

ASS. REC. BY:

REF: EQ/ CC3/EQI20014022/Kqd3KennethASSIGNMENT

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. _____

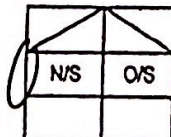
Claims No. _____

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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 1/2 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 51114 Yr Regn: 11.20Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make: Toy Pro c.c. 1788Colour MP. White / Red A/C: Insured / Std / NI / NASp. Reading 2216 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU803093069Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 14/12/20 D.O.I. 15/12/2020

Survey held at _____

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

1st N/S door

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

Date / Time Action / Instruction

18/12/20 1.10pm Email GIA & estimate and revised to EQI.

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

\$ - RS. \$

Fees:

Others

TOTAL

Report Format :

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

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

SHC5111U

AAD2012-

*Not Authorized
Signature Bg painting*

15 DEC 2020

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHC5111U

JTDKB3FU803093069

TOYOTA

PRIUS GEN 4

14/12/2020

EQ

30/11/2020

PART	LIST
1 MIRROR ASSY, OUTER REAR VIEW, LH	\$ Br 1,339.30 ✓
1 PANEL SUB-ASSY, FRONT DOOR, LH	\$ R 1,300.70 ✓
1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH	\$ R 238.30 ✓
1 MOTOR ASSY, POWER WINDOW REGULATOR, LH	\$ In 926.00 ✓
1 HINGE ASSY, FRONT DOOR, LOWER LH	\$ R 110.60 X
1 HINGE ASSY, FRONT DOOR, UPPER LH	\$ R 97.50 X
1 TAPE, BLACK OUT, NO.1 FRT LH	\$ R 13.30 ✓
1 TAPE, BLACK OUT, NO.2 FRT LH	\$ R 43.50 ✓
1 TAPE, BLACK OUT, NO.3 FRT LH	\$ R 26.30 ✓
1 MOULDING ASSY, BODY ROCKER PANEL, LH	\$ In 594.80 X
1 WEATHERSTRIP, FRONT DOOR FIX WINDOW, LH	\$ In 76.40 X
TOTAL	\$ 4,766.70
25%	\$ 1,191.68
	\$ 3,575.03

Special Nett

1SET DOOR STICKER TRANSCAB	\$ R 100.00 ✓
1SET REAR BUMPER CLIP	\$ R 95.00 X
1 REAR BUMPER PROTECTOR	\$ R 180.00 X
1SET REAR BUMPER RETAINER CLIP	\$ R 85.00 X
1 END PANEL TRIM CLIP	\$ R 65.00 X
TOTAL	\$ 525.00

TOTAL PARTS \$ 4,100.03**LABOUR**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ R 380.00 X

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SHC5111U**AAD2012-**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	200
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	4 180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	4 480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	4 480.00	X
To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.	\$	4 380.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	4 380.00	X
To check steering geometry and computer wheel alignment	\$	" 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	301
Towing Fees	\$	4 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	280
To reinstall rear bumper parking sensor.	\$	4 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201

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AAD2012-

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To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	220.00	X
To replace, refix and top up coolant for radiator	\$	170.00	X
To lift-up / out engine with gear box and refit.	\$	440.00	X
To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.	\$	380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	380.00	X
TOTAL	\$	9,990.00	
Over All Total	\$	14,090.03	

(PART-BY-PART) Repair Days**25 DAYS****2 1/2 days****For Official Use**Prepared By : _____
(Accident Dept)Verify By : _____
(Accident Workshop)Checked By : _____
(Finance Dept)

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 Authorised 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 15/12/2020 00:34 (SGT)
Date of Accident 14/12/2020 16:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF JALAN EUNOS AND EUNOS CRESCENT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5111U

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) +65-62866666
Alternative Phone No (Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2348706
Cover Note Number -

DRIVER

Name of Driver ONG YUE GEOK
NRIC No SXXXX618B
Date Of Birth 02/05/1961
Occupation Outdoor

Date Of Driving Pass	17/07/1979
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96816096
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	NA
Address complement	-
Postcode	-
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

PASSENGER 1

Name	PASSENGER 1
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 AT THE MENTIONED LOCATION, THE TRAFFIC LIGHT CHANGE TO RED HENCE I CAME TO A STOP AT THE JUNCTION WHEN THIRD PARTY SUDDENLY COLLIDED ONTO MY VEHICLE FROM THE LEFT.

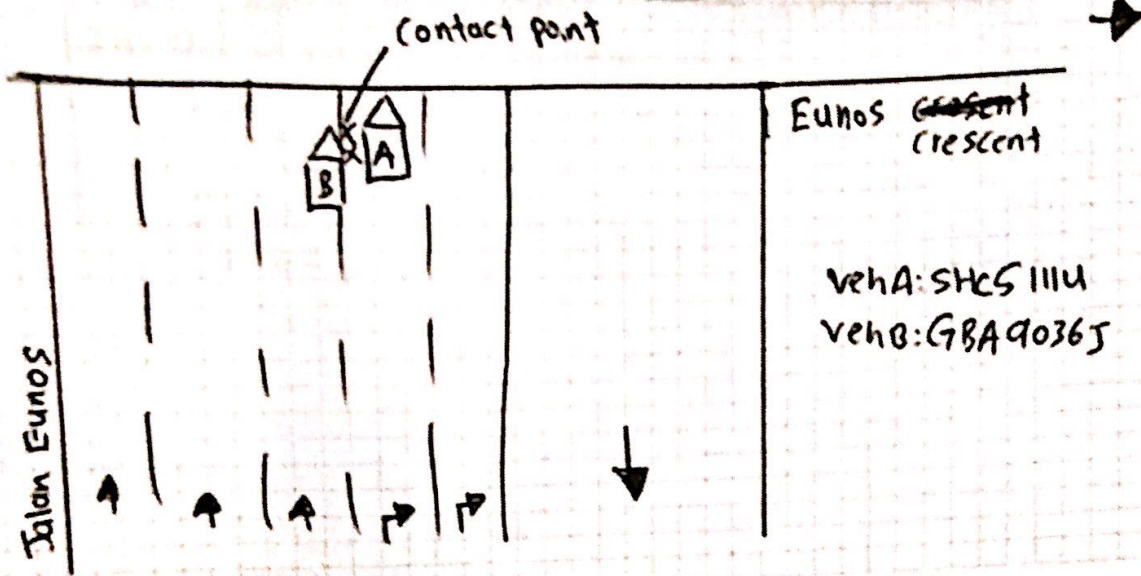
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA9036J
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fb70abosrdeb
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UDDIN JASIM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.