

ASS. REC. BY:

REF:

AG2/ 21010376 Kqf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

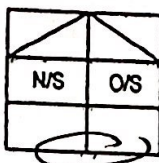
Claims No. C10011967/HA

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 / 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

Veh No: S14D 5427D Yr Regn: 01, 19

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

Truck / Trailer or _____

Make: Toy Provs c.c. 1798

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

Sp. Reading 222510 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J7DKB31-U 903079181

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 / A/Rlm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Sailun

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 7 mm

L/Bal. 8 mm L/Bal. 7 mm

D.O.A. 6/10/21 D.O.I. 11/10/2021

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

25/10/21 @ 11.20am confirmed with Wai Yin final fig \$1713.70, 2 days. (Red \$5034.63, 75%)

Date/Time, File Pass to?

☐: Prell. Report

1) 25/10 Typist

☐: Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / I.B.I.: (\$ 1713.70)

Days Of Repair: 2

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

S + RS SI

Fees

Others

TOTAL

Not Authorized
Running B4 paint

Trans-cab Auto Services Pte Ltd

AAD2110-

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD5427D

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD5427D

JTDKB3FU903079181

TOYOTA

PRIUS

06/10/2021

Auto & General

25/01/2019

11 OCT 2021

PART

LIST

1	COVER, REAR BUMPER	\$	Bul/ln	442.60	✓
1	GUARD, REAR BUMPER, CENTER	\$	B	576.30	✓
1	COVER, REAR BUMPER, LOWER	\$	ln	15.40	X
1	FILLER, REAR BUMPER EXTENSION, LH	\$	ln	123.70	X
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$		332.70	?
1	RETAINER, REAR BUMPER SIDE, LH	\$	ln	116.50	X
1	COVER, FLOOR UNDER, NO.2 (RH)	\$	ln	241.90	X
1	COVER, FLOOR UNDER, NO.1 (LH)	\$	ln	175.10	X
1	COVER, REAR FLOOR (CTR)	\$	ln	229.90	X
1	COVER, DECK TRIM, REAR	\$	ln	126.70	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	ln	650.30	X
TOTAL		\$		3,031.10	
25%		\$		757.78	
		\$		2,273.33	

Special Nett

1	PARKING AID	\$	ln	700.00	X
1	REAR FLOOR COVER CLIP	\$	nn	60.00	X
1	REAR LOWER BUMPER CLIP	\$	nn	65.00	X
1	REAR BUMPER CLIP	\$	nn	60.00	50.00
TOTAL		\$		885.00	
TOTAL PARTS		\$		3,158.33	

LABOUR

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

AAD2110-

SHD5427D

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

\$ *nn* 380.00 *X*

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

\$ 1,400.00 *2001*

Putty And Spray Painting Of The Affected Portion.

\$ 1,400.00 *4401*

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

\$ 240.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *101***TOTAL** \$ **3,590.00****Over All Total** \$ **6,748.33****(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 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 06/10/2021 19:04 (SGT)
Date of Accident 06/10/2021 15:50 (SGT)
Exact Location of Accident Near Ang Mo Kio Ave 3, Singapore
Additional Location Information CTE SLIP ROAD TOWARDS ANG MO KIO AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5427D

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

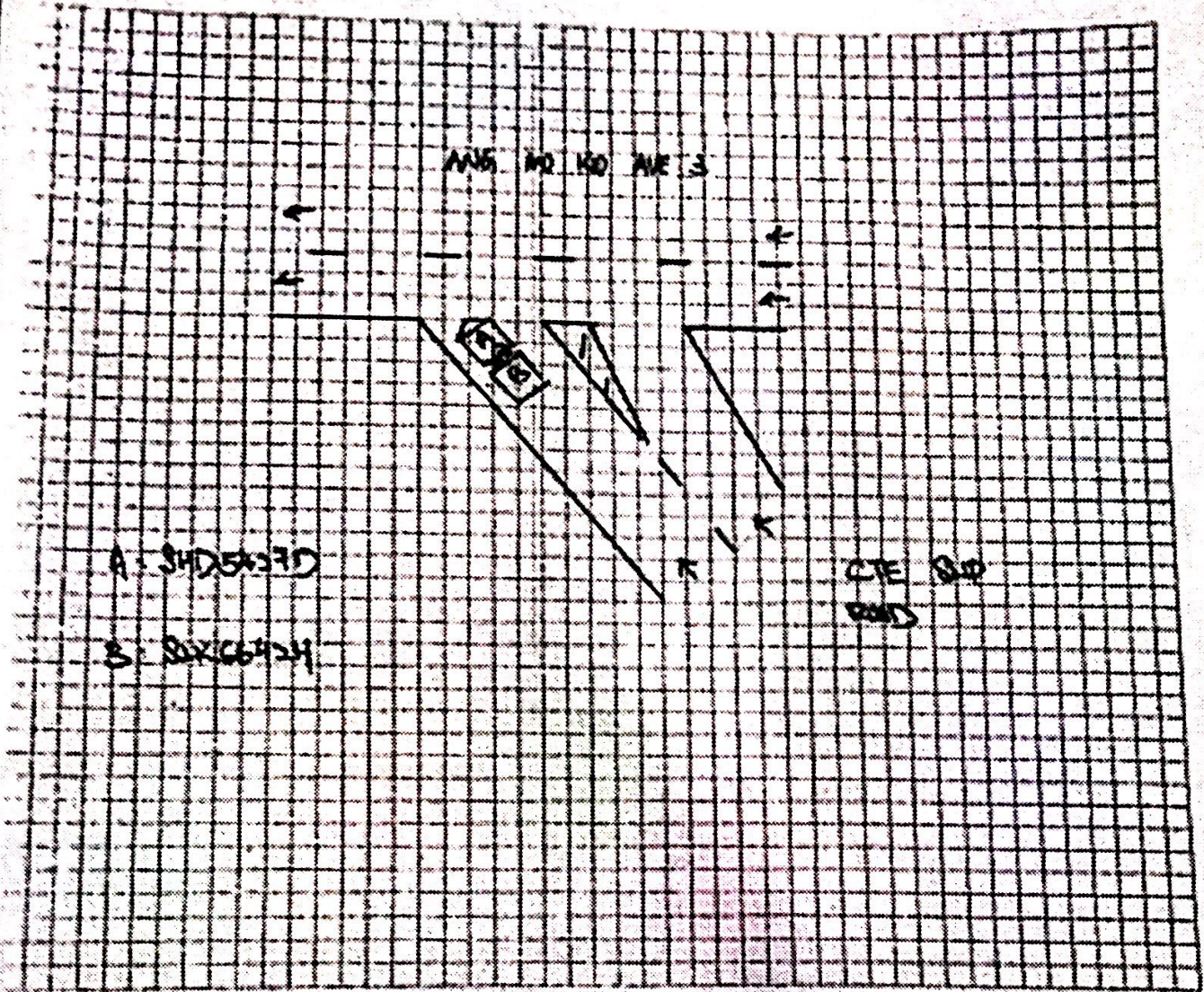
Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1767

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 LIM BAN POH
NRIC No SXXXX822D



[Handwritten signature]

VERIFIED BY ALAX 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.: