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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

SHD9889C

Vehicle No.: Chassis No.: Co UEN: Vehicle Make: Vehicle Model: Date of Accident: Third Party Insurer: Date of Registration: PART COVER, FRONT BUMPER COVER, FRONT BUMPER HOLE, LH ABSORBER, FRONT BUMPER ENERGY REINFORCEMENT SUB-ASSY, FRONT BUM MOULDING, FRONT BUMPER SIDE, LH BRACKET, FRONT BUMPER SIDE, LH HOOD SUB-ASSY HINGE ASSY, HOOD, LH HINGE ASSY, HOOD, RH GRILLE SUB-ASSY, RADIATOR GRILLE, RADIATOR, LOWER NO.1 EMBLEM ASSY, RADIATOR GRILLE LINER, FRONT FENDER, LH FENDER SUB-ASSY, FRONT LH FRONT FENDER EMBLEM LH UNIT ASSY, HEADLAMP, LH RIM Special Nett	1 9 APR 2022 TOTAL 25%	3,031.10
1 FRT FENDER CLIP1 BONNET INSULATER CLIP		\$ 65.00 X
1 FRONT NUMBER PLATE WITH HOLDER		\$ 200,00 650
1SET FRONT FENDER LINER CLIP		\$ 75.00 X
1SET FRONT BUMPER CLIP		\$ 75.00 X \$ 90.00 60sac

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

SHD9889C

TOTAL	\$ 495.00
TOTAL PARTS	\$ 9,530.50

AAD2204-

LABOUR

Panel Beating, Knocking And Straightening The Necessary Portion,		5001		
Remove And Renewal Of Parts, Adjust And Realign The Same To remove and refit interior fittings, trimings, garnish, fittings and		1,600.00		
other, to enable repair.	\$	√ ∧ 380.00 X		
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00 301		
To check steering geometry and computer wheel alignment	\$	~~ 220.00 X		
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00 660	1	
To transfer of tire, rim and on wheel balancing.	\$	~~ _{170.00} X		
To Check Electrical Lighting Concerned.	\$	170.00 <i>2e</i>	1	
TOTAL	\$	4,380.00		
Over All Total	\$	13,359.00		
(PART-BY-PART) Repair Days	;	20 days		
		3da		

LKK Auto Consultants hence notify the Repairer of the following:
• To recurvey before/after spray painting

- . To display damaged part(s) during resurvey
- Parta 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:

1316:



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 18/04/2022 19:03 (SGT) Date of Accident 16/04/2022 19:02 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG STEVENS ROAD BEFORE JUNCTION OF DUNEARN ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9889C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Company Reg No 2XXXXXX78K **Email Address** claims@transcab.com.sg Mobile Phone No (Phone) +65-62876666 Alternative Phone No (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer PRIUS 5 DR HATCHBACK (AUTO) Model ,.... 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? Vehicle Category Taxi Auto Transmission 1767

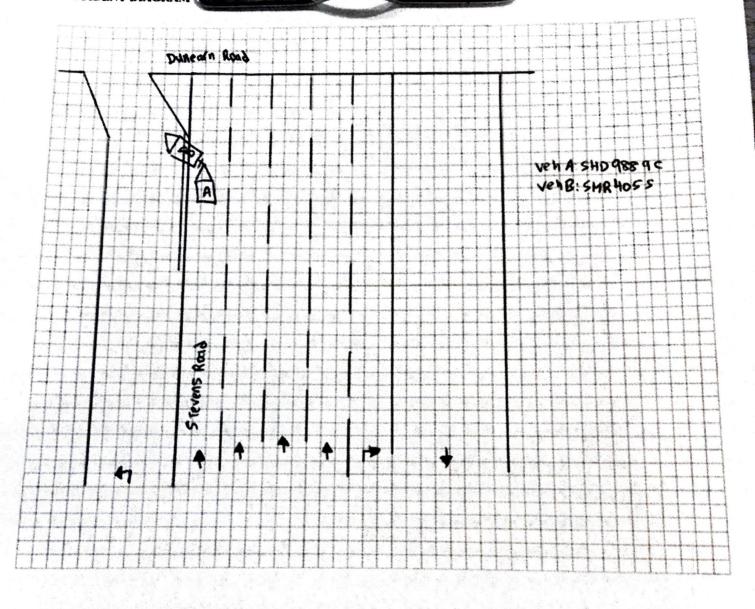
INSURANCE COMPANY

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

DRIVER

TAN SIEW ANG (CHEN SHOUHONG) Name of Driver





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.: