

ASS. REC. BY:

REF:

AG21

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / QD RES / EYA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

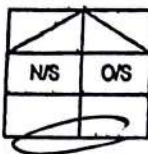
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 2-4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: S14B 7828A Yr Regn: 07. 19

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

Truck / Trailer or CAMake: For Prius c.c. 1798Colour M. White / Pw A/C: Insured / Std / NI / NASp. Reading 732377 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB31F4603082216Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: Wanti 195/65R15Roverlander

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. P mmD.O.A. 29/6/23 D.O.I. 3/7/2023

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 Action / Instruction

1 Got BT

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation

S - RS. SI

F. P. M.

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format :

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

TOTAL

Not Attached  
1/ Page 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  
SHB7829A

AAD2306- 134

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

03 JUL 2023

SHB7829A  
JTDKB3FU003079151  
200303878K  
TOYOTA  
PRIUS  
30/5/2023  
SKS3730B/AUTO&GEN  
18/7/2019

PART

LIST

1	COVER, REAR BUMPER	\$	Per	558.39	✓
1	COVER, REAR BUMPER, LOWER	\$	Per	19.43	X
1	GUARD, REAR BUMPER, CENTER	\$	Per / mgem	726.92	✓
1	SEAL, REAR BUMPER SIDE, LH	\$	Per	111.41	X
1	SEAL, REAR BUMPER SIDE, RH	\$	Per	111.41	X
1	FILLER, REAR BUMPER EXTENSION, RH	\$	Per	155.72	X
1	FILLER, REAR BUMPER EXTENSION, LH	\$	Per	155.72	X
1	RETAINER, REAR BUMPER SIDE, LH	\$	Per	147.11	X
1	RETAINER, REAR BUMPER SIDE, RH	\$	Per	148.58	✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	Per	419.90	✓
1	COVER, FLOOR UNDER, RH	\$	Per	220.50	X
1	COVER, FLOOR UNDER, LH	\$	Per	304.92	X
1	COVER, REAR FLOOR	\$		290.43	?
1	COVER, DECK TRIM, REAR	\$		159.39	?
1	PANEL SUB-ASSY, BODY LOWER BACK	\$		824.46	?
1	LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	\$	Per	570.15	X
1	LENS AND BODY, REAR LAMP, RH	\$	Per	634.73	✓
1	COVER, REAR COMBINATION LAMP, RH	\$	Per	81.48	X
1	PANEL SUB-ASSY, BACK DOOR	\$	Per	1,443.86	X
1	STAY ASSY, BACK DOOR, LH	\$	Per	305.66	X
1	STAY ASSY, BACK DOOR, RH	\$	Per	305.66	X
1	HINGE ASSY, BACK DOOR, LH	\$	Per	77.18	X
1	HINGE ASSY, BACK DOOR, RH	\$	Per	77.18	X
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	mgem	1,171.38	✓
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	Per	68.88	✓
1	PLATE, BACK DOOR NAME, NO.1	\$	Per	68.88	✓
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	Per	90.30	✓

TOTAL \$ 9,249.58  
25% \$ 2,312.40



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  
 SHB7829A

AAD2306-

\$ 6,937.19

**SPECIAL NETT**

- 1SET PARKING AID
- 1 REAR BUMPER CLIP
- 1 BOOT STICKER TRANSCAB
- 1 BOOT STICKER TEL NO.
- 1 END PANEL INNER TRIM CLIP
- 1 REAR BUMPER PROTECTOR
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	<i>Net</i>	700.00	<i>2205n</i>
\$	<i>na</i>	65.00	<i>605n</i>
\$	<i>na</i>	100.00	<i>305n</i>
\$	<i>na</i>	100.00	<i>305n</i>
\$	<i>na</i>	60.00	<i>X</i>
\$	<i>na</i>	180.00	<i>305n</i>
\$	<i>na</i>	150.00	<i>X</i>
\$	<i>na</i>	200.00	<i>X</i>
\$	<i>na</i>	130.00	<i>X</i>
TOTAL		\$	<u>1,685.00</u>
TOTAL PARTS		\$	<u>8,622.19</u>

**LABOUR**

To rust-proofing of the affected areas.	\$	600.00	<i>7</i>
Putty and spray painting of the affected portion.	\$	1,200.00	<i>6601</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	<i>200-500 7</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>na</i> 170.00	<i>X</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	<i>501</i>
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>na</i> 170.00	<i>X</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>4</i> 170.00	<i>X</i>
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	<i>4</i> 170.00	<i>X</i>

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  
SHB7829A

AAD2306-

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 \$ 14,042.19

*2-4 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	30/06/2023 15:33 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2023 09:40 (SGT)
Exact Location of Accident	Near 366 Geylang Rd, Singapore 389380
Additional Location Information	GEYLANG ROAD TOWARDS CITY NEAR LOR 20 GEYLANG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7829A

#### 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

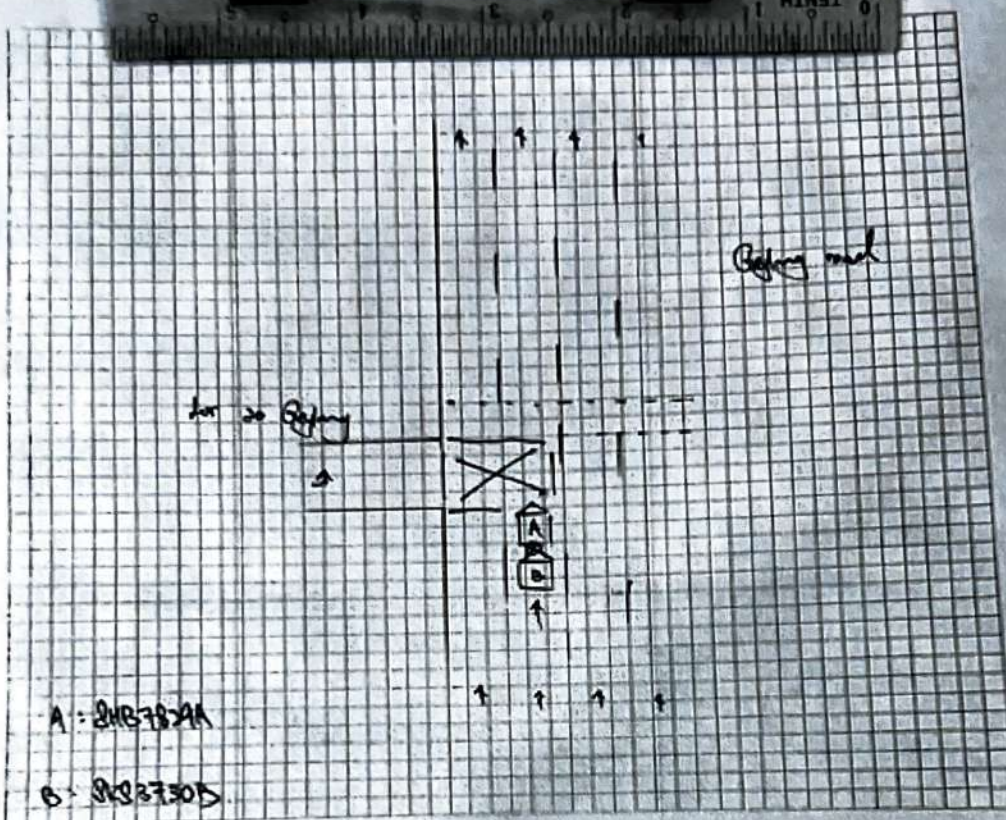
Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

#### DRIVER

Name of Driver	NG HOCK KIM
NRIC No	SXXXX254J
Date Of Birth	11/04/1959
Occupation	Outdoor



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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 528682  
Tel No: 1800-5871989



T/20230629/2032

2 of 3

Report No: T/20230629/2032

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NG HOCK KIM	ID No.	S1397254J
Related Vehicle	SHB7829A (Car)	Contact No.	97296768
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	29/06/2023	Date Discharge	29/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	Leena	ID No.	NIL
Related Vehicle	SKS3730B (Car)	Contact No.	97641606
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 29/06/2023 at about 0940hrs, I was driving Taxi SHB7829A along Geylang Road towards city. I was driving on the second lane from the left. When I was at Geylang lor 20 vicinity, I stopped my vehicle before the yellow box as the traffic light further in front was red. After a few seconds after I was on stationary, the car SKS3730B collided onto the rear of my Taxi. The impact of the collision caused my Taxi to move forward into the yellow box.

There was no passenger in my vehicle.

The other party had a son in her car. The driver informed there is some pain at her son's shoulder however they do not require ambulance. Thereafter we exchanged our contact numbers and left the place.

I felt pain at the back of my neck and heavy headed thus visited the clinic and was given 5 days MC.

My rear boot cannot be opened after the collision. There are other damages at the rear of my vehicle.

There is in car camera in my Taxi however I am unsure if it was working.