

Sum / I.B.I: (S

Not Authorized
Resurvey Bk 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

SHC5622L

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

19 SEP 2022

SHC5622L

JTDKB3FU603091420

200303878K

TOYOTA

PRIUS GEN 4

01/09/2022

GBD8497C/TOKIO

28/08/2020

		PART		LIST	
1	COVER, REAR BUMPER			\$	Bu 485.60 ✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER			\$	332.70 ?
1	GUARD, REAR BUMPER, CENTER			\$	Da/ku 374.50 ✓
1	SEAL, REAR BUMPER SIDE, LH			\$	Bu 118.30 X
1	SEAL, REAR BUMPER SIDE, RH			\$	Bu 118.30 X
1	RETAINER, REAR BUMPER SIDE, RH			\$	Bu 132.60 X
1	COVER, REAR BUMPER, LOWER			\$	Bu 22.00 X
1	COVER, DECK TRIM, REAR			\$	Bu 126.70 X
1	COVER, FLOOR UNDER, NO.2 (RH)			\$	Bu 241.90 X
1	COVER, FLOOR UNDER, NO.1 (LH)			\$	Bu 175.10 X
1	COVER, REAR FLOOR (CTR)			\$	Bu 229.90 X
1	PANEL SUB-ASSY, BODY LOWER BACK			\$	R 651.00 X
1	PANEL SUB-ASSY, BACK DOOR			\$	R 1,147.80 X
1	SPOILER SUB-ASSY, REAR			\$	cm 1,575.40 ✓
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2			\$	Bu 54.60 ✓
1	PLATE, BACK DOOR NAME, NO.1			\$	Bu 54.60 —
1	ORNAMENT SUB-ASSY, BACK DOOR			\$	Bu 47.90 ✓
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	scr		\$	R Bu 913.60 X
1	BOARD ASSY, BACK DOOR TRIM			\$	Bu 259.20 X
1	WEATHERSTRIP, BACK DOOR			\$	Bu 372.30 X
1	STAY ASSY, BACK DOOR, LH			\$	Bu 242.50 X
1	STAY ASSY, BACK DOOR, RH			\$	Bu 242.50 X
1	HINGE ASSY, BACK DOOR, LH			\$	R 61.00 X
1	HINGE ASSY, BACK DOOR, RH			\$	R 61.00 X
TOTAL				\$	8,041.00
25%				\$	2,010.25
				\$	6,030.75

Special Nett

1 REAR SPOILER CLIP

\$ Bu 65.00 X

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1 REAR BUMPER SIDE CLIP	\$	nn	60.00	X
1 BOOT STICKER TRANSCAB	\$	nn	100.00	305N ✓
1 BOOT STICKER TEL NO	\$	nn	100.00	305N ✓
1SET PARKING AID	\$	nn	700.00	X
1SET REAR BUMPER CLIP	\$	nn	85.00	605N ✓
1 REAR BUMPER RETAINER CLIP	\$	nn	75.00	X
TOTAL	\$		1,120.00	
TOTAL PARTS	\$		7,150.75	

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	240.00	X
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	4001
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	6601
To reinstall rear bumper parking sensor.	\$		170.00	501
To transfer of tire, rim and on wheel balancing.	\$	nn	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	151
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	\$		12,450.75	

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

(PART-BY-PART) Repair Days

20 Days

3 days

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	01/09/2022 15:10 (SGT)
Reported by	Driver
Date of Accident	01/09/2022 08:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS AVE 12 BEFORE ENTERING TO SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5622L
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	CHUA AH NA
NRIC No	SXXXX698I
Date Of Birth	13/08/1958
Occupation	Outdoor

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG THE MENTIONED LOCATION ON THE RIGHT LANE
SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY
TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

Declaration

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date &
Time

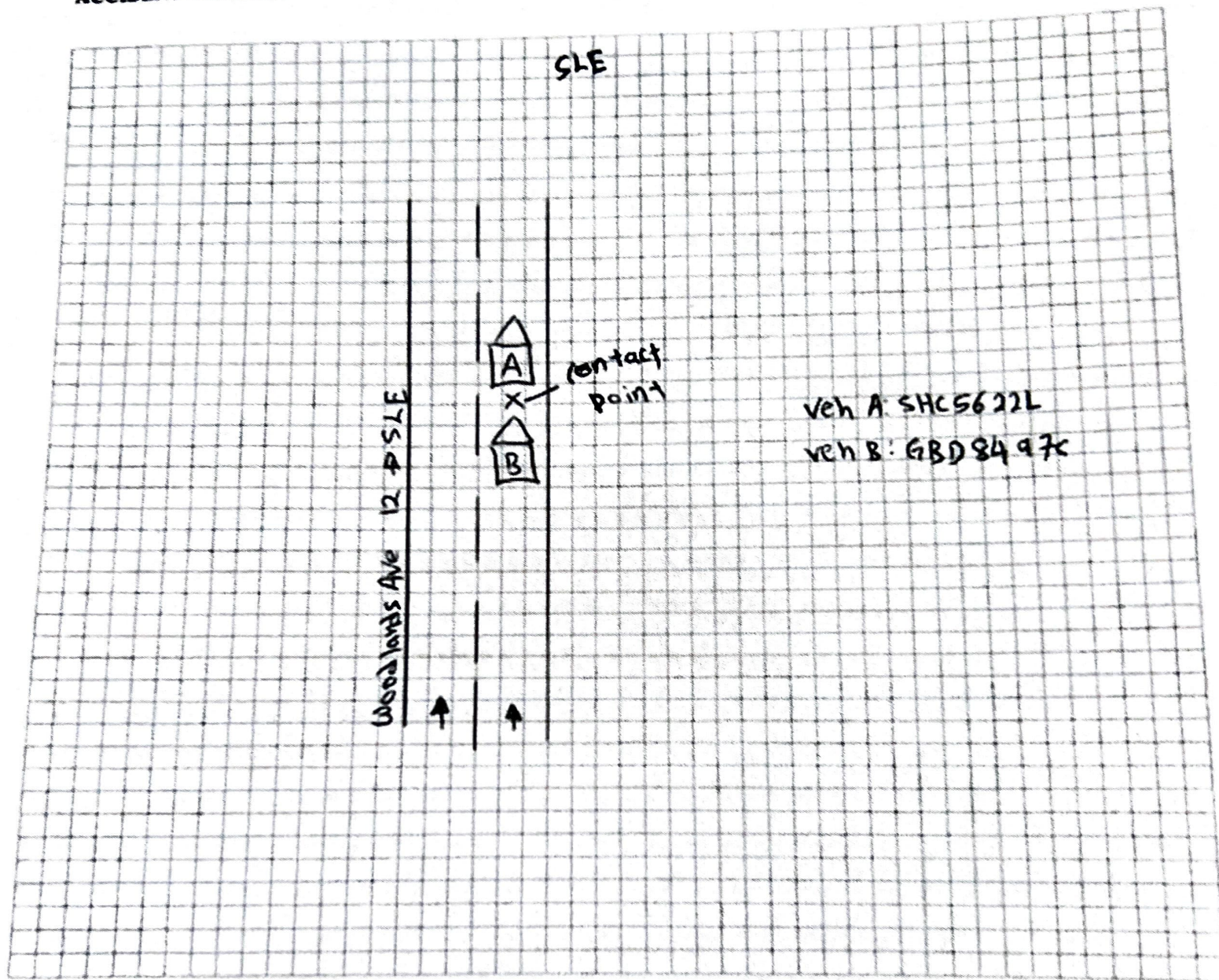


Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Officer
Personnel

Date Of Driving Pass 11/05/1977
 Driving experience 45 YEARS AND 4 MONTHS
 Gender Female
 Mobile Number (Phone) +65-90613518
 Alt. Phone Number -
 Email Address Claims@transcab.com.sg
 Address HDB Woodlands, 618 Woodlands Avenue 4 #05-521
 Address complement -
 Postcode 730618
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name P1
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE MENTIONED LOCATION ON THE RIGHT LANE SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD8497C
 Vehicle Manufacturer Toyota
 Vehicle Model Dyna