ASS. REC. BY: Kenneth

TM1/210128 21lkv f3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / NV

To Inspect Vehicle No:

at Workshop m/s Trans Cab

of

Insured: SMD 8697L

Policy No. MS009738

Claims No. M2105856

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: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMZ 6960T Yr Regn: 05, 21

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

Make: Toy Prius cc 1798

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

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

Eng/No:

C/No: JTDKB3FU103091616

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Sailun 195/65R15

R: Dun

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

Front			Rear		
R/Bal.	9	mm	R/Bal.	2	mm
L/Bal.	9	mm	L/Bal.	2	mm
D.O.A.	17/12/21		D.O.I.	20/12/2021	

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
21/12/21	Kenneth confirmed $1414.60 (Red 5838.68, 80%)

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

1) [ ] : Final Report

Date/Time, File Return to?

2) 21/12/21-typist

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] Tech Invs ($)

[ ] Weekend ($)

Survey Fee:

Transportation:

__S + RS__SI

Parking

Others

TOTAL

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 1414.60)

Not Authorised
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~~ TMI
Date of Registration:	12/5/2021

20 DEC 2021

	PART		**LIST**
1	COVER, REAR BUMPER	$	485.60
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 ✗
1SET	REAR BUMPER CLIP	$	85.00 50
1	BUMPER CENTRE GUARD CLIP	$	80.00 ✗
1	REAR BUMPER PROTECTOR	$	180.00 ✗
1	REAR BUMPER RETAINER CLIP	$	75.00 ✗
	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.	$	~~nil~~ 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	2 oq
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	$	~~nil~~ 380.00	X
Putty And Spray Painting Of The Affected Portion.	$	1,400.00	2 2 oq
To Remove And Refit Rear Big & Small W/Screen Glass To Facilitate Bodywork Repair.	$	~~nil~~ 300.00	X
To reinstall rear bumper parking sensor.	$	170.00	5 oq
To Check Electrical Lighting Concerned.	$	~~Nil~~ 170.00	X
TOTAL	**$**	**4,440.00**	
Over All Total	**$**	**7,253.28**	

(PART-BY-PART) Repair Days ~~1~~ 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:

SA0A21CH0007 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 17/12/2021 16:47 (SGT)
SUBMITTED BY: Vicky
VERSION: 1 (17/12/2021 16:47 (SGT))

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	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

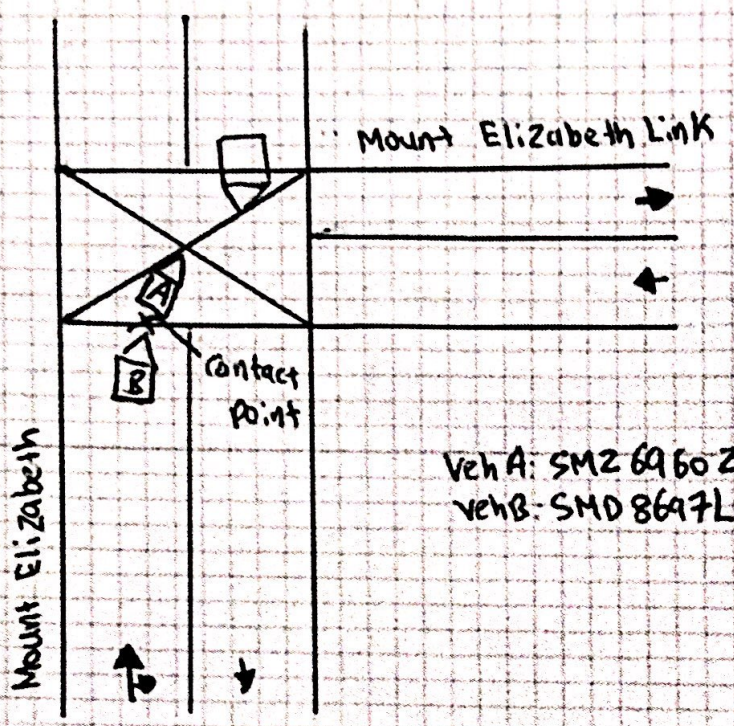
Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2440417
Cover Note Number	

DRIVER

Name of Driver	KONG CHIN YONG (KANG ZHENRONG)

Ver. 30042021

ACCIDENT DIAGRAM



Veh A: SMZ 6960Z
Veh B: SMD 8697L

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.: