

ASS. REC. BY:

REF: IPC / 22006334/Ke

Kenneth

**ASSIGNMENT**

Ke.

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cob

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.

N/S	O/S

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: 70 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: S14D 5802 D Yr Regn: 12, 18

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

Truck / Trailer or

Make: Toy Prius C.C. 1798

Colour M.P. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 589752 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDK B3FU 503078397

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

Sanjiv R.

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 5/3/22

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 5/7/2022

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

11 Aug @ 1300

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: \$ \_\_\_\_\_

Fuel: \_\_\_\_\_

Others: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

TOTAL

Report Format : \_\_\_\_\_

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

Not Authoised  
21 Sep 8130d/c

AAD2203-026

**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

**SHD5802D**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**05 JUL 2022**

**SHD5802D**

JTDKB3FU503078397

200303878K

TOYOTA

PRIUS

05/03/2022

**XD9070H/ Loupac**

12/12/2018

**PART**

- 1 COVER, FRONT BUMPER
- 1 FRONT BUMPER SIDE RETAINER RH
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 LAMP ASSY, FOG, RH
- 1 UNIT ASSY, HEADLAMP, RH
- 1 COVER, FRONT BUMPER HOLE, RH
- 1 GRILLE SUB-ASSY, RADIATOR
- 1 GRILLE, RADIATOR, LOWER NO.1

**LIST**

\$	CM	516.00	✓
\$	Sm	80.10	X
\$	n	716.60	X
\$	Sm	79.60	X
\$	CM	951.40	—
\$	Sm	2,637.60	X
\$	ny	29.30	✓
\$	Sm	346.00	X
\$	Sm	170.10	X
<b>TOTAL</b>	<b>\$</b>	<b>5,526.70</b>	
<b>25%</b>	<b>\$</b>	<b>1,381.68</b>	
	<b>\$</b>	<b>4,145.03</b>	

**Special Nett**

- 1 FRT BUMPER CLIP
- 1 FRT BUMPER SIDE RETAINER CLIP
- 1 FENDER LINER CLIP

\$	nn	65.00	✓
\$	nn	65.00	X
\$	nn	75.00	X
<b>TOTAL</b>	<b>\$</b>	<b>205.00</b>	

**TOTAL PARTS \$ 4,350.03**

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ nn 250.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,800.00 2201

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**SHD5802D**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>152</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,000.00	<i>2001</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X
<b>TOTAL</b>	<b>\$</b>	<b>4,990.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>9,340.03</b>	

**(PART-BY-PART) Repair Days**

*20 Days*

*2 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 ..... 07/03/2022 00:08 (SGT)  
Date of Accident ..... 05/03/2022 05:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE towards SLE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD5802D

### 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 ..... 5DR HATCHBACK (AUTO)  
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

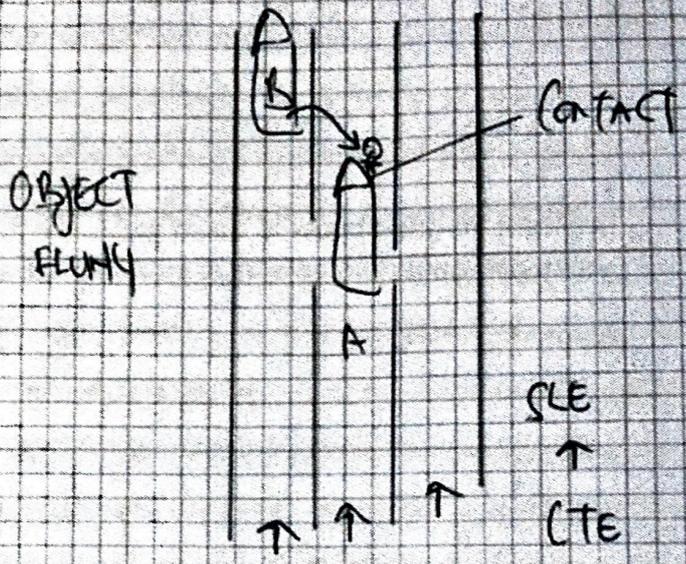
Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... VFY/P2413997  
Cover Note Number ..... -

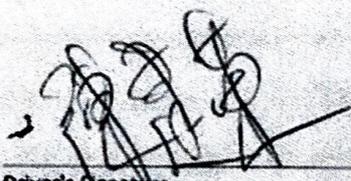
### DRIVER

Name of Driver ..... TAN KIAN YONG  
NRIC No ..... SXXXX802Z

ACCIDENT DIAGRAM

A-SHOSEOLD  
B-XO9070H



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

**VERIFIED BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**MOHAMED SHARIL BIN SATAR**

Policyholder's Signature  
 Date & Time:

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