

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

SNB6121T

LAD2201-014

*Not Notarised**Recovery Blueprint***15 FEB 2022**

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :
 Date of Registration :

SNB6121T
 JTDKB3FU503091621
 TOYOTA
 PRIUS GEN 4
 14/01/2022
China-
 31/08/2021

	PART
1	COVER, FRONT BUMPER
1	MOULDING, FRONT BUMPER SIDE, LH
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

LIST

\$	<i>Bu</i>	521.00	✓
\$	<i>CM</i>	95.60	✓
\$	<i>Bu</i>	59.30	X
\$	<i>Bu</i>	210.30	X
\$	<i>R</i>	977.80	X
\$	<i>na</i>	54.60	X
\$	<i>Bu</i>	2,637.60	X
TOTAL	\$	1,918.60	
25%	\$	2,828.00	
	\$	8,484.00	

Special Nett

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

\$	<i>na</i>	65.00	X
\$	<i>na</i>	75.00	X
\$	<i>na</i>	90.00	<i>65.00</i>
TOTAL	\$	230.00	

TOTAL PARTS \$ 9,530.50

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.

\$ *2001*
 1,600.00
 \$ *na* 380.00 X

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ *na* 240.00 X

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To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00 X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00 <i>2201</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 <i>101</i>

TOTAL \$ 4,380.00

Over All Total \$ 13,094.00

(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	15/01/2022 20:32 (SGT)
Date of Accident	14/01/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Double bay residences
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB6121T
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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	+65-65552222

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variation	-
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	POH HAN KEE
NRIC No	SXXXX934E

Date Of Birth	07/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1990
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96818890
Alt. Phone Number	-
Email Address	Estwin_phk@yahoo.com
Address	317a
Address complement	19-912
Postcode	821327
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1
Gender	Male

PASSENGER 2

Name	Stella
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

My vehicle was stationary, alighting my passenger when vehicle b reverse and collided with my vehicle

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

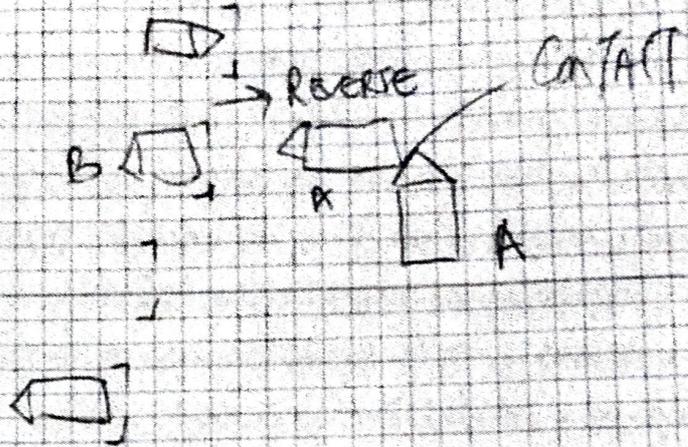
Vehicle Registration Number	SMN9328T
Vehicle Manufacturer	-

ACCIDENT DIAGRAM

A - SH66121 T

B - SMV 9328T

Double Bay
Residences.



[Handwritten Signature]

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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.: