

ASS. REC. BY:

REF:

105/22005215/KV

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD 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:

08 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:

SHB76592 Yr Regn: 08, 19

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

Truck / Trailer or

Make:

Toy Priu

c.c

1788

Colour

M.P. White/Red

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31FU9.03083280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Pailun 195/65R15

R: Pailun

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

8

mm

L/Bal.

3

mm

L/Bal.

8

mm

D.O.A.

29/5/22

D.O.I.

1/6/2022

Survey held at

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

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

Date / Time

Action / Instruction

1 Got B7, Moteng, Flot

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:

\$ - RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Report Format :

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

TOTAL

**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

**SHB7659Z****AAD2205-143***Not Authored*  
*1/1/2022*

Vehicle No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**01 JUN 2022****SHB7659Z**

200303878K

TOYOTA

PRIUS

29/5/2022

**SMN9538D / ECICS LTD**

30/8/2019

**PART****LIST**

1 COVER, REAR BUMPER	\$	<i>R</i>	442.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	<i>R</i>	332.70	✓
1 COVER, REAR BUMPER, LOWER	\$	<i>mi</i>	15.40	✓
1 GUARD, REAR BUMPER, CENTER	\$	<i>At/cm</i>	576.30	✓
1 RETAINER, REAR BUMPER SIDE, LH	\$	<i>fm</i>	116.50	X
1 RETAINER, REAR BUMPER SIDE, RH	\$	<i>Di</i>	117.70	✓
1 FILLER, REAR BUMPER EXTENSION, RH	\$	<i>mg/cm</i>	123.70	✓
1 PANEL SUB-ASSY, BACK DOOR	\$	<i>R</i>	1,147.80	✓
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	<i>cm</i>	925.60	✓
1 BOARD ASSY, BACK DOOR TRIM	\$		259.20	?
1 WEATHERSTRIP, BACK DOOR	\$		372.30	?
1 BOARD, BACK DOOR TRIM	\$		225.20	?
1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	\$	<i>cm</i>	451.80	✓
1 LENS AND BODY, REAR LAMP, RH (LOWER)	\$	<i>cm</i>	502.00	✓
1 BOX, DECK FLOOR, RH	\$	<i>fm</i>	313.60	X
1 BOX, DECK FLOOR, LH	\$	<i>fm</i>	313.00	X
1 BOARD, REAR FLOOR, NO.1	\$	<i>fm</i>	519.00	X
1 BOX, DECK FLOOR, REAR	\$	<i>fm</i>	105.80	X
1 PANEL ASSY, DECK TRIM SIDE, RH	\$		355.90	?
1 COVER, FLOOR UNDER, NO.1 LH	\$	<i>fm</i>	175.10	X
1 COVER, FLOOR UNDER, NO.2 RH	\$		241.90	?
1 COVER, REAR FLOOR CTR	\$	<i>cm</i>	229.90	✓
1 COVER, DECK TRIM, REAR	\$	<i>fm</i>	126.70	X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$	<i>R</i>	650.30	✓
1 LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH	\$		467.00	?
1 SWITCH ASSY, BACK DOOR OPENER	\$		179.10	?
1 SEAL, REAR BUMPER SIDE, RH	\$		88.50	?
1 STAY ASSY, BACK DOOR, LH	\$	<i>fm</i>	242.50	X



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1	STAY ASSY, BACK DOOR, RH	\$	242.50	X
1	HINGE ASSY, BACK DOOR, LH	\$	61.00	X
1	HINGE ASSY, BACK DOOR, RH	\$	61.00	X
1	REAR TAILGATE TOYOTA LOGO	\$	47.90	✓
1	REAR TAILGATE WORDING 'PRIUS'	\$	54.60	✓
1	REAR TAILGATE WORDING 'HYBRID'	\$	54.60	✓
1	PANEL SUB-ASSY, QUARTER, R.H	\$	871.50	✓
1	LINER, REAR WHEEL HOUSE, R.H	\$	139.80	X

<b>TOTAL</b>	<b>\$</b>	<b>11,150.00</b>
<b>25%</b>	<b>\$</b>	<b>2,787.50</b>
	<b>\$</b>	<b>8,362.50</b>

**Special Nett**

1SET PARKING AID	\$	700.00	2200
1SET REAR BUMPER CLIP	\$	95.00	6000
2 WINDSCREEN SEALANT	\$	150.00	8000
1 WINDSCREEN MOULDING	\$	200.00	✓
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	3000
1 REAR TAILGATE STICKER "Trans-Cab"	\$	80.00	3000
1 REAR TAILGATE STICKER "6555-3333"	\$	80.00	3000
1 REAR BUMPER PROTECTOR	\$	180.00	3000
2 SEAM SEALANT	\$	250.00	X
1SET REAR BUMPER RETAINER CLIP	\$	85.00	X
1 REAR NUMBER PLATE WITH HOLDER	\$	140.00	4500
1SET TAILLAMP LOWER CLIP	\$	55.00	✓
1SET TAILLAMP UPPER CLIP	\$	55.00	✓
1 END PANEL TRIM CLIP	\$	65.00	X
1 REAR BUMPER ADVERTISEMENT STICKER	\$	100.00	6000
<b>TOTAL</b>	<b>\$</b>	<b>2,365.00</b>	

**TOTAL PARTS \$ 10,727.50****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To  
Facilitate Bodywork Repair.

\$

300.00

1800

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To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	100
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	120
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	380.00	100
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	180.00	60
To transfer of Fender fittings, attachments and perform water seepage test.	\$	nn 480.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	60
Towing Fees	\$	nn 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	110
To reinstall rear bumper parking sensor.	\$	170.00	50
To Check Electrical Lighting Concerned.	\$	170.00	20
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	nn 220.00	X

**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 work must be reported and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

**TOTAL \$ 7,680.00****Over All Total \$ 18,407.50****(PART-BY-PART) Repair Days****14 DAYS***8 days*

## 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 ..... 30/05/2022 22:38 (SGT)  
Date of Accident ..... 29/05/2022 21:45 (SGT)  
Exact Location of Accident ..... Near 1 Stevens Rd, Singapore 257813  
Additional Location Information ..... JUNCTION OF SCOTTS ROAD AND STEVENS ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB7659Z

#### 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  
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

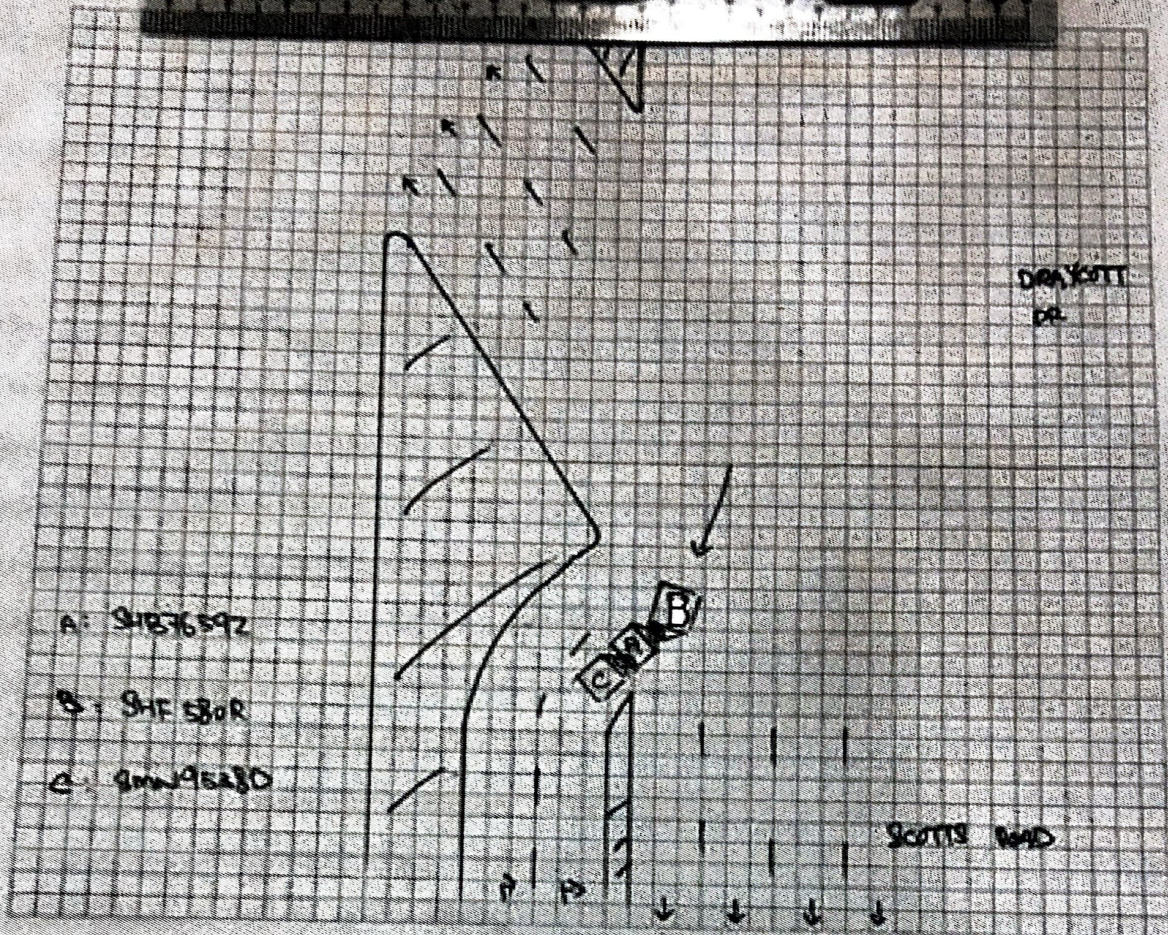
#### INSURANCE COMPANY

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 ..... CHIA LEE LIANG  
NRIC No ..... SXXXX205H






A: SHB7659Z  
B: SHF580R  
C: 9mm95280

DR. KOTT  
DR.

SCOTT'S ROAD

Policyholder's Signature  
Date & Time:

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

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

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