ASS. REC. BY: Kenneth

REF: AG21 2200642211KV

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Ceb

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 1½ 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: SJD329L Yr Regn: 03 / 18

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

Make: Toy Prius A c.c 1798

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

Sp.Reading 507107 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31FUX0300804537

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	17/2/22	D.O.I.	6/7/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
16/7	0680.95 Contd

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: $ - RS. ___ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

[redacted]

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	18/02/2022 13:04 (SGT)
Date of Accident	17/02/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BUKIT TIMAH ROAD BEFORE KAMPONG JAVA ROAD TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD329L

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	-

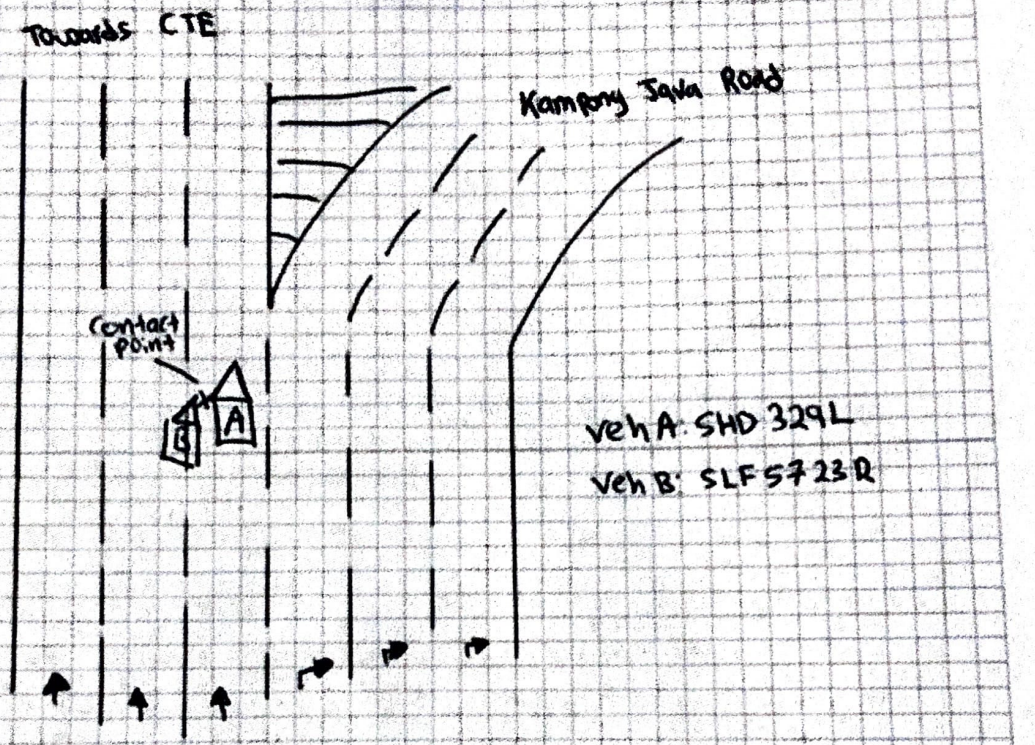
DRIVER

Name of Driver	TENG KWANG ANN UBALD @ TENG KWANG BOON

SKETCH PLAN #2

Ver. 30042021

ACCIDENT DIAGRAM



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

cyholder's Signature
& Time:

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

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

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
SHD329L

Not Authorised
: $680.95

AAD2202-083

Vehicle No.:	**SHD329L**
Chassis No.:	JTDKB3FUX03080453
Co UEN:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	17/02/2022
Third Party Insurer :	Aviva & General
Date of Registration :	24/05/2019

	PART		LIST
1	COVER, FRONT BUMPER	$	516.00 X
1	GRILLE, RADIATOR, LOWER NO.1	$	170.10 X
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	$	716.60 X
1	ABSORBER, FRONT BUMPER ENERGY	$	79.60 X
1	RETAINER, REAR BUMPER SIDE, LH	$	116.50 X
1	BRACKET, FRONT BUMPER SIDE, LH	$	59.30 X
1	UNIT ASSY, HEADLAMP, LH	$	2,637.60 X
1	LAMP ASSY, FOG, LH	$	951.40 X
1	FENDER SUB-ASSY, FRONT LH	$	977.80 X
1	FRONT FENDER EMBLEM LH	$	54.60 ✓
1	LINER, FRONT FENDER, LH	$	202.50X
		TOTAL $	**6,482.00**
		25% $	**2,828.00**
		$	**8,484.00**

Special Nett

1	FRONT FENDER CLIP	$	70.00 X
1SET	FRONT FENDER LINER CLIP	$	75.00 X
1SET	FRONT BUMPER CLIP	$	90.00 X
		TOTAL $	**235.00**
		TOTAL PARTS $	**9,530.50**

LABOUR

Trans-cab Auto Services Pte Ltd **AAD2202-083**

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHD329L

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,600.00	2001
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	$	240.00	X
To check steering geometry and computer wheel alignment	$	220.00	X
Putty And Spray Painting Of The Affected Portion.	$	1,600.00	4001
To transfer of tire, rim and on wheel balancing.	$	170.00	X
To Check Electrical Lighting Concerned.	$	170.00	X
TOTAL	**$**	**4,380.00**	
Over All Total	**$**	**13,099.00**	

(PART-BY-PART) Repair Days ~~20~~ **days**
1 1/2 day

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: