

ASS. REG. BY:

REF:

AGL/ 22 00 3572/kv

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SID 9889C

Yr Regn:

09, 20

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

Truck / Trailer or

Make:

Toy Privs

c.c

1780

Colour

M.P. White / R

A/C:

Insured / Std / NI / NA

Sp. Reading

107051

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 003091476

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: Pirelli 195/65R15

R: Sailun

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

3

mm

L/Bal.

6

mm

D.O.A.

16/4/22

D.O.I.

19/4/2022

Survey held at

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

FR N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got BZ

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

P. Reps

Others

TOTAL

1)

Date/Time, File Return to?

☐

: Final Report

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

SHD9889C*Not Authored
Primary B4paint***AAD2204-**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

19 APR 2022**SHD9889C**

JTDKB3FU003091476

200303878K

TOYOTA

PRIUS GEN 4

16/04/2022.

SMR 4055 / Auto & General.

11/09/2020

PART

- 1 COVER, FRONT BUMPER
- 1 COVER, FRONT BUMPER HOLE, LH
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 MOULDING, FRONT BUMPER SIDE, LH
- 1 BRACKET, FRONT BUMPER SIDE, LH
- 1 HOOD SUB-ASSY
- 1 HINGE ASSY, HOOD, LH
- 1 HINGE ASSY, HOOD, RH
- 1 GRILLE SUB-ASSY, RADIATOR
- 1 GRILLE, RADIATOR, LOWER NO.1
- 1 EMBLEM ASSY, RADIATOR GRILLE
- 1 LINER, FRONT FENDER, LH
- 1 FENDER SUB-ASSY, FRONT LH
- 1 FRONT FENDER EMBLEM LH
- 1 UNIT ASSY, HEADLAMP, LH
- 1 RIM

LIST

\$	<i>By</i>	521.00	✓
\$	<i>By</i>	30.20	✓
\$		80.20	7
\$		716.60	7
\$	<i>By</i>	95.60	X
\$	<i>By</i>	59.30	✓
\$	<i>By</i>	983.10	X
\$	<i>By</i>	58.90	X
\$	<i>By</i>	58.90	X
\$	<i>By</i>	422.50	✓
\$	<i>By</i>	178.60	X
\$	<i>By</i>	105.80	✓
\$	<i>By</i>	210.30	X
\$	<i>By</i>	977.80	✓
\$	<i>By</i>	54.60	✓
\$	<i>By</i>	2,637.60	✓
\$	<i>By</i>	1,900.10	X

TOTAL \$ 9,091.10**25% \$ 2,828.00****\$ 8,484.00****Special Nett**

- 1 FRT FENDER CLIP
- 1 BONNET INSULATOR CLIP
- 1 FRONT NUMBER PLATE WITH HOLDER
- 1SET FRONT FENDER LINER CLIP
- 1SET FRONT BUMPER CLIP

\$	<i>By</i>	65.00	X
\$	<i>By</i>	65.00	X
\$	<i>By</i>	200.00	4552
\$	<i>By</i>	75.00	X
\$	<i>By</i>	90.00	6052

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SHD9889C

TOTAL	\$	495.00
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TOTAL PARTS	\$	9,530.50
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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	500
	\$	380.00	nn X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	300
To check steering geometry and computer wheel alignment	\$	220.00	nn X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	6600
To transfer of tire, rim and on wheel balancing.	\$	170.00	nn X
To Check Electrical Lighting Concerned.	\$	170.00	200
TOTAL	\$	4,380.00	
Over All Total	\$	13,359.00	

(PART-BY-PART) Repair Days

20 days

3 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	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	Toyota
Model	PRIUS 5 DR 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	Taxi
Transmission	Auto
CC	1767

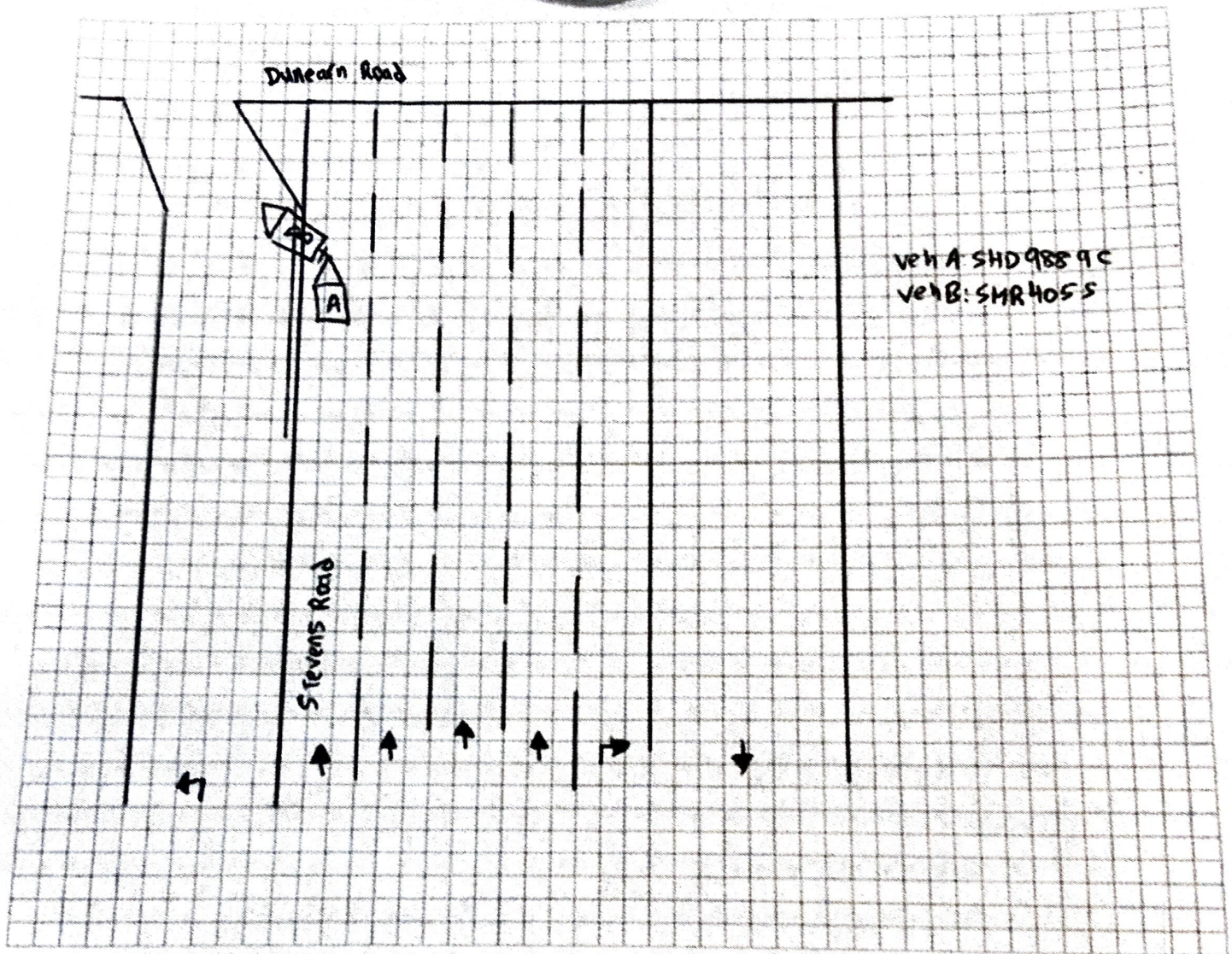
INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN SIEW ANG (CHEN SHOUHONG)
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ACCIDENT DIAGRAM



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.: