ASS. REC. BY: Kenneth | REF: TV /

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: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1-B-I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMP7192U Yr Regn: 10, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Prius c.c 1798

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

Sp.Reading 158560 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU20·3 083864

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Sailun

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	25/8/21	D.O.I.	26/8/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS _____ SI

Parking _____

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
SMP7192U

AAD2108-

Not Authorised
Refinish B4 paint

20 AUG 2021

Vehicle No.:	**SMP7192U**
Chassis No.:	JTDKB3FU203083864
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS **GEN 4**
Date of Accident :	25/08/2021
Third Party Insurer :	**III**
Date of Registration :	11/10/2019

	PART		LIST
1	COVER, FRONT BUMPER	$	CM 521.00 ✓
1	MOULDING, FRONT BUMPER SIDE, LH	$	Sm 95.60 X
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	$	M 716.60 X
1	UNIT, HEADLAMP, LH	$	917.90 ?
1	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	$	Sm 3,772.50 X
1	LAMP ASSY, FOG, LH	$	Sm 237.10 X
1	LINER, FRONT FENDER, LH	$	DIY 210.30 ✓
1	FENDER SUB-ASSY, FRONT LH	$	R 977.80 —
1	EMBLEM, SIDE PANEL	$	M 54.60 ✓
1	MIRROR ASSY, OUTER REAR VIEW, LH	$	Bro 1,339.30 ✓
1	HINGE ASSY, HOOD, RH	$	M 58.90 X
		TOTAL	**$ 8,901.60**
		25%	**$ 2,828.00**
			$ 8,484.00

Special Nett

1	FRT FENDER CLIP	$	M 65.00 ✓
1SET	FRONT FENDER LINER CLIP	$	M 75.00 X
1SET	FRONT BUMPER CLIP	$	M 90.00 Sosa ✓
		TOTAL	**$ 230.00**
		TOTAL PARTS	**$ 9,530.50**

LABOUR

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,600.00 400

Trans-cab Auto Services Pte Ltd **AAD2108-**

No. 2 Ang Mo Kio Street 63 Singapore 569111
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SMP7192U

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	~~ 380.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	$	240.00	30/
To check steering geometry and computer wheel alignment	$	~~ 220.00	X
Putty And Spray Painting Of The Affected Portion.	$	1,600.00	500/
To transfer of tire, rim and on wheel balancing.	$	~~ 170.00	X
To Check Electrical Lighting Concerned.	$	170.00	20/
TOTAL	**$**	**4,380.00**	
Over All Total	**$**	**13,094.00**	

(PART-BY-PART) Repair Days ~~20 days~~ 2 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

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 witholding 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	26/08/2021 12:33 (SGT)
Date of Accident	25/08/2021 18:55 (SGT)
Exact Location of Accident	Near Marymount Rd, Singapore
Additional Location Information	JUNCTION OF MARYMOUNT ROAD AND ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7192U

INSURED/POLICYHOLDER

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) +65-65552222
Alternative Phone No	(Office) +65-65552222

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	Private hire
Transmission	Auto
CC	1767

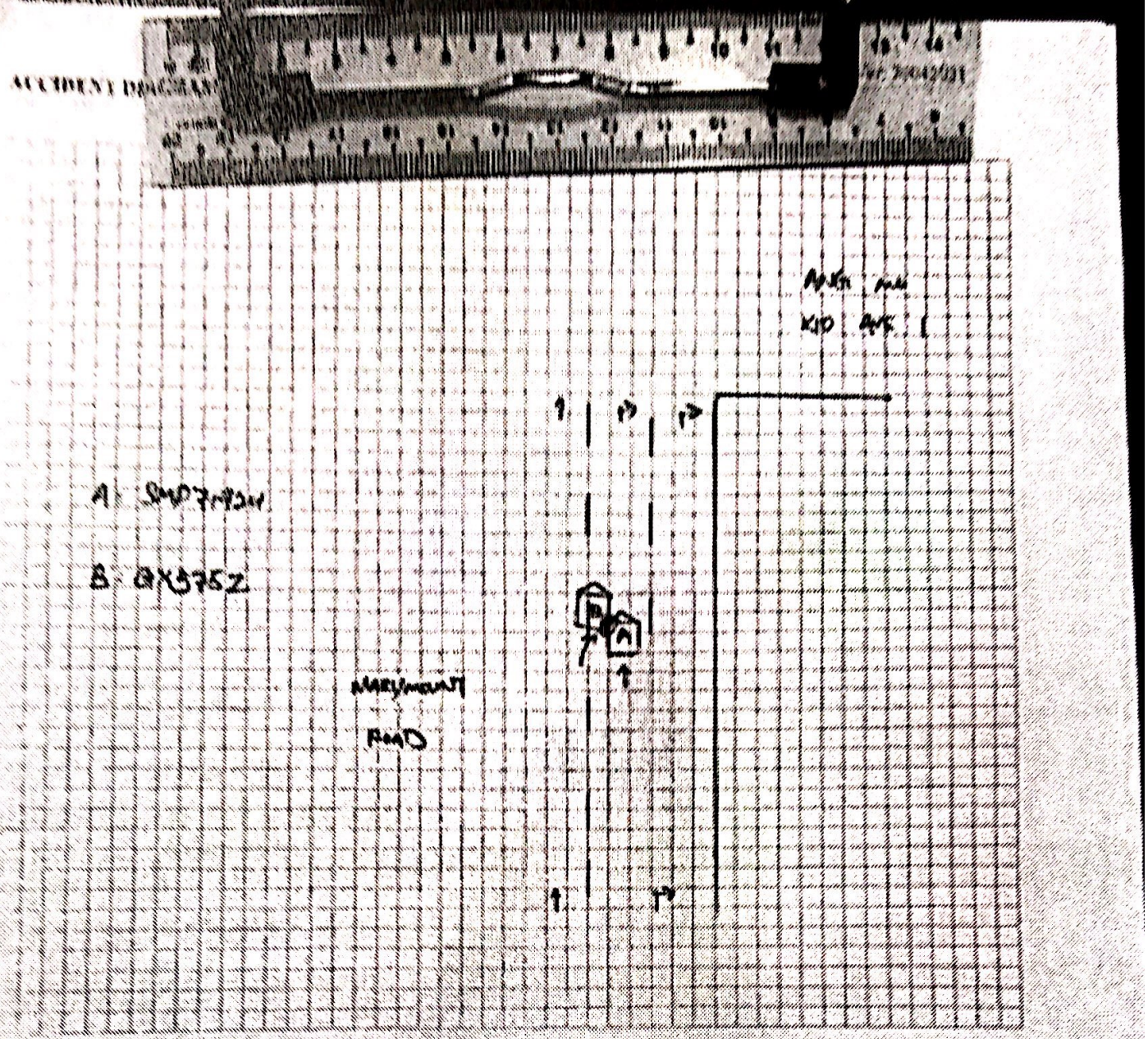
INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2440417
Cover Note Number	-

DRIVER

Name of Driver	LESLIE LIM CHONG YEE
NRIC No	SXXXX189F

ACCIDENT DIAGRAM



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG MARYMOUNT ROAD TOWARDS ANG MO KIO AVE 1 . SUDDENLY I SAW VEHICLE B FILTERING INTO MY LANE WITHOUT CHECKING AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE .

DECLARATION

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

		VERIFY BY AJAX MARS (ARC)
		REPORTING OFFICER
		WONG JUN KEAT
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time: 26/8/2021	NRIC/FIN No.: