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est Repairs: OZ days Res.: Y	Yes or No D.O.A. 13/4/21 D.O.I. 19/4/202
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CA   REV   REP.   24 HRS	Survey held at  Des. of Damages: Frt / Rear? O/S / N/S / U/C / Rooftop or  Vehicle: IN / OUT
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CA I REV I REP. I 24 HRS  tete:Person Contacted:  Date / Time   Action / Instruction	Vehicle: IN / OUT  The WC / Chassis frame / Body Structure affected due to collision.  ECICS via Merimen.
Person Contacted:  Date / Time   Action / Instruction    2/4/202   @2.51pm Revised to	Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  ECICS via Merimen.  Days Of Repair:
Person Contacted:  Date / Time   Action / Instruction    2/4/2021 @2.51pm Revised to   Prell. Report   Final Report	Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  ECICS via Merimen.  Days Of Repair:  Resurvey No. of Trip:   Survey Fee:
CA I REV I REP. I 24 HRS  Late: Person Contacted:  Date / Time Action / Instruction  2/4/202 @2.51pm Revised to	Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  ECICS via' Merimen.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportator:
Person Contacted:  Date / Time   Action / Instruction    2/4/2021 @2.51pm Revised to   Prell. Report   Final Report	Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  ECICS via' Merimen.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportator:  Add Fee:  Site Insp (\$
Person Contacted:  Date / Time   Action / Instruction    2/4/2021 @2.51pm Revised to   Prell. Report   Final Report	Vehicle: IN/OUT    Des. of Damages: Fit   Rear? O/S   N/S   U/C   Rooftop or
Person Contacted:  Date / Time   Action / Instruction    2 // 65 - 66	Vehicle: IN / OUT  The UIC / Chassis frame / Body Structure affected due to collision.  ECICS via Merimen.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Add Fee:  Site Insp (\$ ) _5 - RS_SI  Interview (\$ ) Forms  Tech Invs (\$ ) Others
Person Contacted:  Date / Time   Action / Instruction    2     65.06   2   4   202   @ 2.51pm Revised to	Vehicle: IN/OUT    Des. of Damages: Fit   Rear? O/S   N/S   U/C   Rooftop or

Tra	ans-cab Auto Services Pte Ltd		LAD2104-006	
		11-	11 50 4	•
Tel	No. : 6287 6666 Fax No. : 6257 1330	1001	Mon ak	
CO	/GST Reg. No. 201019626G	Become	Norheisel Bypaint	
	X6857A	-0,000	1 1st paint	
	To Fig. 1. The Sup and Small W/Screen Glave To	E 1165	·08	
	Vehicle No.:	SMX685	7A 300.00	
	Chassis No.:	JTDKB3F	J703091426	
	Vehicle Make: 19 APR 2021	TOYOTA		
	Vehicle Model:	PRIUS GE	N4 330.00	, V
	Date of Accident :	13/04/20	21	
	Third Party Insurer :	<b>ECICS</b>		
	Date of Registration: And Straightening The Necessary Portion,	26/01/20		
	Romana And Kenesial Of Part PART of And Realign The Same	\$	LIST 2.200.00 2	
1	COVER, REAR BUMPER	\$	Bu 485.60 -	
1	REINFORCEMENT SUB-ASSY, REAR BUMPER and perform	\$	n 332.70	×
1	COVER, REAR BUMPER, LOWER	\$	22.00	X
1	GUARD, REAR BUMPER, CENTER	\$	d/la 374.50	<u> </u>
1	RETAINER, REAR BUMPER SIDE, LHUMBERTS and perform water	\$	NYP 132.60	
1	RETAINER, REAR BUMPER SIDE, RH	\$	132.60	X.
1	REFLECTOR ASSY, REFLEX, LH	\$	14 39.00 x	<
1	REFLECTOR ASSY, REFLEX, RH and on the necessary	\$	<b>∫</b> 39.00 €	X
1	COVER, FLOOR UNDER, NO.1 LH	\$	175.10	XX
1	COVER, FLOOR UNDER, NO.2 RH	\$	ر 241.90 ع	<b>x</b>
1	COVER, REAR FLOOR CTRigs, attachmients and perform water	\$	رم 229.90	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	A 651.00	
	TOTAL	\$	2,855.90	
	To dismande and refit airconnsily and afterment, vacuum an 25%	\$	713.98	
	charge id-gas.	\$	2,141.93	2.
	Labora charge to mount a Special Nett which on hig bench, to			
1SET	PARKING AID	\$	Pm 700.00 /	
1SET	REAR BUMPER CLIP	\$	M 95.00	50sn
1	REAR BUMPER PROTECTOR and competer wheel alignment	\$	NIP 180.00	X
2	SEAM SEALANT	\$	an 250.00;	/
1SET	REAR BUMPER RETAINER CLIP	\$	<i>~~</i> 85.00 €	$\hat{\mathcal{C}}$
1	END PANEL TRIM CLIP welly undercoat Of The Affection Areas	\$	~~ 65.00	
	TOTAL	\$	1,375.00	
	Towning Pees	7		
	TOTAL PARTS	\$	3,516.93	•
				:

**LABOUR** 

Putty And Spray Painting Of The Affected Portion.

2,200.00 220/

## **Trans-cab Auto Services Pte Ltd**

LAD2104-006

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No. : 6287 6666 Fax No. : 6257 1330

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Supplier of 1000 strate \* an overly

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CO./GST Reg. No. 201019626G

SMX6857	<b>7A</b>
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To reinstall rear bumper parking sensor.	\$	170.00	50k
To Check Electrical Lighting Concerned.	\$	~~ 170.00	X
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	4 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	4 220.00	X
To replace, refix and top up coolant for radiator	<b>**\$</b> 000	4 170.00	X
To lift-up / out engine with gear box and refit.	\$	۷ 440.00	X
To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.	\$	<b>4</b> 380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	₩ 380.00	Χ
Proper No.  Over All Total		13,806.93	•
(PART-BY-PART) Repair Days	5	25-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

MPORTANT NOTICE

VEHICLE DADTICLE ARS

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  7. By the following of this report will, to a two to make acceptance by the report at the centre and to copies of the report will being made available above and.

#### ACCIDENT STATEMENT Date of Submission 14/04/2021 11:19 (SGT) Date of Accident 13/04/2021 20:30 (SGT) **Exact Location of Accident** SHAROOVE ANG MO KIO AVE 3 X SERANGOON NORTH AVE 1 Additional Location Information Country/State of Loss Singapore DETAILS OF OWN VEHICLE Vehicle Registration Number SMX6857A INSUREDIPOLICYHOLDER

The second secon	
Is company?	Yes
Name Of Registered Owner	Trans Leasing Pte Ltd
Company Reg No	2XXXXX575K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

Manufacturer	Toyota
Model	Prius
Variant	
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Private hire
your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto province service and province and on the service and
Commence of the contraction of t	1800

Name of Insurance Company	Etiqa Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	M0015914
Cover Note Number	
DRIVER	
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SXXXX108C

Accident report ST0R214E0001

Page 1 of 12

Date Of Birth 02/04/1963 Occupation Outdoor Date Of Driving Pass 15/05/2012 **8 YEARS AND 11 MONTHS** Driving experience Gender Male (Phone) +65-90828383 Mobile Number Alt. Phone Number Email Address alimcy@hotmail.com **BLK 181 STIRLING ROAD** #02-216 Address complement 140181 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 Collision - Head to Rear Type of Accident 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? Was any injured conveyed to hospital by ambulance? ..... No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 JARRED THAM Name Gender ..... 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 ON 13/04/2021 AT ABOUT 2030HRS, I WAS STATIONARY ON THE THIRD LANE OF ANG MO KIO AVENUE 3 JUNCTION TO SERANGOON NORTH AVE 1 DUE TO RED TRAFFIC LIGHT. I SUDDENLY FELT AN IMPACT FROM THE REAR OF MY VEHICLE. VEHICLE B(SMN7559G) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. 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 **FILE SIZE TOO BIG** Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SMN7559G Vehicle Manufacturer Vehicle Model manata and a manat

Accident report ST0R214E0001

Page 2 of 12

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