

ASS. REC. BY:

REF:

EGL/210101641Kt

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: _____

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PMX 6803E Yr Regn: 07, 21Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Prous c.c. 1798Colour M. P. White / Pr A/C: Insured / Std / NI / NASp. Reading 68632 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 703092902Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD / Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 5 mmL/Bal. 6 mmL/Bal. 5 mmD.O.A. 22/9/21D.O.I. 5/10/2021Survey held at ✓Des. of Damages: Fr Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

COR at \$2,969.58 confirm, 2days.

RED: 9682.67;90%

12652.25

Date/Time, File Pass to?

☐

Prell. Report

Days Of Repair: 2

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fees

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

SMX6803E*Not Authored*

LAD2109-

Recovery B4 paint

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

05 OCT 2021

SMX6803E

JTDKB3FU703092902

TOYOTA

PRIUS GEN 4

22/09/2021

ERGO.

26/01/2021

PART**LIST**

1 COVER, FRONT BUMPER	\$	521.00	7
1 BRACKET, FRONT BUMPER EXTENSION MOUNTING	\$	110.50	7
1 REINFORCEMENT SUB-ASSY, FRONT BUMPER	\$	716.60	7
1 ABSORBER, FRONT BUMPER ENERGY	\$	CM 80.20	✓
1 COVER, FRONT BUMPER HOLE, LH	\$	30.20	X
1 GRILLE SUB-ASSY, RADIATOR	\$	Net 422.50	✓
1 GRILLE, RADIATOR, LOWER NO.1	\$	178.60	X
1 EMBLEM ASSY, RADIATOR GRILLE	\$	Net 105.80	✓
TOTAL	\$	2,165.40	
25%	\$	541.35	
	\$	1,624.05	

1SET BUMPER CLIP FRT

1 FRT NUMBER PLATE WITH MOULDING

1SET FRNT BUMPER RETAINER CLIP

	\$	170.00	
	\$	Net 95.00	50%
	\$	Net 200.00	45%
	\$	Net 85.00	X
TOTAL	\$	380.00	

TOTAL PARTS \$ 2,004.05**LABOUR**

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

\$ Net 380.00 X

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

\$ 2,200.00 200%

Trans-cab Auto Services Pte Ltd**LAD2109-**

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SMX6803E

To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	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	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	2200
To reinstall rear bumper parking sensor.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	200
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
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	380.00	X
TOTAL	\$	8,670.00	
Over All Total	\$	10,674.05	

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LAD2109-

(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:

2 Ang Mo Kio Street 63 Singapore 569111

No. : 6287 6666 Fax No. : 6257 1330

U/GST Reg. No. 201019626G

IX6803E

Vehicle No.:

SMX6803E

Chassis No.:

JTDKB3FU703092902

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS GEN 4

Date of Accident :

22/09/2021

Third Party Insurer :

Date of Registration:

26/01/2021

SUPPLEMENTARY
PART

LIST

1 UNIT ASSY, HEADLAMP, LH

	\$	my cm	2,637.60
TOTAL	\$		2,637.60
25%	\$		659.40
	\$		1,978.20

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 22/09/2021 15:41 (SGT)
Date of Accident 22/09/2021 13:48 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG GEYLANG ROAD OPEN SPACE CARPARK LOT NO.234
Country/State of Loss OPP ESSO PETROL STATION
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX6803E

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

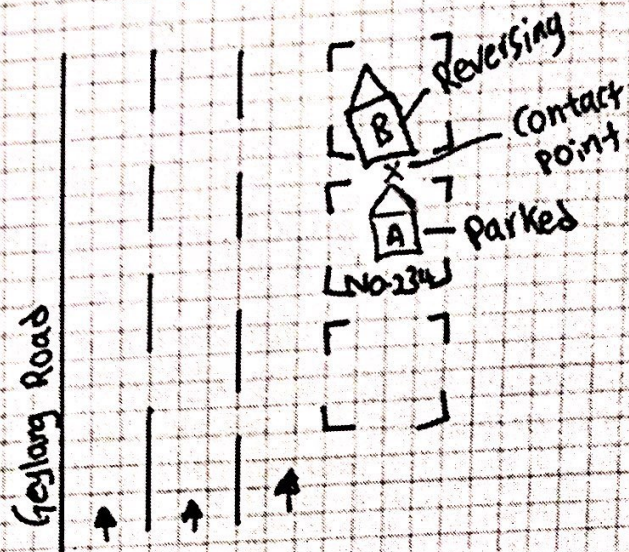
Manufacturer Toyota
Model Prius
Variant 5DR HATCHBACK (AUTO)
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1767

INSURANCE COMPANY

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

DRIVER

Name of Driver ONG WEI BOON (WANG WEIWEN)



Veh A: SMX 6803E

Veh B: SGG 2225K

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

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.: