ASS. REC. BY: Kenneth

REF: GA1/ 1566

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 1/2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 5831U Yr Regn: 11 / 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Prius A1 c.c 1798

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

Sp.Reading 378076 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU603075072

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65R15

R: Spare

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 mm
L/Bal.	9 mm Spare	L/Bal.	9 mm
D.O.A.	22/9/22	D.O.I.	23/9/2022

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: $ - RS. SI

Fuel: _____

Others: _____

TOTAL _____

eport Format : _____

mp Sum / I.B.I: ($ _____)

Not Authorised
C/Sup 8

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
SHD5831U

AAD2209-

23 SEP 2022

Vehicle No.:	**SHD5831U**
Chassis No.:	JTDKB3FU603075072
Co UEN:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	22/09/2022
Third Party Insurer :	**SKE1528G/AUTO GEN**
Date of Registration :	01/11/2018

	PART		LIST
1	COVER, FRONT BUMPER	$	516.00
1	ABSORBER, FRONT BUMPER ENERGY	$	79.60
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	$	716.60
1	GRILLE SUB-ASSY, RADIATOR	$	346.00
1	GRILLE, RADIATOR, LOWER NO.1	$	170.10
1	STAY SUB-ASSY, FRONT BUMPER, LH	$	47.50
1	BRACKET, FRONT BUMPER SIDE, LH	$	59.30
1	LAMP ASSY, FOG, LH	$	951.40
1	UNIT ASSY, HEADLAMP, LH	$	2,637.60
1	FENDER SUB-ASSY, FRONT LH	$	977.80
1	EMBLEM, SIDE PANEL LH	$	54.60
1	LINER, FRONT FENDER, LH	$	202.50
1	RIM	$	1,900.10
1	RIM	$	1,900.10
		TOTAL $	**10,559.20**
		25% $	**2,639.80**
		$	**7,919.40**

Special Nett

1	FRT BUMPER CLIP	$	65.00
1	TYRE	$	350.00
1	FENDER CLIP	$	130.00
1	FENDER LINER CLIP	$	130.00
1	FRT LH BUMPER RETAINER CLIP	$	65.00
	TOTAL	**$**	**740.00**

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AAD2209-

TOTAL PARTS	**$**	**8,659.40**

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	~~Nil~~ 380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,400.00	40%
Putty And Spray Painting Of The Affected Portion.	$	1,400.00	40%
To Rust-Proofing and apply undercoat Of The Affected Areas.	$	240.00	30%
To Check Electrical Lighting Concerned.	$	170.00	15%
TOTAL	**$**	**3,590.00**	
Over All Total	**$**	**12,249.40**	

(PART-BY-PART) Repair Days ~~20 days~~ 2 1/2 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 witholding 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	22/09/2022 19:53 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 14:30 (SGT)
Exact Location of Accident	Near Lentor Ave, Singapore
Additional Location Information	LENTOR AVE TOWARDS YISHUN NEAR LAMPPOST 24
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5831U

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

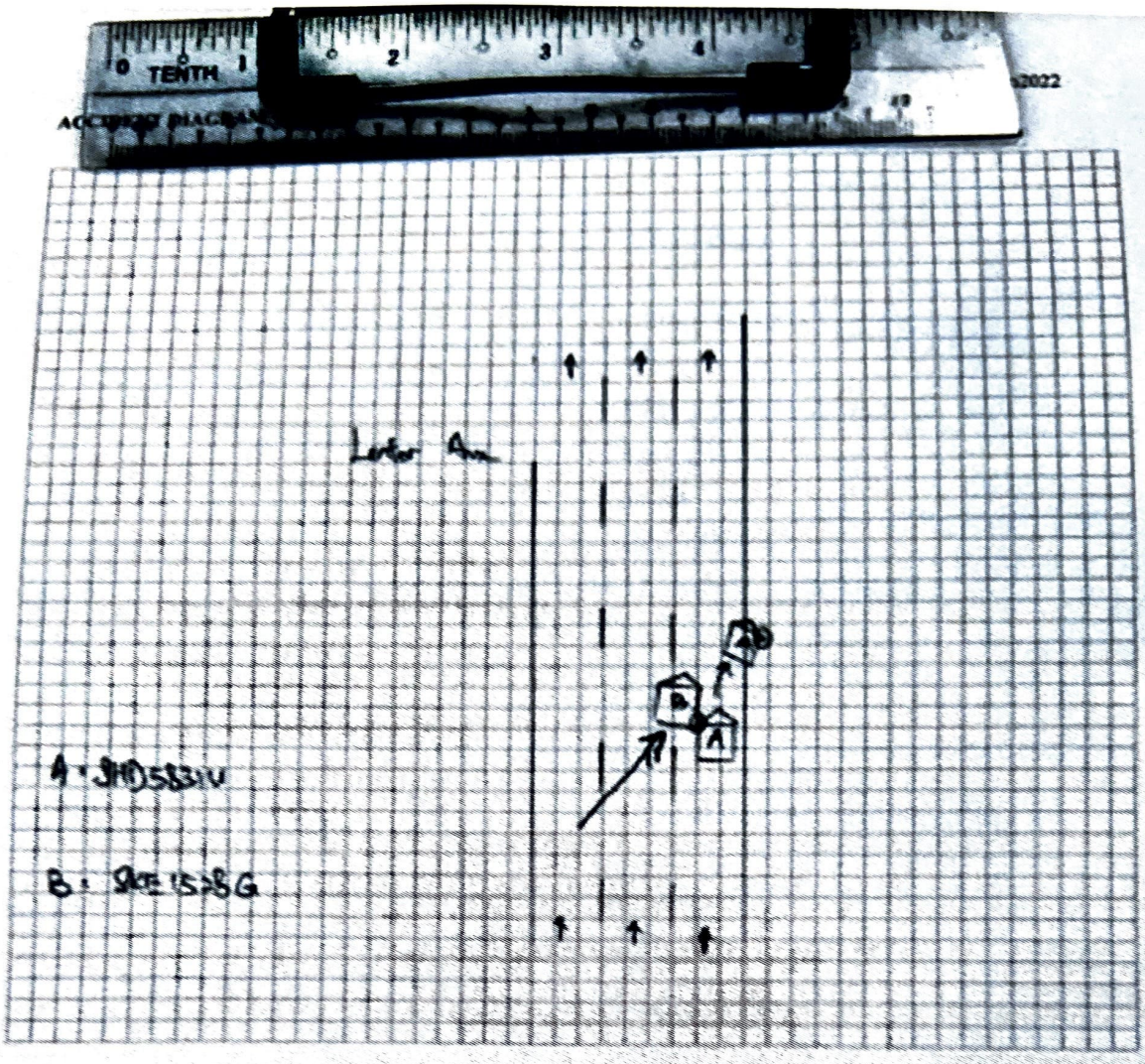
Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	YAP AH KIM
NRIC No	SXXXX936J
Date Of Birth	31/08/1955
Occupation	Outdoor



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre Personnel