

ASS. REC. BY:

MI / 210128211Kv

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO / TP / WS / TP RES / OO RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop no/s: Tons Cab

of _____

Insured: _____

Policy No: _____

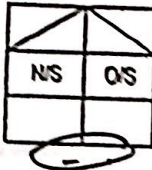
Claims No: _____

Sum Insured: _____ Excess: _____
(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / FR 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: SME 6960T Yr Regn: 05. 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 A/C: Insured / Std / NI / NA

Sp. Reading: 55817 T/Radio: Insured / Std / NI / NA

Eng No: _____

C.No: JTDKB31FU103091018

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rtm / STD / Rtm or

Tyre Size: F: 195/65R15
R: Dun

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

Front R/Bal: 9 mm
L/Bal: 9 mm
D.O.A. 17/12/21

Rear R/Bal: 2 mm
L/Bal: 2 mm
D.O.A. 20/12/2021

Survey held at _____
Des. of Damages: Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Parties: _____

Others: _____

TOTAL

Report Format :

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

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Not Authored
 Recovery B4 paint

Trans-cab Auto Services Pte Ltd

LAD2112-009

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SMZ 6960Z

Vehicle No.: SMZ 6960Z
 Chassis No.: JTDKB3FU103091616
 Vehicle Make: TOYOTA
 Vehicle Model: PRIUS GEN 4
 Date of Accident : 17/12/2021
 Third Party Insurer : AIG Tm
 Date of Registration: 12/5/2021

20 DEC 2021

PART	LIST		
1 COVER, REAR BUMPER	Bu	485.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER		332.70	?
1 GUARD, REAR BUMPER, CENTER	net w/	374.50	✓
1 COVER, REAR BUMPER, LOWER	SL	22.00	X
1 RETAINER, REAR BUMPER SIDE, LH	SL	132.60	X
1 RETAINER, REAR BUMPER SIDE, RH	SL	132.60	X
1 PANEL SUB-ASSY, BODY LOWER BACK	R	651.00	X
1 COVER, DECK TRIM, REAR	SL	126.70	X
TOTAL		2,257.70	
25%		564.43	
		1,693.28	

Special Nett

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

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 SMZ 6960Z

LAD2112-009

TOTAL PARTS \$ 2,813.28

LABOUR

- To Rust-Proofing and apply undercoat Of The Affected Areas. \$ *nn* 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 \$ 1,400.00 *200*
- To transfer of rear end panel fittings, attachment to facilitate bodywork repair. \$ *nn* 380.00 X
- Putty And Spray Painting Of The Affected Portion. \$ 1,400.00 *220*
- To Remove And Refit Rear Big & Small W/Screen Glass To Facilitate Bodywork Repair. \$ *nn* 300.00 X
- To reinstall rear bumper parking sensor. \$ 170.00 *50*
- To Check Electrical Lighting Concerned. \$ *nn* 170.00 X

TOTAL \$ 4,440.00

Over All Total \$ 7,253.28

(PART-BY-PART) Repair Days

7 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 judgement 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	17/12/2021 16:47 (SGT)
Date of Accident	17/12/2021 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG MOUNT ELIZABETH TURNING RIGHT TO MOUNT ELIZABETH LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ6960Z
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

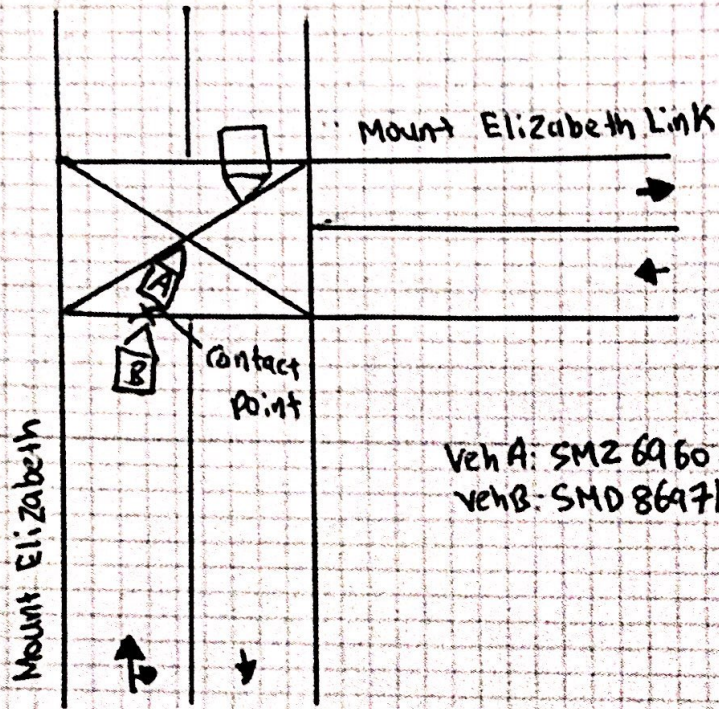
INSURANCE COMPANY

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	KONG CHIN YONG (KANG ZHENRONG)
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ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:

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

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

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