ASS. REC. BY: Kenneth | REF: AG1/22007391/kv

# 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: SMH 4525E

Policy No. _____

Claims No. C10016704/CD

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: 02 days Res.: Yes or No

Lum Sum: 1B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 9918C Yr Regn: 12, 20

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 / Red A/C: Insured / Std / Nil / NA

Sp.Reading 170565 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKB3FU40309 3280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : 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 Wadi

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 9 mm | R/Bal. | 9 mm |
| L/Bal. | 9 mm | L/Bal. | 9 mm |
| D.O.A. | 1/8/22 | D.O.I. | 3/8/2022 ✓ |

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 |
|---|---|
| / | Got BI |
| 4/8/22 | $1434.60 (red 7141.30, 83%) |

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) 4/8/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ 1434.60 )

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Expenses _____

Others _____

TOTAL _____

Not authorised
Pharmy B4 paint

@1434.60 AAD2208-

**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
**SHD9918C**

02 AUG 2022

| | |
|---|---|
| Vehicle No.: | **SHD9918C** |
| Chassis No.: | JTDKB3FU403093280 |
| Co UEN: | 200303878K |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS **GEN 4** |
| Date of Accident : | 01/08/2022 |
| Third Party Insurer : | **SMH4525E/AUTO GEN** |
| Date of Registration: | 30/12/2020 |

| | PART | | LIST |
|---|---|---|---|
| 1 | COVER, REAR BUMPER | $ | 485.60 |
| 1 | REINFORCEMENT SUB-ASSY, REAR BUMPER | $ | 332.70 |
| 1 | GUARD, REAR BUMPER, CENTER | $ | 374.50 |
| 1 | SEAL, REAR BUMPER SIDE, LH | $ | 118.30 |
| 1 | SEAL, REAR BUMPER SIDE, RH | $ | 118.30 |
| 1 | RETAINER, REAR BUMPER SIDE, RH | $ | 132.60 |
| 1 | RETAINER, REAR BUMPER SIDE, LH | $ | 132.60 |
| 1 | COVER, REAR BUMPER, LOWER | $ | 22.00 |
| 1 | COVER, DECK TRIM, REAR | $ | 126.70 |
| 1 | PANEL SUB-ASSY, BODY LOWER BACK | $ | 651.00 |
| 1 | COVER, FLOOR UNDER, NO.2 (RH) | $ | 241.90 |
| 1 | COVER, FLOOR UNDER, NO.1 (LH) | $ | 175.10 |
| 1 | COVER, REAR FLOOR (CTR) | $ | 229.90 |
| | | **TOTAL** | **$ 3,141.20** |
| | | **25%** | **$ 785.30** |
| | | | **$ 2,355.90** |

**Special Nett**

| | | | |
|---|---|---|---|
| 1 | REAR BUMPER SIDE CLIP | $ | 60.00 |
| 1SET | PARKING AID | $ | 700.00 |
| 1SET | REAR BUMPER CLIP | $ | 85.00 |
| 1 | REAR BUMPER RETAINER CLIP | $ | 75.00 |
| | | **TOTAL** | **$ 920.00** |
| | | **TOTAL PARTS** | **$ 3,275.90** |

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas. $ 240.00

**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

**AAD2208-**

**SHD9918C**

| | | | |
|---|---|---|---|
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | $ | nn 380.00 | X |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | $ | 1,800.00 | 2cd |
| To transfer of rear end panel fittings, attachment to facilitate bodywork repair. | $ | nn 380.00 | X |
| Putty And Spray Painting Of The Affected Portion. | $ | 1,600.00 | 2cd |
| To reinstall rear bumper parking sensor. | $ | 170.00 | 5cd |
| To transfer of tire, rim and on wheel balancing. | $ | 170.00 | X |
| To Check Electrical Lighting Concerned. | $ | 170.00 | 1cd |
| To check steering geometry and computer wheel alignment | $ | nn 220.00 | X |
| To remove and refit of rear fender fittings, attachment and perform water seepage test. | $ | nn 170.00 | X |
| **TOTAL** | **$** | **5,300.00** | |
| **Over All Total** | **$** | **8,575.90** | |

**(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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 | 02/08/2022 12:04 (SGT) |
| Reported by | Driver |
| Date of Accident | 01/08/2022 20:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG BRADDELL ROAD TOWARDS TOA PAYOH BELOW SERANGOON VADUCT |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SHD9918C |

### 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 | - |

### 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 |

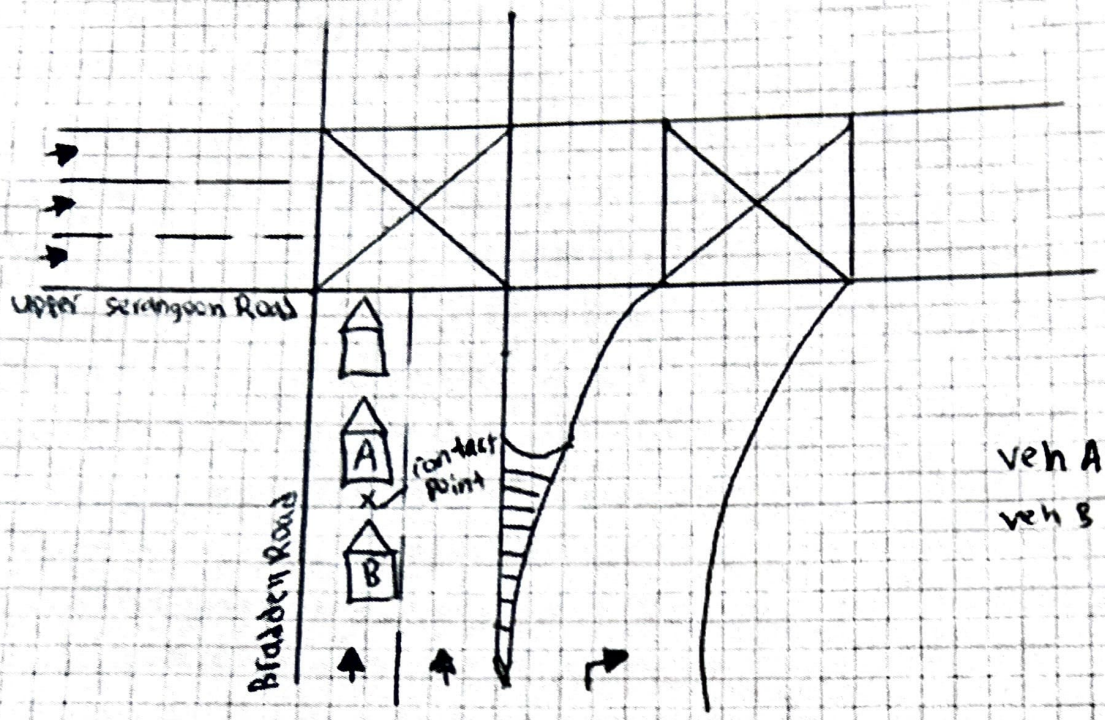
### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Policy Number / Cover Note Number | VFX/P2413997 |

### DRIVER

| | |
|---|---|
| Name of Driver | LEOW CHEN HEE |
| NRIC No | SXXXX057C |
| Date Of Birth | 10/06/1957 |

**ACCIDENT DIAGRAM**




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

holder's Signature
Time:

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

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