

ASS. REQ. BY:

REF:

EG2/ 21008088/Kt

Kennaeth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

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 Report:

Consistent?: Yes or No

GIA / FR Seen:

Consistent?: Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 77247

Yr Regn:

06, 19

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

Truck / Trailer or

Make:

Toy Prius

C.C.

1798

Colour

M.P. White / Rm

A/C:

Insured / Std / NI / NA

Sp. Reading

167146

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31-U303081296

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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

Rear

R/Bal.

9

mm

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

29/7/21

D.O.I.

2/8/2021

Survey held at

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

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

Date / Time

Action / Instruction

FINALISE PART BY PART \$7370.52,

RED: 6937.65; 48%

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair:

5

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format:

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

Not Authonised  
Penny B4 paint

**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

**SHB7724T**

**AAD2107- 119.**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

02 AUG 2021

**SHB7724T**

JTDKB3FU303081296

TOYOTA

PRIUS

29/07/2021

ERao.

18/06/2019

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	GUARD, REAR BUMPER, CENTER
1	SEAL, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, LH
1	PANEL SUB-ASSY, BODY LOWER BACK
1	FILLER, REAR BUMPER EXTENSION, LH
1	FILLER, REAR BUMPER EXTENSION, RH
1	LENS AND BODY, REAR LAMP, LH
1	LENS & BODY, REAR COMBINATION LAMP, LH
1	LENS AND BODY, REAR LAMP, RH
1	LENS & BODY, REAR COMBINATION LAMP, RH
1	MOULDING SUB-ASSY, ROOF DRIP SIDE FINISH, REAR LH
1	MOULDING SUB-ASSY, ROOF DRIP SIDE FINISH, REAR RH
1	PANEL SUB-ASSY, BACK DOOR
1	STAY ASSY, BACK DOOR, LH
1	STAY ASSY, BACK DOOR, RH
1	HINGE ASSY, BACK DOOR, LH
1	HINGE ASSY, BACK DOOR, RH
1	SPOILER SUB-ASSY, REAR
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
1	ORNAMENT SUB-ASSY, BACK DOOR
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2
1	PLATE, BACK DOOR NAME, NO.1
1	COVER, REAR FLOOR (CTR)
1	COVER, FLOOR UNDER, NO.2 (RH)
1	COVER, FLOOR UNDER, NO.1 (LH)

	LIST	
\$	Bu	442.60 ✓
\$		332.70 ?
\$	Bu	576.30 ✓
\$	Sn	88.50 X
\$		116.50 ?
\$		650.30 ?
\$		123.70 ?
\$		123.70 ?
\$	CM	502.00 ✓
\$	Sn	443.30 X
\$	Sn	502.00 X
\$		451.80 ?
\$	Sn	54.40 X
\$	Sn	54.40 X
\$	Bu	1,147.80 ✓
\$	Sn	242.50 X
\$	Sn	242.50 X
\$		61.00 ?
\$		61.00 ?
\$	CM	1,575.40 ✓
\$	Wap	925.60 ✓
\$	Me	47.90 ✓
\$	Me	54.60 ✓
\$	Me	54.60 ✓
\$	Sn	229.90 X
\$	Sn	241.90 X
\$	Sn	175.10 X
<b>TOTAL</b>	<b>\$</b>	<b>9,522.00</b>
<b>25%</b>	<b>\$</b>	<b>2,380.50</b>
	<b>\$</b>	<b>7,141.50</b>

**Special Nett**



**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

**SHB7724T****AAD2107-**

1SET REAR NUMBER PLATE WITH HOLDER

1 REAR BUMPER SIDE CLIP

1 BOOTLID STICKER 'TRANSCAB'

1 BOOTLID STICKER '65553333'

1SET PARKING AID

1SET REAR BUMPER CLIP

1 REAR BUMPER PROTECTOR

1 REAR BUMPER RETAINER CLIP

2SET TAILLAMP CLIP

\$	Sm	120.00	X
\$	nn	60.00	X
\$	nn	100.00	305N
\$	nn	100.00	305N
\$	nd	700.00	2205N
\$	nn	85.00	505N
\$	NTP	180.00	X
\$	nn	75.00	X
\$	nn	100.00	X
<b>TOTAL</b>	<b>\$</b>	<b>1,520.00</b>	

**TOTAL PARTS \$ 8,661.50****LABOUR**

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

\$ 240.00 601

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

\$ 380.00 601

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 1,600.00 500-600f

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ 380.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 8801

To reinstall rear bumper parking sensor.

\$ 170.00 501

To transfer of tire, rim and on wheel balancing.

\$ 170.00 X

To Check Electrical Lighting Concerned.

\$ 170.00 201

To check steering geometry and computer wheel alignment

\$ 220.00 X

To remove and refit of rear fender fittings, attachment and perform water seepage test.

\$ 170.00 X

**TOTAL \$ 5,100.00**

Trans-cab Auto Services Pte Ltd

AAD2107-

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SHB7724T

Over All Total \$ 13,761.50

(PART-BY-PART) Repair Days 20 Days

\*-5 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:

Manufacturer

Model

Variant

Expiry period for which the vehicle being used at time of accident

Any other existing policy or insurance policy for motor vehicle?

Vehicle category

Registration

Use

Toyota

Pro

Variant

Expiry date

No existing policy

Use

Registration

Use



# 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 ..... 29/07/2021 14:36 (SGT)  
Date of Accident ..... 29/07/2021 11:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP ROAD OF YISHUN AVENUE 2, TURNING LEFT INTO  
YISHUN AVENUE3.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB7724T

### 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

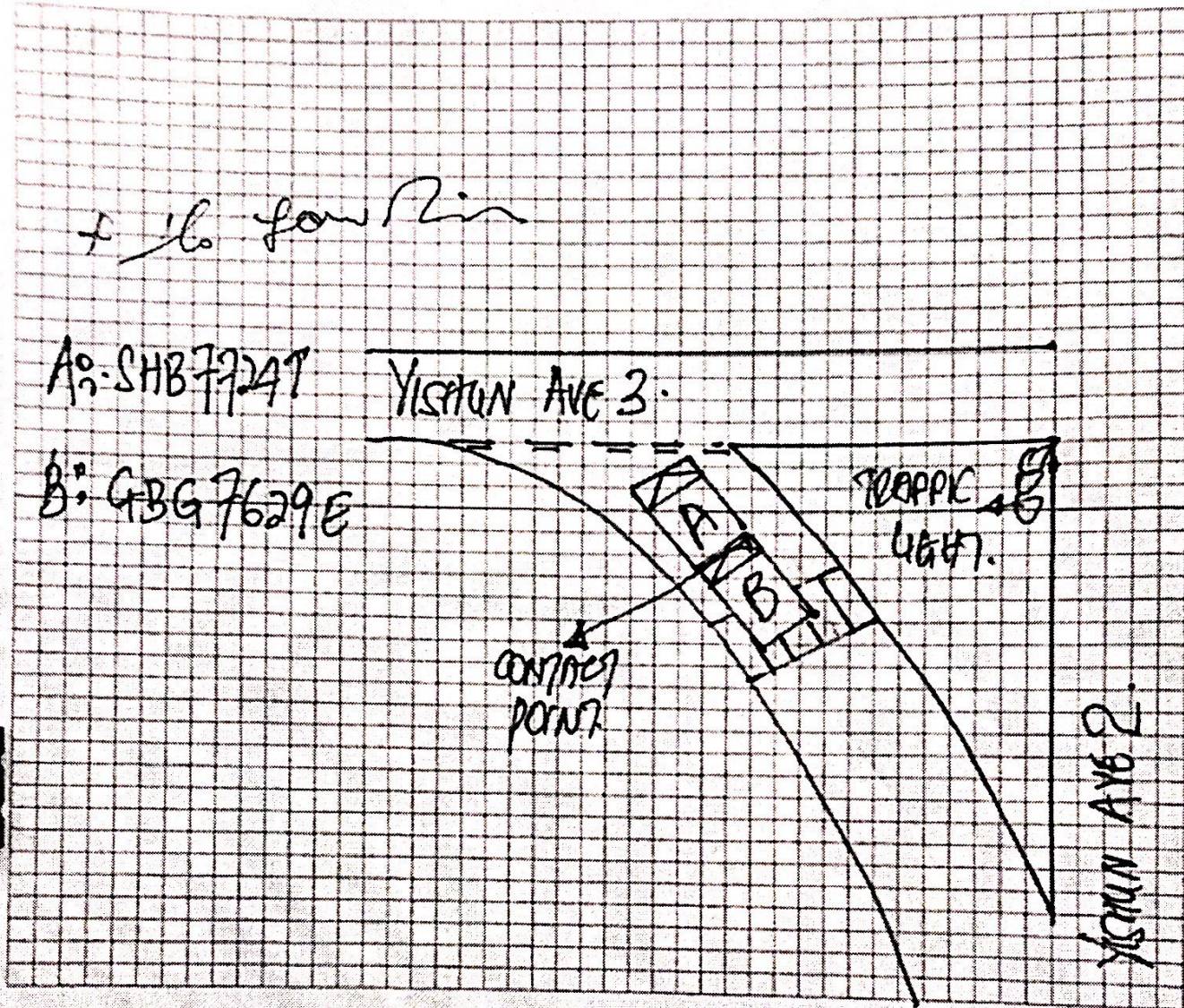
Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2413997  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... HO YEOW THIAM



## ACCIDENT DIAGRAM



Policyholder's Signature  
Date & Time:

*x. Ilo Lowlin*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

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