ASS. REC. BY: Kenneth

REF: CS/ AG21 2100 9287 1/Kuf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 5501C

at Workshop m/s Trans Cab

of _____

Insured: SMG 4800R

Policy No. _____

Claims No. C10011463/CD

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: 01 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 5501C Yr Regn: 03/21

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

Make: Toy Prius c.c 1798

Colour M.P. White 1Hw A/C: Insured / Std / NI / NA

Sp.Reading 37751 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU50·3092123

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / 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 Pailun

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	29/8/21	D.O.I.	6/9/2021

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
6/9	@ 22c/h Confirmed 1 repair day (RED $8833.28; 98%)

Date/Time, File Pass to? 1) 8/9 TYPIST

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____ $ + RS _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / I.B.I: ($ 220 _____

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
SHC5501C

AAD2108-

Not Authorised
Reserve Bkpaint
8220h

Vehicle No.:		**SHC5501C**
Chassis No.:	06 SEP 2021	JTDKB3FU503092123
Vehicle Make:		TOYOTA
Vehicle Model:		PRIUS **GEN 4**
Date of Accident :		29/08/2021
Third Party Insurer :		Auto & General
Date of Registration:		31/03/2021

	PART		LIST	
1	COVER, REAR BUMPER	$	485.60	X
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	$	332.70	
1	GUARD, REAR BUMPER, CENTER	$	374.50	
1	COVER, REAR BUMPER, LOWER	$	22.00	
1	RETAINER, REAR BUMPER SIDE, LH	$	132.60	
1	RETAINER, REAR BUMPER SIDE, RH	$	132.60	
1	PANEL SUB-ASSY, BODY LOWER BACK	$	651.00	
1	COVER, DECK TRIM, REAR	$	126.70	

TOTAL	**$**	**2,257.70**
25%	**$**	**564.43**
	$	**1,693.28**

Special Nett

1SET	PARKING AID	$	700.00	X
1SET	REAR BUMPER CLIP	$	85.00	X
1	BUMPER CENTRE GUARD CLIP	$	80.00	X
1	REAR BUMPER PROTECTOR	$	180.00	X
1	REAR BUMPER RETAINER CLIP	$	75.00	X
		TOTAL	**$**	**1,120.00**

TOTAL PARTS	**$**	**2,813.28**

LABOUR

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

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G

SHC5501C

To Rust-Proofing and apply undercoat Of The Affected Areas.	$	240.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00 X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	3,000.00 X
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 2201
To Remove And Refit Rear Big & Small W/Screen Glass To Facilitate Bodywork Repair.	$	300.00 X
To reinstall rear bumper parking sensor.	$	170.00 X
To Check Electrical Lighting Concerned.	$	170.00 X
TOTAL	**$**	**6,240.00**
Over All Total	**$**	**9,053.28**

(PART-BY-PART) Repair Days ~~20~~ Days
1day

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	30/08/2021 17:38 (SGT)
Date of Accident	29/08/2021 21:15 (SGT)
Exact Location of Accident	Near 446 Sembawang Rd, Singapore
Additional Location Information	SEMBAWANG ROAD OUTSIDE CHONG PANG NASI LEMAK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5501C

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) +65-62876666
Alternative Phone No	(Office) +65-62876666

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

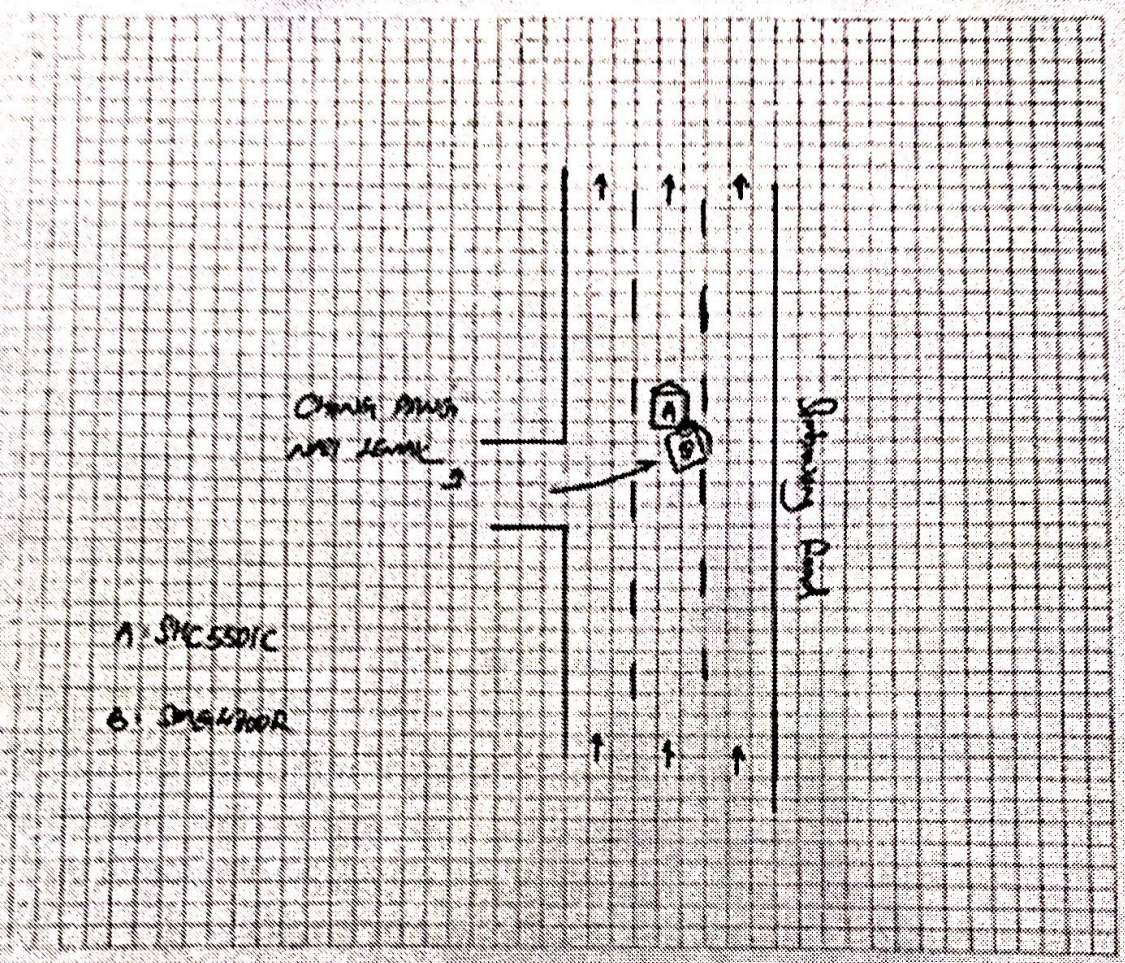
Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	

DRIVER

Name of Driver	TEO YONG HUNG
NRIC No	SXXXX124Z

ACCIDENT DIAGRAM

er. 30043021



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.: