

ASS. REC. BY:

REF:

AG21 22 0086081Kv

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: _____

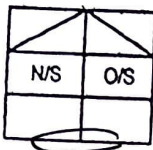
Excess: _____

(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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 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

Date / Time

Action / Instruction

Veh No: _____

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

Truck / Trailer or

Make: _____

Colour _____

Sp. Reading _____

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: _____

P: 195/65R15

R: Dunlop

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

Front

R/Bal. _____

L/Bal. _____

D.O.A. _____

Survey held at _____

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

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

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

Report Format :

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

Not Notified
Recovery 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

SHF620J

AAD2207-083

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

06 SEP 2022

SHF620J

JTDKB3FUX03093588

200303878K

TOYOTA

PRIUS GEN 4

19/07/2022

SLL4619J/ Auto General

28/01/2021

PART

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 GUARD, REAR BUMPER, CENTER
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 COVER, REAR BUMPER, LOWER
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 COVER, FLOOR UNDER, NO.2 (RH)
- 1 COVER, FLOOR UNDER, NO.1 (LH)
- 1 COVER, REAR FLOOR (CTR)

LIST

\$	Ben	485.60	X
\$		332.70	7
\$	ad/1001	374.50	—
\$	Sn	118.30	} X
\$	Sn	118.30	
\$	Sn	132.60	
\$	Sn	132.60	
\$	Sn	22.00	
\$	Sn	126.70	} X
\$	R	651.00	
\$	Sn	241.90	
\$	Sn	175.10	} X
\$	Sn	229.90	

TOTAL \$ 3,141.20
25% \$ 785.30
\$ 2,355.90

Special Nett

- 1 REAR BUMPER SIDE CLIP
- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1 REAR BUMPER RETAINER CLIP

\$	nn	60.00	X
\$	Sn	700.00	X
\$	nn	85.00	X
\$	nn	75.00	X

TOTAL \$ 920.00

TOTAL PARTS \$ 3,275.90

LABOUR

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

\$ nn 240.00 X

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SHF620J

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	<i>X</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,800.00	<i>2000</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	380.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>2200</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>500</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	<i>4</i> 170.00	<i>X</i>
To check steering geometry and computer wheel alignment	\$	<i>5</i> 220.00	<i>X</i>
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>4</i> 170.00	<i>X</i>
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 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	19/07/2022 20:04 (SGT)
Reported by	Driver
Date of Accident	19/07/2022 16:51 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SIMS AVE TOWARDS EUNOS NEAR LORONG 39
Country/State of Loss	GEYLANG Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF620J
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

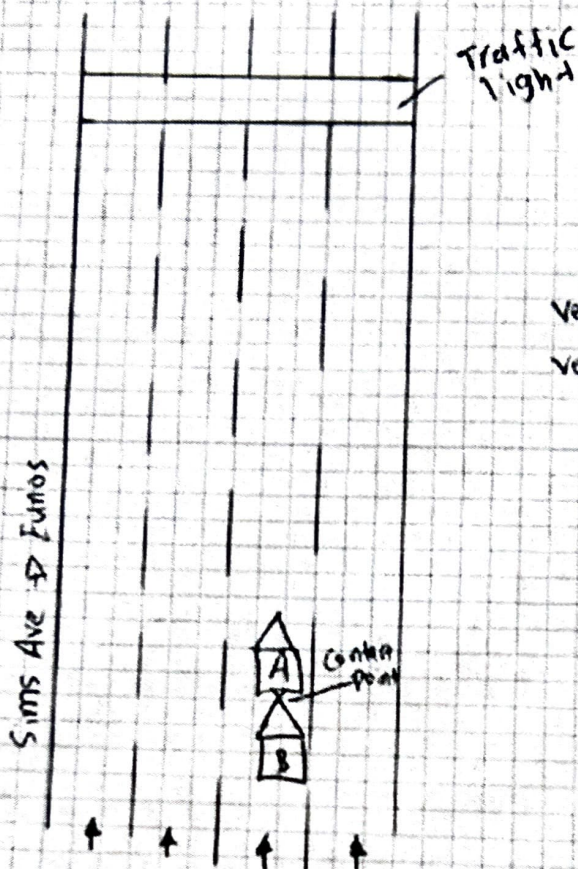
VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5 DR HATCHBACK (AUTO)
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	SNG LIAN SWEE
NRIC No	SXXXX486H
Date Of Birth	27/02/1952



Veh A SHF 6203

Veh B SLL 46193

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.: