

ASS. REC. BY:

REF:

EG2/ 22002109/14

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

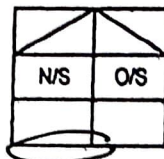
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02

days

Res.: Yes or No

Lum Sum: _____

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SMY 0214

Yr Regn: _____

02 21

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: _____

Toy Prius

c.c

1798

Colour: _____

M. Silver

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

128932

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTDK 8314 203091513

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: _____

195/65R15

R: Pailan

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

6

mm

L/Bal. _____

9

mm

L/Bal. _____

6

mm

D.O.A. _____

20/2/22

D.O.I. _____

8/3/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear N/S

The UIC / 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. SI

Fees

Others

TOTAL

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

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

SMY621Y*Not Authorised
Resurvey B & paint***LAD2202-008**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

08 MAR 2022**SMY621Y**

JTDKB3FU203091513

201603575K

TOYOTA

PRIUS GEN 4

20/02/2022

SLL2466X/ Ergo

10/02/2021

	PART
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	COVER, REAR BUMPER, LOWER
1	GUARD, REAR BUMPER, CENTER
1	COVER, FLOOR UNDER, NO.2 (RH)
1	COVER, FLOOR UNDER, NO.1 (LH)
1	COVER, REAR FLOOR CTR
1	RETAINER, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, RH
1	COVER, DECK TRIM, REAR
1	PANEL SUB-ASSY, BODY LOWER BACK

	LIST
\$	<i>Bu</i> 485.60 ✓
\$	332.70 ✓
\$	<i>su</i> 22.00 X
\$	<i>mg cm</i> 374.50 ✓
\$	<i>su</i> 241.90 X
\$	<i>su</i> 175.10 X
\$	<i>su</i> 229.90 X
\$	<i>su</i> 132.60 X
\$	<i>su</i> 132.60 X
\$	<i>su</i> 126.70 X
\$	<i>su</i> 651.00 X
TOTAL	\$ 2,904.60
25%	\$ 726.15
	\$ 2,178.45

Special Nett

1SET	PARKING AID
1SET	REAR BUMPER CLIP
2	WINDSCREEN SEALANT
1	WINDSCREEN MOULDING
1	WINDSCREEN INNER SPONGE SEAL
1	REAR BUMPER PROTECTOR
1SET	REAR BUMPER RETAINER CLIP
1	END PANEL TRIM CLIP

\$	<i>phon</i> 700.00 <i>2200an</i>
\$	<i>me</i> 95.00 <i>600an</i>
\$	<i>na</i> 150.00 X
\$	<i>na</i> 200.00 X
\$	<i>na</i> 130.00 X
\$	<i>na</i> 180.00 X
\$	<i>na</i> 85.00 X
\$	<i>na</i> 65.00 X
TOTAL	\$ 1,605.00

TOTAL PARTS \$ 3,783.45

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SMY621Y**LAD2202-008****LABOUR**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	na 380.00 X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00 2001
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na 380.00 X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	na 180.00 X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	na 480.00 X
To check steering geometry and computer wheel alignment	\$	na 220.00 X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	na 250.00 X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00 2201
To reinstall rear bumper parking sensor.	\$	170.00 501
To Check Electrical Lighting Concerned.	\$	170.00 101
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	na 380.00 X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators	\$	na 380.00 X

TOTAL

\$ 7,390.00

Over All Total

\$ 11,173.45

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	21/02/2022 12:02 (SGT)
Date of Accident	20/02/2022 23:45 (SGT)
Exact Location of Accident	Near 27 Marsiling Dr, 01-237, Singapore 730027
Additional Location Information	MARSILING DR TOWARDS MARSILING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY621Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	2XXXXXX75K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-65552222
Alternative Phone No	(Office) +65-65552222

VEHICLE PARTICULARS

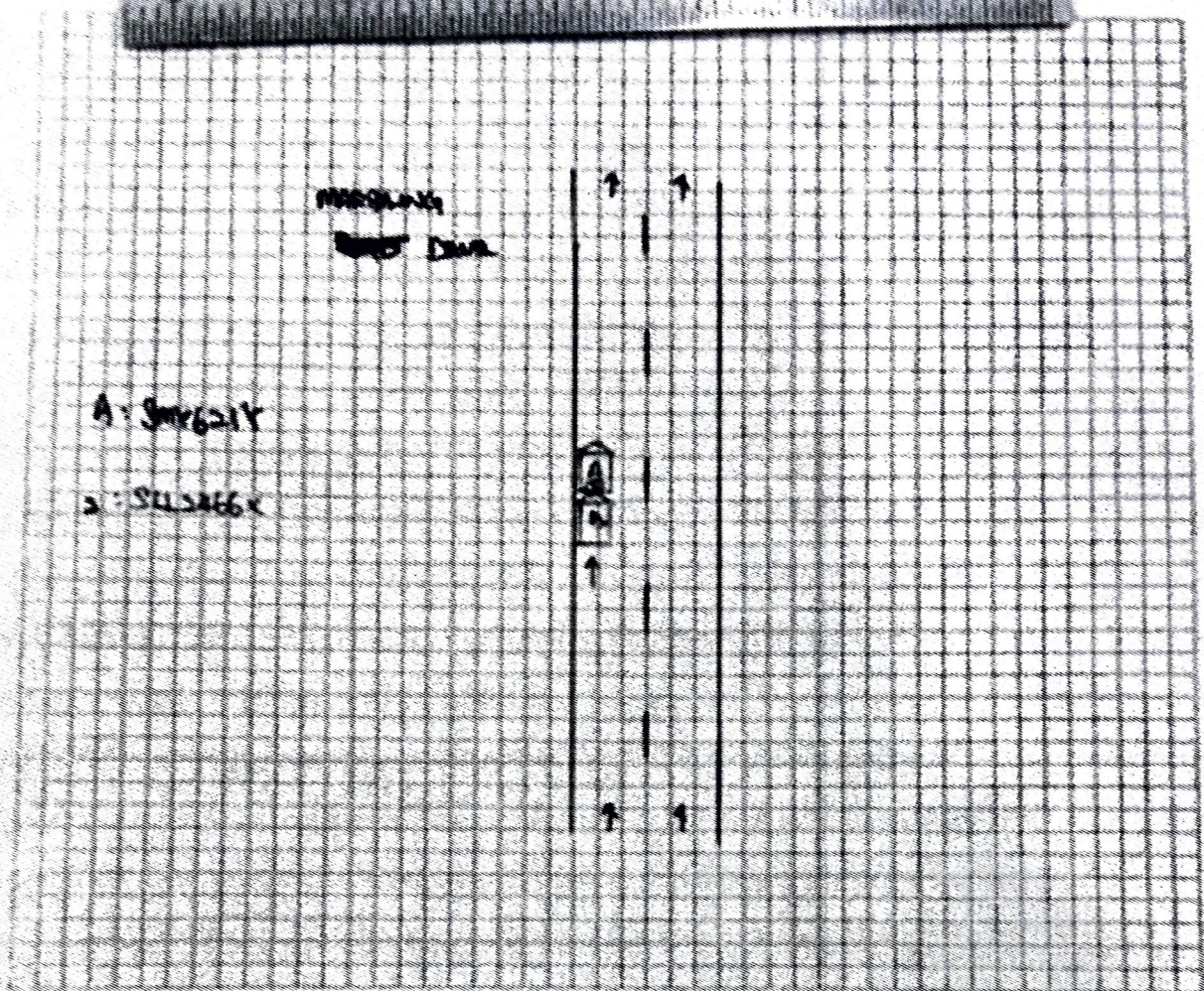
Manufacturer	Toyota
Model	PRIUS 5DR HATCHBACK (AUTO)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1767

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	TAY HOCK SIANG
NRIC No	SXXXX088H



[Signature]

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/PIN No.: