

ASS. REC. BY:

REF:

AGZ/ 22007479/KC

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:

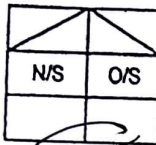
Excess:

(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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1. B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Snu 3944

Yr Regn: 08, 20

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

Truck / Trailer or

Make:

Toyota Prius

c.c.

1798

Colour:

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

168173

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU X03091114

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: Sailun

195/65R15

R: Wank

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

25/6/22

D.O.I.

5/8/2022

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

a/Time, File Pass to?

☐

Prell. Report

a/Time, File Return to?

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S + RS. SI

Fees

Others

ort Format :

p 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

**SMU3944S***Not Authorized  
Primary B4 paint***LAD2206-****05 AUG 2022**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SMU3944S**

JTDKB3FUX03091114

201603575K

TOYOTA

**PRIUS GEN 4**

25/06/2022

**SJR6732J/** Auto & General

12/08/2020

**PART**

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK

**LIST**

\$	<i>Re</i> 485.60	✓
\$	332.70	✓
\$	<i>Re</i> 22.00	X
\$	<i>Ref 1607</i> 374.50	✓
\$	<i>Re</i> 132.60	X
\$	<i>Re</i> 39.00	X
\$	<i>Re</i> 126.70	X
\$	<i>Re</i> 651.00	X
<b>TOTAL \$</b>	<b>2,164.10</b>	
<b>25% \$</b>	<b>541.03</b>	
<b>\$</b>	<b>1,623.08</b>	

**Special Nett**

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
  - 1 REAR SPOILER CLIP
  - 1 REAR BUMPER PROTECTOR
- 1SET REAR BUMPER RETAINER CLIP
  - 1 END PANEL TRIM CLIP

\$	<i>Re</i> 700.00	X
\$	<i>Re</i> 95.00	<i>born</i>
\$	<i>Re</i> 70.00	X
\$	<i>Re</i> 180.00	X
\$	<i>Re</i> 85.00	X
\$	<i>Re</i> 65.00	X
<b>TOTAL \$</b>	<b>1,195.00</b>	

**TOTAL PARTS \$ 2,818.08****LABOUR**

To remove and refit interior fittings, trimmings, garnish, fittings and other, to enable repair.

\$ *Re* 380.00 X

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LAD2206-

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SMU3944S

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	2001
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	480.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	2201
To reinstall rear bumper parking sensor.	\$	170.00	501
To Check Electrical Lighting Concerned.	\$	170.00	X
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	380.00	X
<b>TOTAL</b>	<b>\$</b>	<b>7,390.00</b>	

**Over All Total \$ 10,208.08****(PART-BY-PART) Repair Days****25 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	28/06/2022 15:45 (SGT)
Reported by	Driver
Date of Accident	25/06/2022 16:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JALAN TOA PAYOH BEFORE LEFT TURN TO GRAHAM WHITE DRIVE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3944S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	2XXXXX575K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-65552222
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	Private hire
Transmission	Auto
CC	1767

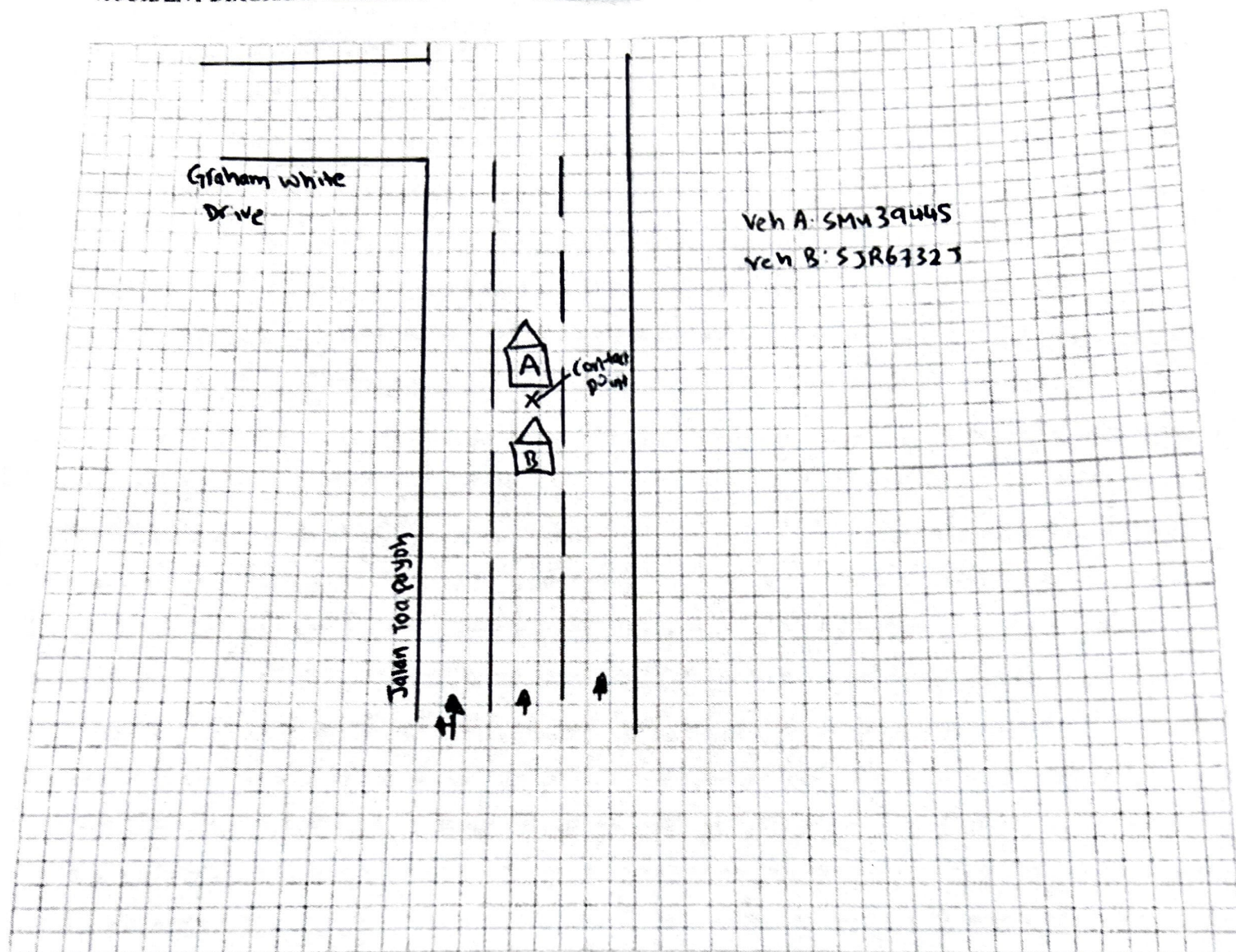
## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2440417

## DRIVER

Name of Driver	CHIA CHER CHENG
NRIC No	SXXXX493I
Date Of Birth	03/03/1959

## ACCIDENT DIAGRAM



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

Policyholder's Signature  
Date & Time:

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

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