

ASS. REC. BY:

REF:

TH /

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

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:

S140 9500 Z

Yr Regn:

051 19

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

Truck / Trailer or

Make:

Toy P200

C.G.

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

598813

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B31FU403080996

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size:

F: Sailun

195/65R15

Greenlander

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

9

mm

L/Bal.

8

mm

L/Bal.

9

mm

D.O.A.

13/7/24

D.O.I.

6/8/2024

Survey held at

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

O/S 1st

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S + RS. SI

F. P. RS

Others

Report Format :

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

TOTAL

Not Withheld
L/Sing &

Trans-cab Auto Services Pte Ltd

AAD2407-048

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9500Z

Vehicle No.:

SHD9500Z

Chassis No.:

JTDKB3FU403080996

Co UEN:

200303878K

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS

Date of Accident :

13/7/2024

Third Party Insurer :

SNB7328H/ TH

Date of Registration:

31/5/2019

PART

LIST

- 1 COVER, FRONT BUMPER
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 FRONT BUMPER SIDE RETAINER RH
- 1 JAR ASSY, WINDSHIELD WASHER
- 1 UNIT ASSY, HEADLAMP, RH
- 1 LAMP ASSY, FOG, RH
- 1 FENDER SUB-ASSY, FRONT RH
- 1 LINER, FRONT FENDER, RH
- 1 FRONT FENDER EMBLEM RH

\$	Bu	516.00	✓
\$	n	902.16	X
\$	DIT	80.10	✓
\$	in	219.10	X
\$		2,637.60	7
\$	As	1,200.78	✓
\$	Ry	977.80	✓
\$	in	206.70	X
\$	n	54.60	✓

TOTAL	\$	6,794.84
25%	\$	1,698.71
	\$	5,096.13

Special Nett

- 1 FRT BUMPER CLIP
- 1 FRT BUMPER SIDE RETAINER CLIP
- 1 FENDER LINER CLIP

\$	he	65.00	60sm
\$	nn	65.00	X
\$	nn	75.00	X

TOTAL	\$	205.00
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TOTAL PARTS	\$	5,301.13
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LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$

250.00 30h

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9500Z**AAD2407-**

Putty And Spray Painting Of The Affected Portion.	\$	1,800.00	44d
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn 380.00	X
To Check Electrical Lighting Concerned.	\$	170.00	2d
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,000.00	40d
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To transfer of front fender panel fittings, attachment and perform water seepage test.	\$	nn 170.00	X

TOTAL \$ 4,990.00**Over All Total \$ 10,291.13****(Lump Sum) Repair Days**~~04 Days~~

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
- Part's 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 First Submission	15/07/2024 15:30 (SGT)
Reported by	Actual Driver
Date of Accident	13/07/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELEGIE ROAD TOWARDS SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9500Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE. LTD.
Company Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	(Phone) +65-65552222
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	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140725663-01

DRIVER

Name of Driver	PANG HEE KIAT
NRIC No	S1226674Z
Date Of Birth	20/05/1957
Occupation	Indoor

