

ASS. REC. BY:

REF:

CS/ERY/210107771ku f3

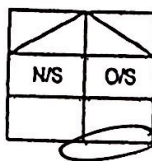
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 ODA/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: SHD 9541E
 at Workshop m/s Trans Cab
 of _____
 Insured: YP 6968B
 Policy No. _____
 Claims No. CDMFG21001995-001
 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: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 9541E Yr Regn: 03 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toy Prover c.c. 1798
 Colour M.P. White / R/W AC: Insured / Std / NI / NA
 Sp. Reading 341938 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: J70KB3FU 603079588
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brakes: Inorder / Jammed / Leaked / Burnt or
 Modl: NII / S/Rlm / STD / Rlm or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Sailun
 Front R/Bal. 8 mm Rear R/Bal. 7 mm
 L/Bal. 8 mm L/Bal. 7 mm
 D.O.A. 15/10/21 D.O.I. 20/10/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Acc c/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Confirmed P/P \$2452.75, 2 repair days
 (RED \$16331.88; 87%)

Date/Time, File Pass to?

☐: Prell. Report

19/11 TYPIST

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 2452.75)

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

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

SHD9541E**AAD2110-070***Not Authair
Return B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

19 OCT 2021**SHD9541E**

JTDKB3FU603079588

TOYOTA

PRIUS

15/10/2021

ERGo

29/03/2019

PART**LIST**

1	PANEL SUB-ASSY, BACK DOOR	\$	1,147.80	X
1	LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH	\$	467.00	X
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	925.60	✓
1	STAY ASSY, BACK DOOR, LH	\$	242.50	X
1	STAY ASSY, BACK DOOR, RH	\$	242.50	X
1	HINGE ASSY, BACK DOOR, LH	\$	61.00	X
1	HINGE ASSY, BACK DOOR, RH	\$	61.00	X
1	WEATHERSTRIP, BACK DOOR	\$	372.30	X
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	54.60	✓
1	PLATE, BACK DOOR NAME, NO.1	\$	54.60	✓
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	47.90	✓
1	COVER, BACK DOOR TRIM	\$	24.90	X
1	COVER, FLOOR UNDER, NO.2 (RH)	\$	241.90	X
1	COVER, REAR FLOOR (CTR)	\$	229.90	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	650.30	X
1	LENS AND BODY, REAR LAMP, RH	\$	502.00	X
1	LENS & BODY, REAR COMBINATION LAMP, RH	\$	451.80	X
1	COVER, REAR BUMPER	\$	442.60	✓
1	COVER, REAR BUMPER, LOWER	\$	15.40	✓
1	FILLER, REAR BUMPER EXTENSION, RH	\$	123.70	X
1	GUARD, REAR BUMPER, CENTER	\$	576.30	✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70	7

TOTAL \$ 7,268.30**25% \$ 1,817.08****\$ 5,451.23****Special Nett****1SET PARKING AID**

\$ 700.00 X

Trans-cab Auto Services Pte Ltd

AAD2110-070

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD9541E

1 REAR BUMPER CLIP	\$	na 65.00 50sn
1 REAR FENDER CLIP	\$	na 66.00 X
1 REAR TAIL LAMP CLIP	\$	na 65.00 X
1 END PANEL INNER TRIM CLIP	\$	na 60.00 X
1 CLIP(FOR REAR DOOR TRIM BOARD)	\$	na 65.00 X
1 BOOT STICKER TRANSCAB	\$	na 100.00 30sn
1 BOOT STICKER TELNO	\$	na 100.00 30sn
2 WINDSCREEN SEALANT	\$	na 150.00 X
1 WINDSCREEN MOULDING	\$	na 200.00 X
1 WINDSCREEN INNER SPONGE SEAL	\$	na 130.00 X
TOTAL	\$	1,001.00

TOTAL PARTS \$ 8,543.40**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	na 250.00 X
Putty And Spray Painting Of The Affected Portion.	\$	1,800.00 4401
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	na 380.00 X
To Check Electrical Lighting Concerned.	\$	170.00 151
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,800.00 3001
To check steering geometry and computer wheel alignment	\$	na 220.00 X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	na 170.00 X
TOTAL	\$	4,790.00

Over All Total \$ 18,784.63**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:

(PART BY PART) Repair Days

10 Days

2 days

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 15/10/2021 19:56 (SGT)
Date of Accident 15/10/2021 11:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information NTU - NANYANG DRIVE - LEE WEE NAM LIBRARY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9541E

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

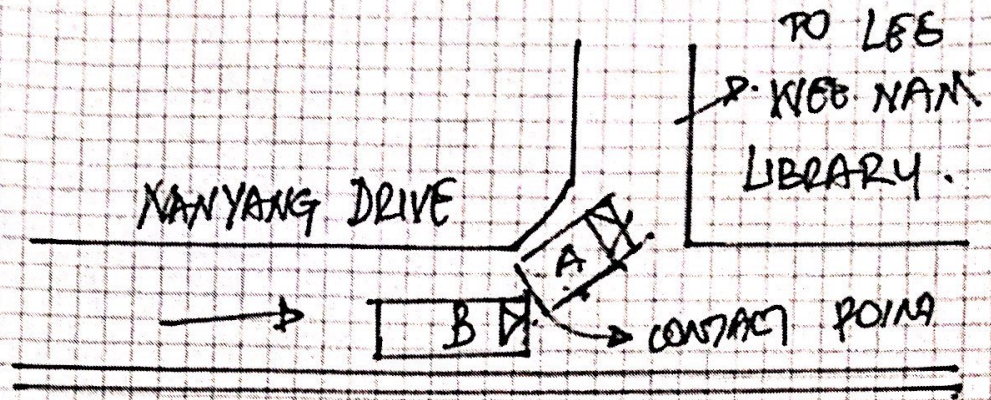
Manufacturer Toyota
Model Prius
Variant SDR HATCHBACK (AUTO)
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Taxi
Transmission Auto
CC 1767

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 KOH WEE LIAN
NRIC No SXXXX575C



A: SHD 9541E

B: YP 4968B

Handwritten signature

Handwritten signature

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

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.: