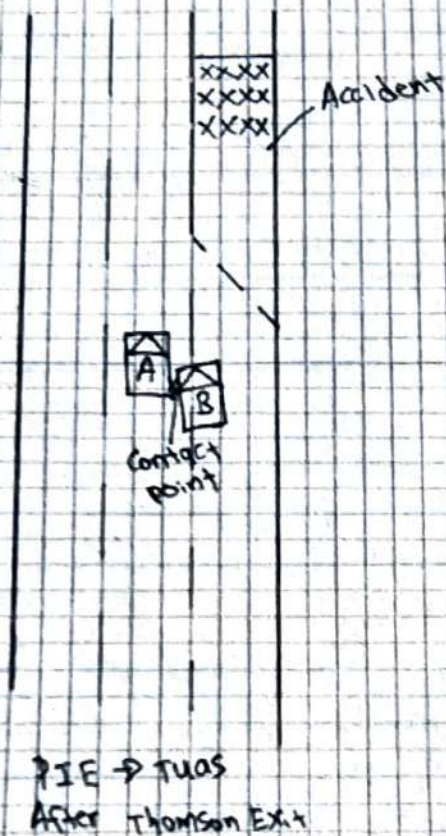
##### INJURED 1

Name of injured person	TAN HUNG KAI
Gender	Male
Phone No	(Phone) +65-96675211
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF620J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



ACCIDENT DIAGRAM

Ver. 30042021



Veh A: SHF 6203  
Veh B: SMN 7056R

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
ANG QI HAO, VICTOR

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