

ASS. REC. BY:

REF:

TN1 / 22 004034/K4

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

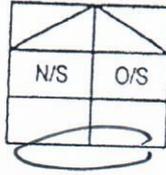
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 548,148/2

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 5483R Yr Regn: 01, 19

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

Make: Toy Prox c.c. 1798

Colour: mp. white / Red A/C: Insured / Std / NI / NA

Sp. Reading: 516488 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F4603079185

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Sailun

Front R/Bal. 7 mm Rear R/Bal. 9 mm

L/Bal. 7 mm L/Bal. 9 mm

D.O.A. 26/4/22 D.O.I. 28/4/2022

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
1	GOT BT
1815	61 Day @ 4950/h Caber (Red: 15746.58 : 76%)

Date/Time, File Pass to? : Prell. Report : Final Report

1) Date/Time, File Return to?
 2) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)

Survey Fee:	
Transportation:	
S - RS - SI	
Fees	
Others	
TOTAL	

Report Format :
 Lump Sum / I.B.I: (\$)

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 27/04/2022 16:04 (SGT)
Date of Accident 26/04/2022 23:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG PAYA LEBAR ROAD TOWARDS UBI TRAFFIC LIGHT
JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5483R

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 LEE CHOW WOON

NRIC No	SXXXX517Z
Date Of Birth	16/03/1948
Occupation	Outdoor
Date Of Driving Pass	19/03/1973
Driving experience	49 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88202363
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Khatib Vale, 778 Yishun Avenue 2 #12-1549
Address complement	-
Postcode	760778
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	P1
Gender	Male

PASSENGER 2

Name	P2
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220427/2006

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	SLN6840L
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	P1
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN9180J
Vehicle Manufacturer	Hino
Vehicle Model	HINO / HINO XZU710R-HKFMS3
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHOW WOON
Gender	Male
Phone No	(Phone) +65-88202363
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5483R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

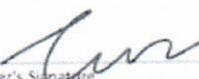
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

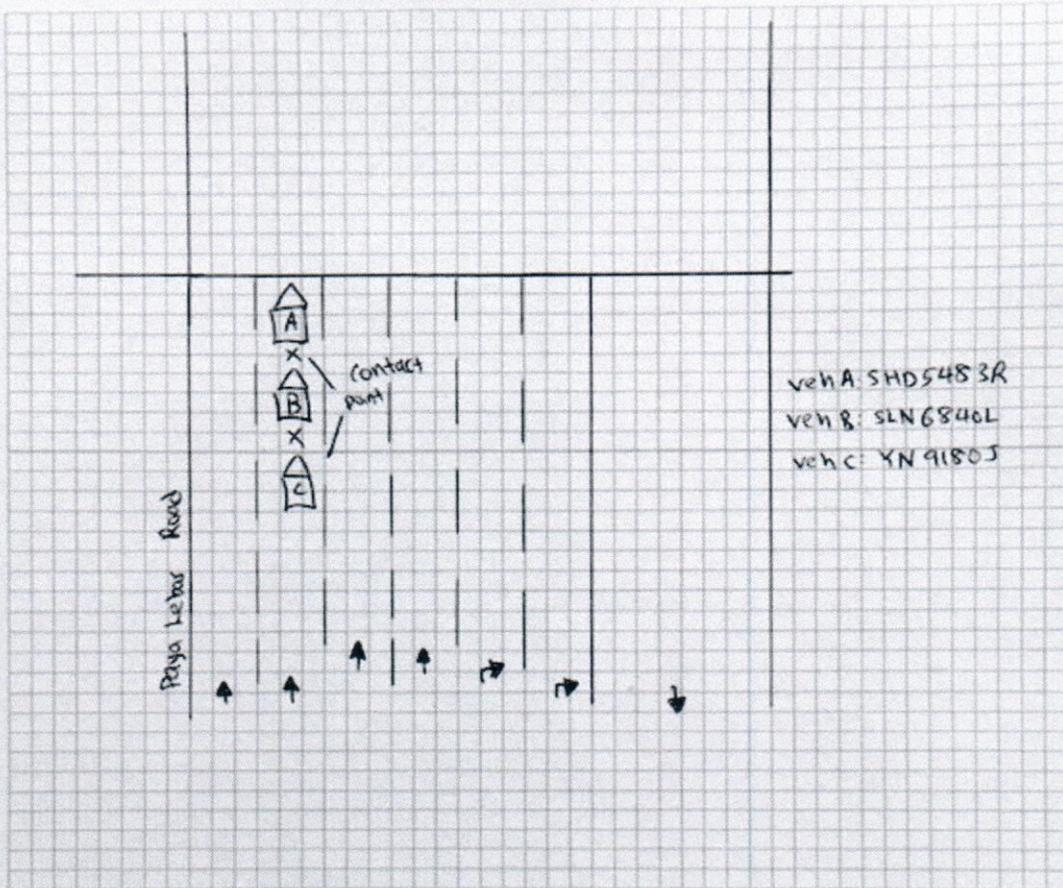
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR**

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.:

ACCIDENT DIAGRAM



veh A: SHD5483R
veh B: SLN6846L
veh C: YN9180J

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20220427/2006

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20220427/2006

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No: T/20220427/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2022 02:43	Vide Report No.: G/20220426/0210	Station Diary No.: 12
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Informant's Particulars

Name of Informant: LEE CHOW WOON		Address: APT BLK 778 YISHUN AVENUE 2 #12-1549 SINGAPORE 760778	
ID Type / ID No.: NRIC NO / S0164517Z		Contact No.: Home/Office: Mobile: 88202363	
Nationality: SINGAPORE CITIZEN		Email: leechowwoon48@gmail.com	
Sex: Male	Age: 74	Date of Birth: 16/03/1948	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2022 23:50	Type of Location: Straight Road
Location: PAYA LEBAR ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5483R	Car				Slightly Damaged	2
SLN6840L	Car				Seriously Damaged	1
YN9180J	Lorry				Slightly Damaged	0

POLICE REPORT #2



Police Station Of Origin: **Tua Payoh N.P.C.**
 93 Tua Payoh Centre #01-02, Tua Payoh
 Community Building SINGAPORE 319134
 Tel No: 1800-251-9999

1 of 1
 Report No: 101000421006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil		Use of Pedestrian Crossing: NA	
Name: L.F.F. CHOW WOOD			
ID No: S07643172			
Related Vehicle: SH05483R (Car)		Contact No: 88222363	
Hospital/Clinic: YN11 MEDICAL 24 HRE CLINIC		Class of Driving Licence & Expiry Date: Class 2B, 2A, 7, 3, Date of Expiry: Nil	
Date Treated: 27-04-2022		Date Discharged: 27-04-2022	
No. of Days granted Medical Leave: 03		Degree of Injury: Slight	

Brief Details
 On the above mentioned date, time & at location, I snapped my car along the second lane of the road as the traffic light is red. Subsequently, a car (SH05483R) hit onto the rear of my vehicle. There is a lady (YN1180U) also hit onto the second vehicle. I alighted from my vehicle to make a check on the damages. I then took down their particulars. Subsequently, traffic police and ambulance arrived at scene. However, no one was conveyed to hospital.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Toh Payoh S.P.C.
93 Toh Payoh Central S01-02 Toh Payoh
Community Building SINGAPORE 319134
Tel No: 1800-2519955



Page No: 1100204210000

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

DISCLAIMER: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65470885 stating the report number as reference.

Signature of Officer Recording The Report S.I. DR A.TAIB KGT BDK TICK BOON, KENARD	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time 2/16/2022 02:43
Officer in Charge Of Case TP / SGT. Officer MUHAMMAD AFIC SIN RAHMAT Contact No: 65470171	Classification Of Case

40-08

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5483R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	27 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B99305
Chassis No.:	JTDKB3FU603079185
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	25 Jan 2019
First Registration Date:	25 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2027
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,838.00
COE Rebate Amount:	\$12,351.00
Total Rebate Amount:	\$23,036.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 27 Apr 2022

OK

Not Authored

1/1/2022 @ 4950/h

AAD2204-

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

SHD5483R

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

28 APR 2022

SHD5483R

JTDKB3FU603079185

200303878K

TOYOTA

PRIUS

26/04/2022

SLN6840L/TOKIO

25/01/2019

PART	LIST	Price	Status
1 COVER, REAR BUMPER	B	442.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	B	332.70	✓
1 COVER, REAR BUMPER, LOWER	mi	15.40	✓
1 GUARD, REAR BUMPER, CENTER	B	576.30	✓
1 RETAINER, REAR BUMPER SIDE, LH	my CM	116.50	✓
1 RETAINER, REAR BUMPER SIDE, RH	Sn	117.70	X
1 FILLER, REAR BUMPER EXTENSION, RH	Sn	123.70	X
1 FILLER, REAR BUMPER EXTENSION, LH	Ac	123.70	X
1 LENS & BODY, REAR COMBINATION LAMP, LH (UPPER)	CM	443.30	✓
1 LENS AND BODY, REAR LAMP, LH (LOWER)	Sn	502.00	X
1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	CM	451.80	✓
1 LENS AND BODY, REAR LAMP, RH (LOWER)	Sn	502.00	X
1 BOX, DECK FLOOR, RH	Sn	313.60	X
1 BOX, DECK FLOOR, LH	Sn	313.00	X
1 BOX, DECK FLOOR, REAR	Sn	105.80	X
1 COVER, FLOOR UNDER, NO.1 LH	Sn	175.10	X
1 COVER, FLOOR UNDER, NO.2 RH	Sn	241.90	X
1 COVER, REAR FLOOR CTR	mi	229.90	✓
1 COVER, DECK TRIM, REAR	Sn	126.70	X
1 PAN, REAR FLOOR	R	583.40	X
1 PANEL SUB-ASSY, BODY LOWER BACK	R	650.30	X
1 LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH	R	467.00	X
1 SWITCH ASSY, BACK DOOR OPENER	Sn	179.10	✓
1 SPOILER, SUB ASSY, REAR	Sn	1,575.40	X
1 PANEL SUB-ASSY, BACK DOOR	B	1,147.80	✓
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	CM	925.60	✓
1 BOARD ASSY, BACK DOOR TRIM	Sn	259.20	X

Trans-cab Auto Services Pte Ltd

AAD2204-

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD5483R

1 WEATHERSTRIP, BACK DOOR	\$	<i>Pn</i>	372.30	X
1 BOARD, BACK DOOR TRIM	\$	<i>Sn</i>	225.20	X
1 BOARD, REAR FLOOR, NO.1	\$	<i>Sn</i>	519.00	X
1 STAY ASSY, BACK DOOR, LH	\$	<i>Pn</i>	242.50	X
1 STAY ASSY, BACK DOOR, RH	\$	<i>Sn</i>	242.50	X
1 HINGE ASSY, BACK DOOR, LH	\$	<i>n</i>	61.00	X
1 HINGE ASSY, BACK DOOR, RH	\$	<i>n</i>	61.00	X
1 REAR TAILGATE TOYOTA LOGO	\$	<i>na</i>	47.90	✓
1 REAR TAILGATE WORDING 'PRIUS'	\$	<i>na</i>	54.60	✓
1 REAR TAILGATE WORDING 'HYBRID'	\$	<i>na</i>	54.60	✓
1 PANEL SUB-ASSY, QUARTER, RH	\$	<i>n</i>	871.50	X
1 LINER, REAR WHEEL HOUSE, RH	\$	<i>sn</i>	139.80	X

TOTAL	\$	12,922.10
25%	\$	3,230.53
	\$	9,691.58

Special Nett

1SET PARKING AID	\$	<i>Nel</i>	700.00	<i>2205n</i>
1SET REAR BUMPER CLIP	\$	<i>na</i>	95.00	<i>605n</i>
2 WINDSCREEN SEALANT	\$	<i>na</i>	150.00	<i>805n</i>
1 WINDSCREEN MOULDING	\$	<i>na</i>	200.00	✓
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>na</i>	130.00	<i>305n</i>
1 REAR TAILGATE STICKER "Trans-Cab"	\$	<i>na</i>	80.00	<i>305n</i>
1 REAR TAILGATE STICKER "6555-3333"	\$	<i>na</i>	80.00	<i>305n</i>
1 REAR BUMPER PROTECTOR	\$	<i>NJP</i>	180.00	X
1SET REAR BUMPER RETAINER CLIP	\$	<i>na</i>	85.00	X
1 REAR NUMBER PLATE WITH HOLDER	\$	<i>sn</i>	140.00	X
1SET TAILLAMP LOWER CLIP	\$	<i>na</i>	55.00	X
1SET TAILLAMP UPPER CLIP	\$	<i>na</i>	55.00	✓
1 END PANEL TRIM CLIP	\$	<i>na</i>	65.00	X
1 REAR SPOILER CLIP	\$	<i>na</i>	70.00	X

TOTAL	\$	2,085.00
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TOTAL PARTS	\$	11,776.58
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LABOUR

Trans-cab Auto Services Pte Ltd

AAD2204-

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD5483R

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	1801
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	601
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	6001
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	180.00	601
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	<i>nn</i> 480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	<i>nn</i> 480.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	<i>nn</i> 380.00	X
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 250.00	X
Towing Fees	\$	<i>nn</i> 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	8801
To reinstall rear bumper parking sensor.	\$	170.00	501
To Check Electrical Lighting Concerned.	\$	170.00	201

Trans-cab Auto Services Pte Ltd

AAD2204-

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD5483R

To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	<i>na</i>	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	<i>na</i>	220.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	<i>na</i>	380.00	X
TOTAL	\$		8,920.00	
Over All Total	\$		20,696.58	

(PART-BY-PART) Repair Days **25 DAYS**
5 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: