

ASS. REC. BY:

REF:

GAZ/ 22007547/KV

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: GBE 2438H

Policy No.

Claims No. CLMOMVC000004205

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1. B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 55096

Yr Regn:

11, 20

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

Truck / Trailer or

Make:

Toy Privs

c.c

1798

Colour

M. P. White / New

A/C:

Insured / Std / NI / NA

Sp. Reading

127188

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3ZF4 203092595

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

Railin

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/8/22

D.O.I.

10/8/2022

Survey held at

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

Rt o/s door

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

Date / Time

Action / Instruction

11/8/22

Kenneth informed final fig \$1562.85 (red 7004.55, 81%)

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 12/8/22-typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 1562.85)

Not Withheld
Preserving B4 paint

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
SHC5509G

AAD2208-

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident:
Third Party Insurer:
Date of Registration:

1 0 AUG 2022

SHC5509G

JTDKB3FU203092595

TOYOTA

PRIUS GEN 4

03/08/2022

GBE2438H/GREAT AMERICAN

06/11/2020

PART

- 1 PANEL SUB-ASSY, FRONT DOOR, RH
- 1 LOCK ASSY, FRONT DOOR W/MOTOR, RH
- 1 MOULDING, FRONT DOOR WINDOW FRAME, FRONT RH
- 1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH
- 1 HANDLE ASSY, FRONT DOOR, OUTSIDE RH
- 1 MOTOR ASSY, POWER WINDOW REGULATOR, RH
- 1 WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH
- 1 HINGE ASSY, FRONT DOOR, LOWER RH
- 1 HINGE ASSY, FRONT DOOR, UPPER RH
- 1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH
- 1 TAPE, BLACK OUT, NO.2 FRT RH
- 1 TAPE, BLACK OUT, NO.1 FRT RH
- 1 TAPE, BLACK OUT, NO.3 FRT RH

LIST

\$	1,300.70	✓
\$	603.20	X
\$	38.60	X
\$	193.50	X
\$	390.60	X
\$	926.00	X
\$	321.10	X
\$	110.60	X
\$	97.50	X
\$	238.30	X
\$	43.50	✓
\$	13.30	✓
\$	26.30	✓
TOTAL \$	4,303.20	
25% \$	1,075.80	
\$	3,227.40	

Special Nett

- 1 DOOR STICKER TRANSCAB
- 2 DOOR TRIM CLIP
- 2 DOOR WEATHERSTRIP CLIP

\$	100.00	605m
\$	150.00	X
\$	160.00	X
TOTAL \$	410.00	

TOTAL PARTS \$ 3,637.40

LABOUR

- To Rust-Proofing and apply undercoat Of The Affected Areas. \$ 240.00 301
- To remove and refit interior fittings, trimmings, garnish, fittings and other, to enable repair. \$ 380.00 X
- Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same \$ 1,600.00 2001
- To transfer of rear end panel fittings, attachment to facilitate bodywork repair. \$ 380.00 X
- Putty And Spray Painting Of The Affected Portion. \$ 1,600.00 2201
- To transfer of tire, rim and on wheel balancing. \$ 170.00 X
- To Check Electrical Lighting Concerned. \$ 170.00 151

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To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00 <i>X</i>
To remove and refit of fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00 <i>X</i>
TOTAL	\$	4,930.00
Over All Total	\$	8,567.40

(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 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	03/08/2022 18:09 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 84 REDHILL LANE OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5509G
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

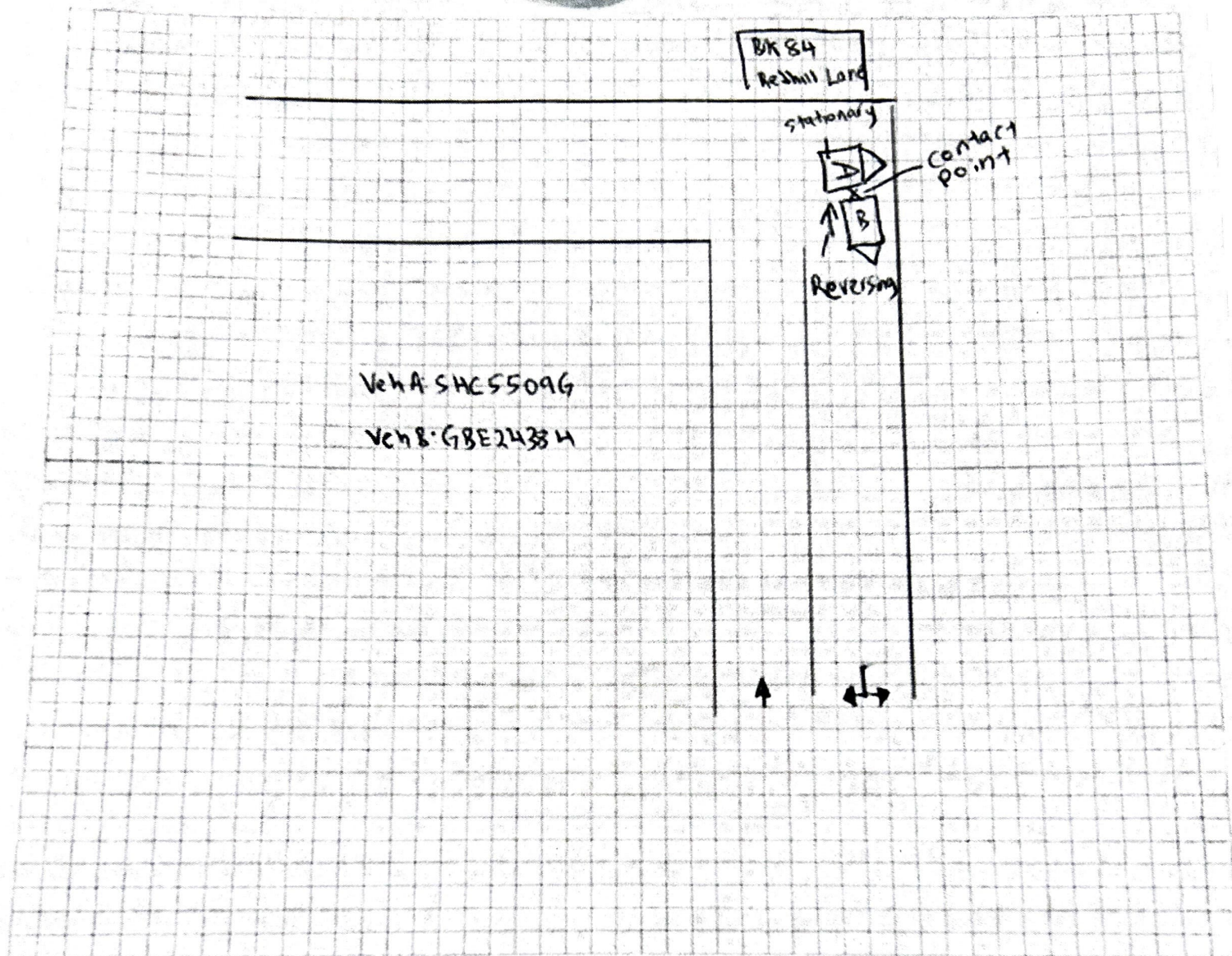
Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1767

INSURANCE COMPANY

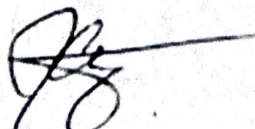
Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	TAY MENG SOON
NRIC No	SXXXX936J
Date Of Birth	26/10/1960
Occupation	Outdoor



Policyholder's Signature
Date & Time:


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

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

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