11/19/	013/17/44 ASSIGNMENT
From:	044 0
Estimated Cost:	Veh No: SHD 9853A Yr Regn: 01, 21
	Type: M.Car / M.Cycle / Bus / Van / Lorry (axl) Prime Mover /
OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	Make: Toy Privs c.c 179
at Workshop m/s Trans Cah	Colour M.P. White/Res A/C: Insured / Std / NI / NA
of	Sp.Reading 7/658 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	The state of the s
Claims No.	CNO: JTDKB31=470.3093449
Completed and	Gen. Cond: Good Fair / Poor / Burnt
	Steering: Inorder 7 Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD ARim or
	Tyre Stre: F: Jailun 195/65R15
(Policy Condition)	R: Pun
Remark: The veh had commenced its N/S On	
repair at the time of inspection.	BS TOUR TEXNOVATGY IFS T LIZA I MIC TOHTSU I PIR I SUMIT
Bal. or Market Value:	TOYO/YOKO or
IDAG A AI	Fron! Rear
CIA 1 DD a	R/Bal. 9 mm R/Bal. 2 mm
Consistent?: Yes or No	
Cat David	L/Bal. P mm L/Bal. Z mm
Est. Repairs: OZ days Res.: Yes or No	mm Dai. 4 mm
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS	D.O.A. 23/12/21 D.O.I. 27/12/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roofton or
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B./ % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / Ot	D.O.A. 23/12/21 D.O.I. 21/12/20 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or UT N/S / ST
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B./ % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / Ot	D.O.A. 23/12/21 D.O.I. 27/12/20 Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roofton or
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Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction part by part \$1131.70	D.O.A. 23/12/21 D.O.I. 21/12/20 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or UT N/S / ST
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B./ % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 23/12/21 D.O.I. 21/12/20 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or UT N/S / ST
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B./ % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / Ot Date / Time Action / Instruction part by part \$1131.70	D.O.A. 23/12/21 D.O.I. 21/12/20 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or UT N/S / ST
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B./ % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / Ot Date / Time Action / Instruction part by part \$1131.70	D.O.A. 23/12/21 D.O.I. 21/12/20 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or UT N/S / ST
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction part by part \$1131.70	D.O.A. 23/12/21 D.O.I. 21/12/20 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or UT N/S / ST
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B./ % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction part by part \$1131.70 red: 12312.3;91%	D.O.A. 23/12/21 D.O.I. 21/12/20 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or UT N/S / ST
Est. Repairs:	D.O.A. 23/12/21 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.
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B./% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction part by part \$1131.70 red: 12312.3;91% a/Time, File Pass 107 Prell. Report	D.O.A. 23/12/21 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. Days Of Repair: 2
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction part by part \$1131.70 red: 12312.3;91% a/Time, File Pass 107 : Prell. Report : Final Report	D.O.A. 23/12/21 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. Days Of Repair: 2 Resurvey No. of Television
Est. Repairs: OZ days Res.: Yes or No Lum Sum: I-B/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction part by part \$1131.70 red: 12312.3;91% a/Time, File Pass to? : Preli. Report : Final Report	D.O.A. 23/12/21 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. Days Of Repair: 2 Resurvey No. of Trip: Survey Fee:
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Est. Repairs:	D.O.A. 23/12/21 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. Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportator: Transportator: See: Site Insp (\$
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Est. Repairs: OZ days Res.: Yes or No Lum Sum: I.B./% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction part by part \$1131.70 red: 12312.3;91% a/Time, File Pass to? : Preli. Report : Final Report a/Time, File Return to? Add Fe	Do. A. 23/12/21 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. Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportative: Survey Fee: Interview (\$) _ S - RS_SI S - RS_SI S - RS_SI Tech Invs (\$) Others Weekend (\$)

Not Notherital Pusury 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:	DEC 2021	TOYOT	3FU703093449 FA		
	Vehicle Model:		PRIUS GEN 4			
	Date of Accident :		23/12/			
	Third Party Insurer :			AUTO GEN		
	Date of Registration:		28/01,			
	PART			Bin 521.00		
1	COVER, FRONT BUMPER		\$	321.00		
1	BRACKET, FRONT BUMPER SIDE, LH		\$	59.30 X		
1	LINER, FRONT FENDER, LH		\$	210.30 A		
1	FENDER SUB-ASSY, FRONT LH		\$	N 977.80 X		
1	FRONT FENDER EMBLEM LH	Over All Total	\$	M 54.60		
1	UNIT ASSY, HEADLAMP, LH		\$	2,637.60 X		
1	MIRROR ASSY, OUTER REAR VIEW, LH	(I) Ropale Days	\$	1 ,339.30 X		
1	RIM		\$	A 1,900.10 X		
_		TOTAL	\$	7,700.00		
		25%	\$	2,828.00		
			\$	8,484.00		
		months on supple contract of	6.0	And the second s		
	Special Nett	The Rep. :				
	•		that products	N~ 65.00 X		
1	FRT FENDER CLIP		d.	∫ ₁ 350.00 X		
1	TYRE		.			
	FRONT FENDER LINER CLIP		3	75.00 X		
1SET	FRONT BUMPER CLIP	200	\$	Me 90.00 505m		
		TOTAL	- \$	580.00		
		TOTAL PART	\$ \$	9,530.50		
			r still pr	Little Program State of the Control		

LABOUR

Panel Beating, Knocking And Straightening The Necessary Portion,	
Remove And Renewal Of Parts, Adjust And Realign The Same	\$ 1,600.00 2001
To remove and refit interior fittings, trimings, garnish, fittings and	
other, to enable repair.	\$ nn 380.00 X

AAD2112-

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111 Fax No.: 6257 1330

Tel No.: 6287 6666

CO./GST Reg. No. 201019626G

SHD9953A

(PART-BY-PART) Repair Days		20 days	
Over All Total	\$	13,444.00	=
TOTAL	>	V	- ()
No. 1, No. 27, 100	-	4,380.00	-
To Check Electrical Lighting Concerned.	\$	170.00	101
To transfer of tire, rim and on wheel balancing.	\$	<i>n</i> n _{170.00}	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	4401
To check steering geometry and computer wheel alignment	\$	N~ 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	~~ 240.00	X

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:

SADA21CO000D / Ajax Mars Pte Ltd ENTRY DATE & TIME: 24/12/2021 15:06 (SGT) SUBMITTED BY: Victor VERSION: 1 (24/12/2021 15:06 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9953A

INSURED/POLICYHOLDER

Is company? TRANS-CAB SERVICES PTE LTD Name Of Registered Owner 2XXXXX878K Company Reg No claims@transcab.com.sg Email Address (Phone) +65-62876666 Mobile Phone No (Office) +65-62876666 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Prius Model **5DR HATCHBACK (AUTO)** Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Taxi Vehicle Category Auto Transmission 1767 CC

INSURANCE COMPANY

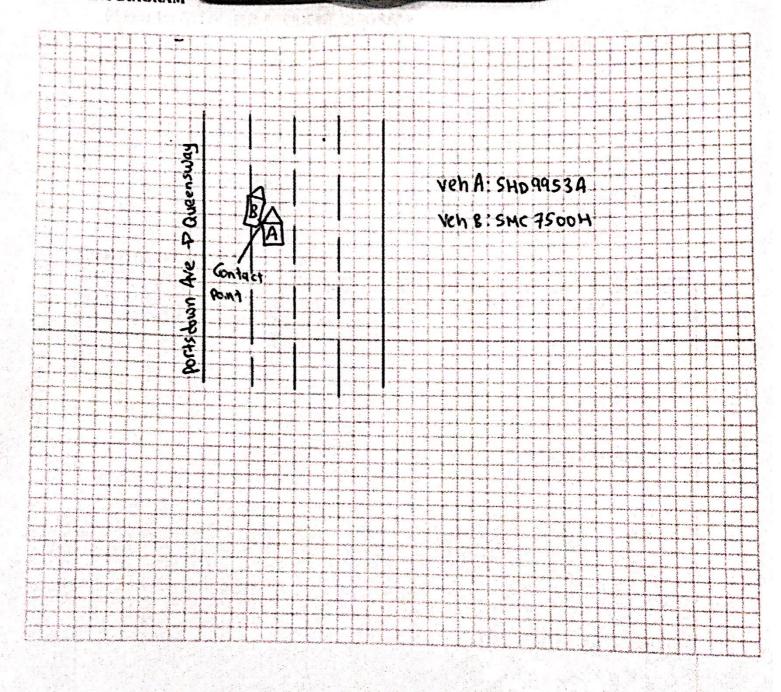
Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdParty Yes Fleet Policy Policy Number VFX/P2413997 Cover Note Number

DRIVER

PAN CHIEH WEN Name of Driver

C Accident report SA0A21CO000D

Page 1 of 18



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.: