

ASS. REC. BY:

REF:

EGW 2200-96971KV

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03 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: _____

SNB 3798K

Yr Regn: 08.21

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

Truck / Trailer or _____

Make: _____

Toyota Sienna

c.c. 1897

Colour _____

M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading _____

112635

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTD 889H3702000799

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm or

Tyre Size: _____

F: _____

185/65R15

R: _____

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

TOYO / YOKO or _____

Wanli

Front

Rear

R/Bal. _____

4 mm

R/Bal. _____

5 mm

L/Bal. _____

4 mm

L/Bal. _____

5 mm

D.O.A. _____

24/8/22

D.O.I. _____

4/10/2022

Survey held at _____

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

O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S - RS. SI

: Fines

: Others

TOTAL

Report Format :

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

Not with air
Recovery B4 paint

LAD2208-022

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

SNB3798K

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

04 OCT 2022

SNB3798K

JTDZZ9H370L000799

201603575K

TOYOTA

SIENTA

24/08/2022

GBE36Y/ERGO

19/08/2021

PART

- 1 COVER, FR BUMPER
- 1 MIRROR ASSY, OUTER, RH
- 1 COVER, OUTER MIRROR, RH
- 1 COVER, FOG LAMP, RH
- 1 PANEL, FR FENDER, RH
- 1 LINER, FR FENDER, RH
- 1 EMBLEM, SIDE PANEL
- 1 RIM

1. FR RH Head Lamp \$1100.60 *Cur*

LIST			
\$	<i>man</i>	366.80	<i>✓</i>
\$	<i>sen</i>	1,219.60	<i>X</i>
\$	<i>x</i>	127.90	<i>X</i>
\$	<i>sen</i>	116.90	<i>✓</i>
\$	<i>x</i>	584.60	<i>X</i>
\$	<i>sen</i>	174.40	<i>X</i>
\$	<i>na</i>	46.00	<i>✓</i>
\$	<i>na</i>	395.30	<i>X</i>

TOTAL \$ 3,031.50

25% \$ 757.88

\$ 2,273.63

Special Nett

1SET FRONT BUMPER CLIP

1 FENDER LINER CLIP

\$	<i>na</i>	95.00	<i>Garn</i>
\$	<i>na</i>	70.00	<i>X</i>

TOTAL \$ 165.00

TOTAL PARTS \$ 2,438.63

LABOUR

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

\$ *na* 380.00 *X*

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 2,200.00 *300*

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SNB3798K

To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	nn 480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	nn 480.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn 380.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn 250.00	X
Towing Fees	\$	nn 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	4501
To Check Electrical Lighting Concerned.	\$	170.00	201
To transfer of tire, rim and on wheel balancing.	\$	nn 220.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	nn 380.00	X

TOTAL \$ 7,510.00**Over All Total \$ 9,948.63****(PART-BY-PART) Repair Days****25 DAYS****3 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	25/08/2022 11:11 (SGT)
Reported by	Driver
Date of Accident	24/08/2022 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(CHANGI) BEFORE PAYA LEBAR ROAD EXIT. LANE 5.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3798K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	201603575K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5128626563

DRIVER

Name of Driver	SEOW MING LIANG
NRIC No	S9216941C
Date Of Birth	13/05/1992
Occupation	Outdoor

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

