

ASSIGNMENT

From:

Estimated Cost:

Date:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Veh No:

S14B9755R Yr Regn: 07.20

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

Truck / Trailer or

Make:

Toy Pro SA c.c 1788

Colour

M.P. White / Red A/C: Insured / Std / NI / NA

Sp. Reading

100168 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3FU 403091190

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195/65R15

R:

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

TOYO / YOKO or

Pailun

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

14/7/21

D.O.I.

21/7/2021

Survey held at

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

O/S Frt

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

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

SHB9755R

AAD2107-

Not Authorised
Re-spray B4 paint

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

21 JUL 2021

SHB9755R

JTDKB3FU403091190

TOYOTA

PRIUS GEN 4

14/07/2021

Chika.

14/07/2020

| PART | | LIST | |
|--------------|--|-----------|-----------------|
| 1 | COVER, FRONT BUMPER | \$ Bu | 521.00 ✓ |
| 1 | BRACKET, FRONT BUMPER EXTENSION MOUNTING | \$ Sn | 110.50 X |
| 1 | REINFORCEMENT SUB-ASSY, FRONT BUMPER | \$ R | 716.60 X |
| 1 | ABSORBER, FRONT BUMPER ENERGY | \$ Sn | 80.20 X |
| 1 | SUPPORT, FRONT BUMPER SIDE, RH | \$ Sn | 80.10 X |
| 1 | EXTENSION, FRONT BUMPER, RH | \$ Sn | 120.10 X |
| 1 | UNIT ASSY, HEADLAMP, RH | \$ Sn | 2,637.60 X |
| 1 | COMPUTER SUB-ASSY, HEADLAMP, RH NO.1 | \$ Sn | 3,772.50 X |
| 1 | FENDER SUB-ASSY, FRONT RH | \$ R | 977.80 ✓ |
| 1 | LINER, FRONT FENDER, RH | \$ Sn | 202.50 X |
| 1 | EMBLEM, SIDE PANEL | \$ R | 54.60 ✓ |
| 1 | MOULDING, FRONT BUMPER SIDE, RH | \$ R | 95.6 X |
| TOTAL | | \$ | 9,369.10 |
| 25% | | \$ | 2,342.28 |
| | | \$ | 7,026.83 |

Special Nett

| | | | |
|--------------------------------|-----------|---------------|-------|
| 1SET BUMPER CLIP FRT | \$ R | 95.00 | 50% ✓ |
| 1 FRONT FENDER CLIP | \$ R | 60.00 | X |
| 1SET CLIP, FRONT FENDER LINER | \$ R | 85.00 | X |
| 1SET FRNT BUMPER RETAINER CLIP | \$ R | 85.00 | X |
| TOTAL | \$ | 325.00 | |

TOTAL PARTS \$ 7,351.83**LABOUR**

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

\$ R 380.00 X

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SHB9755R

| | | |
|---|-------------|------|
| To conduct and perform a comprehensive vehicle diagnostic check and reset all diagnostic indicators. | | |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ 2,200.00 | 3001 |
| To transfer of rear end panel fittings, attachment and perform water seepage test. | | |
| (PART-BY-PART) Repair Days | \$ 380.00 | X |
| To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair. | | |
| | \$ 480.00 | X |
| To transfer of Fender fittings, attachments and perform water seepage test. | | |
| | \$ 480.00 | X |
| Labour charge to mount and dismount vehicle on jig bench, to facilitate repair. | | |
| | \$ 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 |
| Putty And Spray Painting Of The Affected Portion. | | |
| | \$ 2,200.00 | 4401 |
| To reinstall rear bumper parking sensor. | | |
| | \$ 170.00 | X |
| To Check Electrical Lighting Concerned. | | |
| | \$ 170.00 | 101 |
| 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 remove and refit radiator support cross-member and other necessary items to enable bodywork repair. | | |
| | \$ 380.00 | X |

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SHB9755R

To conduct and perform a comprehensive vehicle diagnostic check
and reset vehicle warning indicators.

TOTAL

\$ 380.00 X

\$ 8,670.00

Over All Total

\$ 16,021.83

(PART-BY-PART) Repair Days

25 DAYS

2 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 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 | 15/07/2021 14:27 (SGT) |
| Date of Accident | 14/07/2021 19:03 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG TOA PAYOH LORONG 4 JUNCTION OF LORONG 5 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB9755R |
|-----------------------------|----------|

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 | 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 |

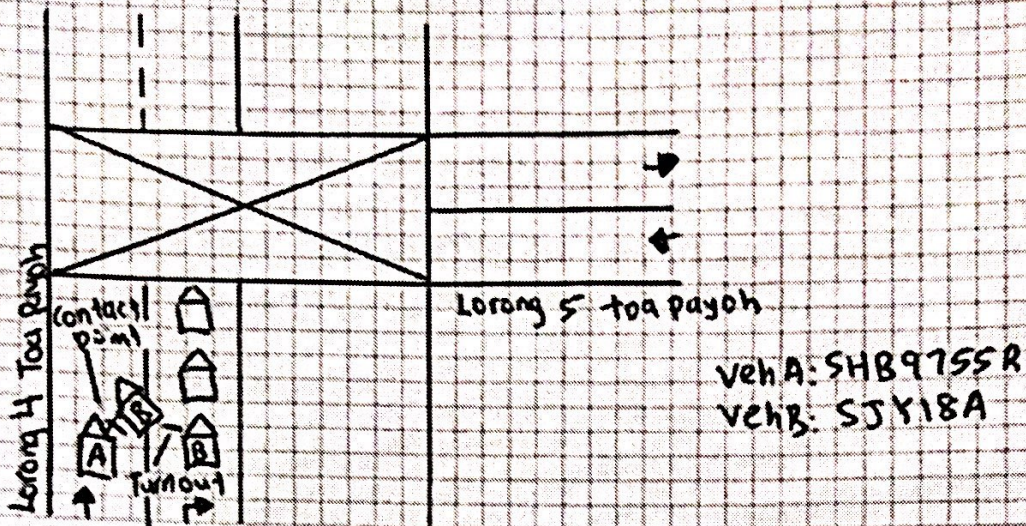
INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | VFX/P2348706 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | ENG SOO HOE |
| NRIC No | SXXXX393H |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT (2000 characters)

I WAS AT THE MENTIONED LOCATION AT THE JUNCTION BEFORE TOA PAYOH LORONG 5, A FEW VEHICLES WERE QUEING TO TURN TO LORONG 5 AND IM AT THE LEFT LANE GOING STRAIGHT. THIRD PARTY SUDDENLY CAME OUT FROM THE QUEUE AND CAME INTO MY LANE AND COLLIDED ONTO MY VEHICLE. THIRD PARTY DIDNT EXCHANGE ANY PARTICULARS AND JUST DROVE OFF. I ONLY MANAGE TO TAKE ONE PHOTO OF THE VEHICLE NUMBER. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

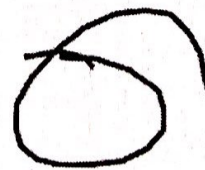
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
ANG QI HAO, VICTOR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

15 July 2021 at 10:57 AM

Date/Time:

15 July 2021 at 10:57 AM