

ASS. REC. BY:

REF:

AG1

Kenneth

## ASSIGNMENT

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

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

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

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

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

of \_\_\_\_\_

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

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

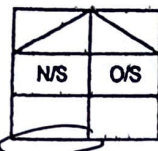
Claims No. \_\_\_\_\_

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: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 05 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: SHB 7542B Yr Regn: 05 19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make: Toy Prius C.C. 1798Colour M.P. white / Red A/C: Insured / Std / NI / NASp. Reading 352950 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FU80 3081082Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Wahl

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 11/7/23D.O.I. 12/7/2023

Survey held at \_\_\_\_\_

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Paints

Others

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Report Format :

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

TOTAL

Not Authorised  
1/1/2019

**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

**SHB7542B**

**AAD2307-039**

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

12 JUL 2023

SHB7542B

JTDKB3FU603081082

200303878K

TOYOTA

PRIUS

11/7/2023

SMT5255P/AUTO GEN

31/5/2019

**PART**

**LIST**

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 FILLER, REAR BUMPER EXTENSION, LH
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, FLOOR UNDER, LH
- 1 COVER, REAR FLOOR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS & BODY, REAR COMBINATION LAMP, LH
- 1 LENS AND BODY, REAR LAMP, LH
- 1 COVER, REAR COMBINATION LAMP, LH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2
- 1 PLATE, BACK DOOR NAME, NO.1
- 1 ORNAMENT SUB-ASSY, BACK DOOR

\$	BTICM	558.39	✓
\$	MY	19.43	✓
\$	MY	726.92	✓
\$	MY	111.41	✓
\$	MY	111.41	X
\$	MY	155.72	✓
\$	CM	147.11	✓
\$		419.90	?
\$	MY	220.50	X
\$		304.92	?
\$		290.43	?
\$	MY	159.39	X
\$	MY	824.46	X
\$		559.13	?
\$	MY	634.73	✓
\$	MY	81.48	X
\$	MY	1,443.86	X
\$	MY	305.66	X
\$	MY	305.66	X
\$	MY	77.18	X
\$	MY	77.18	X
\$	MY	1,171.38	X
\$	MY	68.88	X
\$	MY	68.88	X
\$	MY	90.30	X

Area 111 Under 992.04 BUC ✓

TOTAL \$ 8,934.27  
25% \$ 2,233.57  
\$ 6,700.70



**Trans-cab Auto Services Pte Ltd****AAD2307-039**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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**SHB7542B****SPECIAL NETT**

1SET PARKING AID	\$	700.00	X
1 REAR BUMPER CLIP	\$	65.00	601
1 BOOT STICKER TRANSCAB	\$	100.00	X
1 BOOT STICKER TEL NO.	\$	100.00	X
1 END PANEL INNER TRIM CLIP	\$	60.00	X
1 REAR BUMPER PROTECTOR	\$	180.00	301
2 WINDSCREEN SEALANT	\$	150.00	X
1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	X
<b>TOTAL</b>	<b>\$</b>	<b>1,685.00</b>	
<b>TOTAL PARTS</b>	<b>\$</b>	<b>8,385.70</b>	

**LABOUR**

To rust-proofing of the affected areas.	\$	600.00	301
Putty and spray painting of the affected portion.	\$	1,200.00	601
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	601
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	1001
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	170.00	X
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

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SHB7542B

AAD2307-039

To check steering geometry and computer wheel alignment \$ *nn* 220.00 X

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

\$ *nn* 170.00 X  
TOTAL \$ 5,420.00

OVERALL TOTAL \$ 13,805.70

*5 day*

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	12/07/2023 11:42 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BRAS BASAH ROAD BEFORE WATERLOO ST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7542B
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	POON KAH ONN
NRIC No	SXXXX384I
Date Of Birth	10/12/1962
Occupation	Outdoor



## ACCIDENT DIAGRAM

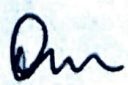
Bras Basah Road



veh A: SHB75428

veh B: SMT5255P

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.: