

Kenneth

ASSIGNMENT

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: SME 3683D

Policy No. _____

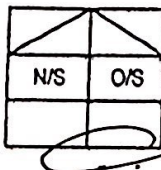
Claims No. C10010483/HA

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: 02 days Res.: Yes or No

Lum Sum: 1.3.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S11D 94485 Yr Regn: 03, 19

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

Truck / Trailer or _____

Make: 707 Provs c.c. 17PP

Colour: White / Red A/C: Insured / Std / NI / NA

Sp. Reading 178128 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU603079459

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: 195/65R15

R: _____

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

TOYO / YOKO or Pirelli

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 8/6/21 D.O.I. 14/6/2021

Survey held at _____

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

Rear o/s

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

Date / Time Action / Instruction

16/6/21 Kenneth confirmed final fig \$2889.38 (Red 15,949.62,84%)

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

Survey Fee:

2) 17/6/21-Typist

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

Transportation:

\$ + RS. \$

Fees

Others

Report Format: TP

Lump Sum / I.B.I: (\$ 2889.38

TOTAL

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

SHD94485

AAD2106- 030.

*Not Authored
Recovery B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

14 JUN 2021

SHD94485

JTDKB3FU603079459

TOYOTA

PRIUS

08/06/2021

Auto & General

22/03/2019

PART	LIST
1 PANEL SUB-ASSY, BACK DOOR	\$ 1,147.80 X
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$ 925.60 ✓
1 STAY ASSY, BACK DOOR, LH	\$ 242.50 X
1 STAY ASSY, BACK DOOR, RH	\$ 242.50 X
1 HINGE ASSY, BACK DOOR, LH	\$ 61.00 X
1 HINGE ASSY, BACK DOOR, RH	\$ 61.00 X
1 WEATHERSTRIP, BACK DOOR	\$ 372.30 X
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$ 54.60 ✓
1 PLATE, BACK DOOR NAME, NO.1	\$ 54.60 ✓
1 ORNAMENT SUB-ASSY, BACK DOOR	\$ 47.90 ✓
1 COVER, BACK DOOR TRIM	\$ 24.90 X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$ 650.30 X
1 LENS AND BODY, REAR LAMP, RH	\$ 502.00 X
1 LENS & BODY, REAR COMBINATION LAMP, RH	\$ 451.80 ✓
1 PANEL SUB-ASSY, QUARTER, RH	\$ 871.50 X
1 LINER, REAR WHEEL HOUSE, RH	\$ 139.80 X
1 COVER, REAR BUMPER	\$ 442.60 ✓
1 COVER, REAR BUMPER, LOWER	\$ 15.40 ✓
1 FILLER, REAR BUMPER EXTENSION, RH	\$ 123.70 ✓
1 GUARD, REAR BUMPER, CENTER	\$ 576.30 ✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$ 332.70 7
TOTAL	\$ 7,340.80
25%	\$ 1,835.20
	\$ 5,505.60

Special Nett

1SET PARKING AID

1 REAR SPOILER CLIP

\$ 700.00 X
\$ 60.00 X

Trans-cab Auto Services Pte Ltd

AAD2106-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD9448S

1	REAR BUMPER CLIP	\$	nn	65.00	50sn
1	REAR FENDER CLIP	\$	nn	66.00	X
1	REAR TAIL LAMP CLIP	\$	nn	65.00	X
1	END PANEL INNER TRIM CLIP	\$	nn	60.00	X
1	CLIP(FOR REAR DOOR TRIM BOARD)	\$	nn	65.00	X
1	BOOT STICKER TRANSCAB	\$	nn	100.00	30sn
1	BOOT STICKER TEL.NO	\$	nn	100.00	30sn
2	WINDSCREEN SEALANT	\$	nn	150.00	X
1	WINDSCREEN MOULDING	\$	nn	200.00	X
1	WINDSCREEN INNER SPONGE SEAL	\$	nn	130.00	X

TOTAL \$ 1,001.00**TOTAL PARTS \$ 8,543.40****LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	250.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,800.00	4401
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	201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,800.00	3001
To check steering geometry and computer wheel alignment	\$	nn	220.00	X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	nn	170.00	X

TOTAL \$ 4,790.00**Over All Total \$ 18,839.00****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:

(PART-BY-PART) Repair Days~~10 Days~~
2 days

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 08/06/2021 13:52 (SGT)
Date of Accident 08/06/2021 08:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF TPE SLIP ROAD AND TAMPINES AVE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9448S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 200303878K
Company Reg No TXXXXXXXXXXXXXXXXXXXXXXX LTD
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 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 1767

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2413997
Cover Note Number -

DRIVER

Name of Driver PNG BAN HUAT PAUL
NRIC No SXXXX937Z

The image shows a document page with a grid pattern. The page contains handwritten text and a diagram. The diagram shows a rectangular area with a diagonal line and a circle. The text is mostly illegible due to blurring and low contrast.

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING ALONG THE SLIP ROAD TOWARDS TAMPINES AVE 10 . WHEN I STOPPED MY VEHICLE FOR CHECKING THE ONCOMING TRAFFIC , SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE .

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 8/6/2021

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

WONG JUN KEAT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: