

N/S	O/S

Not Authorized  
Refurny B4 paint

AAD2112-

**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

**SHD9953A**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**27 DEC 2021**

**SHD9953A**

JTDKB3FU703093449

TOYOTA

PRIUS GEN 4

23/12/2021

**AUTO GEN**

28/01/2021

	PART
1	COVER, FRONT BUMPER
1	BRACKET, FRONT BUMPER SIDE, LH
1	LINER, FRONT FENDER, LH
1	FENDER SUB-ASSY, FRONT LH
1	FRONT FENDER EMBLEM LH
1	UNIT ASSY, HEADLAMP, LH
1	MIRROR ASSY, OUTER REAR VIEW, LH
1	RIM

	LIST	
\$	Bu	521.00 ✓
\$	Bu	59.30 X
\$	Bu	210.30 X
\$	Bu	977.80 X
\$	Bu	54.60 ✓
\$	Bu	2,637.60 X
\$	Bu	1,339.30 X
\$	Bu	1,900.10 X

<b>TOTAL</b>	\$	<b>7,700.00</b>
<b>25%</b>	\$	<b>2,828.00</b>
	\$	<b>8,484.00</b>

**Special Nett**

1	FRT FENDER CLIP
1	TYRE
1SET	FRONT FENDER LINER CLIP
1SET	FRONT BUMPER CLIP

\$	Bu	65.00 X
\$	Bu	350.00 X
\$	Bu	75.00 X
\$	Bu	90.00 50.00

<b>TOTAL</b>	\$	<b>580.00</b>
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<b>TOTAL PARTS</b>	\$	<b>9,530.50</b>
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**LABOUR**

Panel Beating, Knocking And Straightening The Necessary Portion,  
Remove And Renewal Of Parts, Adjust And Realign The Same  
To remove and refit interior fittings, trimings, garnish, fittings and  
other, to enable repair.

\$		1,600.00 2001
\$	Bu	380.00 X



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To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 240.00	<i>X</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>4401</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>101</i>
<b>TOTAL</b>	<b>\$</b>	<b>4,380.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>13,444.00</b>	

**(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 ..... 24/12/2021 15:06 (SGT)  
Date of Accident ..... 23/12/2021 19:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG PORTSDOWN AVE FROM AYE TOWARDS QUEENSWAY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD9953A  
INSURED/POLICYHOLDER ..... Yes  
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 ..... 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 ..... 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

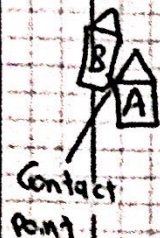
Name of Driver ..... PAN CHIEH WEN



ACCIDENT DIAGRAM

Ver. 30042021


Portsmouth Ave → Queensway



veh A: SHD 9953A

veh B: SMC 7500H

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.: