

ASS. REC. BY:

REF: 0721

Kenneth

ASSIGNMENT

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

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

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

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

at Workshop m/s Tans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

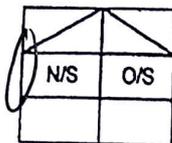
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Sal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHB 9987X Yr Regn: 06, 21

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

Truck / Trailer or \_\_\_\_\_

Make: Toy Prius c.c. 1798

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

Sp. Reading 75803 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FU803092325

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: Camigata 195/85R15

R: Dunlop

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 3 mm

L/Bal. 7 mm L/Bal. 3 mm

D.O.A. 29/7/22 D.O.I. 2/8/2022

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

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

N/S body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

\_\_\_\_\_ S + RS. \_\_\_\_\_ SI

\_\_\_\_\_ Fixt. as

\_\_\_\_\_ Others

TOTAL

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

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

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

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

Report Format :

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

Not Authored  
Presumed B4 paint

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

**SHB9967X**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**02 AUG 2022**

**SHB9967X**

JTDKB3FU603092325

200303878K

TOYOTA

**PRIUS GEN 4**

29/07/2022

**SJY5988S/CHINA**

30/06/2021

	<b>PART</b>		<b>LIST</b>	
1	PANEL SUB-ASSY, FRONT DOOR, LH	\$	<i>By</i> 1,300.70	✓
1	HINGE ASSY, FRONT DOOR, LOWER LH	\$	<i>n</i> 110.60	X
1	HINGE ASSY, FRONT DOOR, UPPER LH	\$	<i>n</i> 97.50	X
1	TAPE, BLACK OUT, NO.1 FRT LH	\$	<i>nc</i> 13.30	—
1	TAPE, BLACK OUT, NO.2 FRT LH	\$	<i>nc</i> 43.50	—
1	TAPE, BLACK OUT, NO.3 FRT LH	\$	<i>nc</i> 26.30	—
1	PANEL SUB-ASSY, REAR DOOR, LH	\$	<i>By</i> 1,294.90	✓
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH	\$	<i>sn</i> 193.50	^
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH	\$	<i>sn</i> 97.40	X
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, LH	\$	<i>sn</i> 293.00	X
1	HINGE ASSY, REAR DOOR, LOWER LH	\$	<i>n</i> 87.10	X
1	HINGE ASSY, REAR DOOR, UPPER LH	\$	<i>n</i> 98.90	X
1	TAPE, BLACK OUT, NO.1 REAR LH	\$	<i>nc</i> 21.90	✓
1	TAPE, BLACK OUT, NO.2 REAR LH	\$	<i>nc</i> 34.90	✓
1	TAPE, BLACK OUT, NO.3 REAR LH	\$	<i>nc</i> 15.40	✓
1	MOTOR ASSY, POWER WINDOW REGULATOR, LH	\$	926.00	?
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, LH	\$	206.70	?
1	PANEL SUB-ASSY, QUARTER, LH	\$	<i>n</i> 871.50	X
1	LINER, REAR WHEEL HOUSE, LH	\$	<i>sn</i> 139.80	X
1	MOULDING ASSY, BODY ROCKER PANEL, LH	\$	<i>CM</i> 594.80	✓
1	RIM	\$	<i>sn</i> 1,900.10	X
<b>TOTAL</b>		<b>\$</b>	<b>6,775.90</b>	
<b>25%</b>		<b>\$</b>	<b>1,693.98</b>	
		<b>\$</b>	<b>5,081.93</b>	

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**SHB9967X****AAD2208-****Special Nett**

1 TYRE	\$	Sm 350.00 X
1 REAR BUMPER CLIP	\$	nn 65.00 X
1 FENDER CLIP	\$	nn 130.00 X
1 FENDER LINER CLIP	\$	nn 65.00 X
1SET DOOR TRIM CLIP	\$	nn 70.00 X
1SET DOOR WEATHERSTRIP CLIP	\$	nn 130.00 X
1 DOOR STICKER TEL NO.	\$	100.00 60sm
1SET CLIP, ROCKER PANEL MOULDING	\$	nn 65.00 ✓
<b>TOTAL</b>	<b>\$</b>	<b>975.00</b>
<b>TOTAL PARTS \$</b>		<b>6,056.93</b>

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00 601
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	\$	1,600.00 5001
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 8001
To reinstall rear bumper parking sensor.	\$	nn 170.00 X
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 201

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**SHB9967X**

To check steering geometry and computer wheel alignment \$ *~ 220.00* X

To remove and refit of rear fender fittings, attachment and \$ *~ 170.00* X

**TOTAL \$ 5,100.00**

**Over All Total \$ 11,156.93**

**(PART-BY-PART) Repair Days** *20 days*

*4 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 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 ..... 01/08/2022 14:43 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/07/2022 21:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG MOHAMED SULTAN ROAD JUNCTION OF NANSON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB9967X

### 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 ..... -  
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 ..... 1798

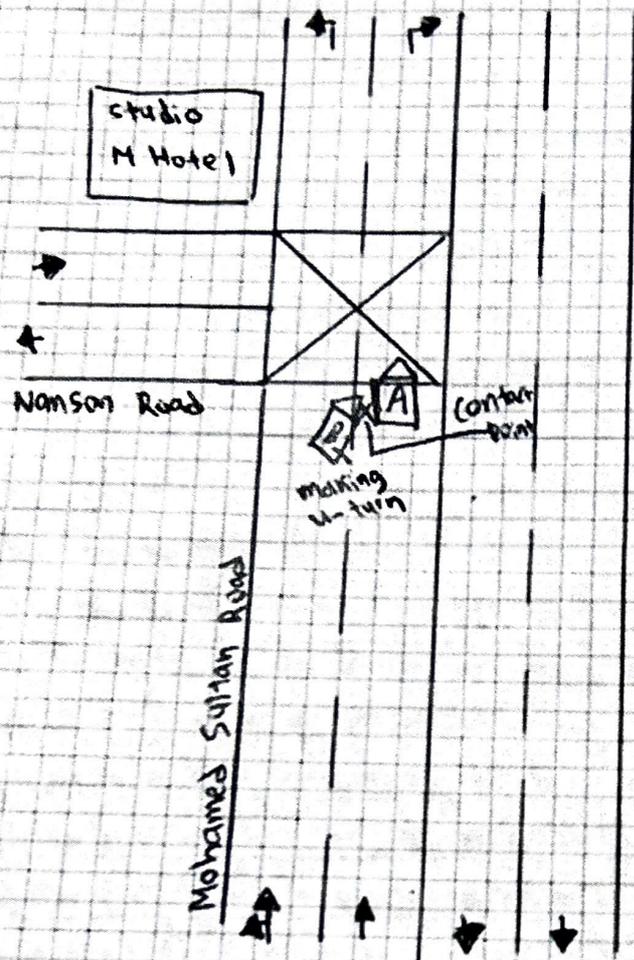
### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... WONG SEE GUAN  
NRIC No ..... SXXXX391D  
Date Of Birth ..... 12/11/1976

ACCIDENT DIAGRAM



Veh A: SHB 9967X

Veh B: SJY 59885

Cuan

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

Reporter's Signature  
Name:

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

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