

ASS. REC. BY:

REF:

AGZ1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

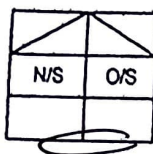
Sum Insured: _____

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.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SHF 630 E Yr Regn: 03, 21

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

Truck / Trailer or

Make: _____

Toy Prius

c.c.

1798

Colour: _____

M.P. White / Blue

A/C: Insured / Std / NI / NA

Sp. Reading _____

126402

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTDKB3FU203092094

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: Wanli

195/65R15

R: _____

Pailun

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

6

mm

R/Bal. _____

9

mm

L/Bal. _____

6

mm

L/Bal. _____

9

mm

D.O.A. _____

22/11/22

D.O.I. _____

28/11/2022

Survey held at _____

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

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)

Report Format:

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation

S - RS. SI

F. Invs

Others

TOTAL

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

SHF630E*Not Notified
Resurvey By painting***AAD2211-086**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

28 NOV 2022**SHF630E**

JTDKB3FU203092094

200303878K

TOYOTA

PRIUS GEN 4

22/11/2022

SME7742R/ *Auto & Gen*

12/03/2021

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	COVER, FLOOR UNDER, NO.2 (RH)
1	COVER, FLOOR UNDER, NO.1 (LH)
1	COVER, REAR FLOOR (CTR)
1	PANEL SUB-ASSY, BODY LOWER BACK

LIST	
\$	<i>Bu</i> 485.60 ✓
\$	332.70 7
\$	<i>Notified</i> 374.50 ✓
\$	<i>LH</i> 118.30 X
\$	<i>RH</i> 118.30 X
\$	<i>RH</i> 132.60 X
\$	<i>LH</i> 132.60 X
\$	<i>Notified</i> 22.00 ✓
\$	<i>LH</i> 126.70 X
\$	<i>RH</i> 241.90 X
\$	<i>LH</i> 175.10 X
\$	<i>LH</i> 229.90 X
\$	<i>RH</i> 651.00 X
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

\$	<i>Notified</i> 60.00 ✓
\$	<i>LH</i> 700.00 X
\$	<i>Notified</i> 85.00 X
\$	<i>Notified</i> 75.00 X
TOTAL \$	920.00
TOTAL PARTS \$	3,275.90

LABOUR

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

\$ *Notified* 240.00 X**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:

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

AAD2211-086**SHF630E**

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>2001</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i>	380.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$		1,600.00	<i>2201</i>
To reinstall rear bumper parking sensor.	\$		170.00	<i>501</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i>	170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$		170.00	<i>101</i>
To check steering geometry and computer wheel alignment	\$	<i>7</i>	220.00	<i>X</i>
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>7</i>	170.00	<i>X</i>
TOTAL	\$		5,300.00	
Over All Total	\$		8,575.90	

(PART-BY-PART) Repair Days*02* 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 22/11/2022 13:55 (SGT)
Reported by Driver
Date of Accident 22/11/2022 10:50 (SGT)
Exact Location of Accident Near 680 Hougang Ave 8, Block 680, Singapore 530680
Additional Location Information JUNCTION OF HOUGANG AVE 4 AND AVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF630E

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

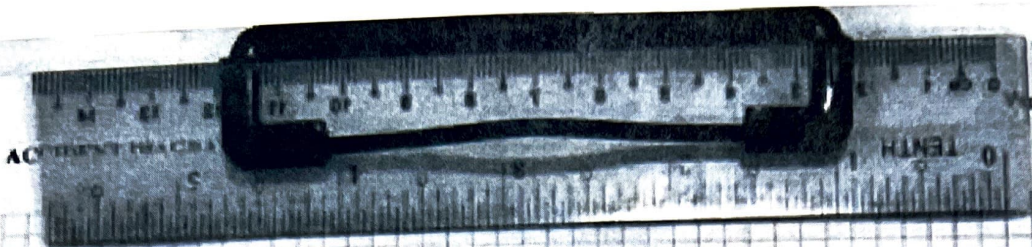
Manufacturer Toyota
Model Prius
Variant 5DR HATCHBACK (AUTO)
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1798

INSURANCE COMPANY

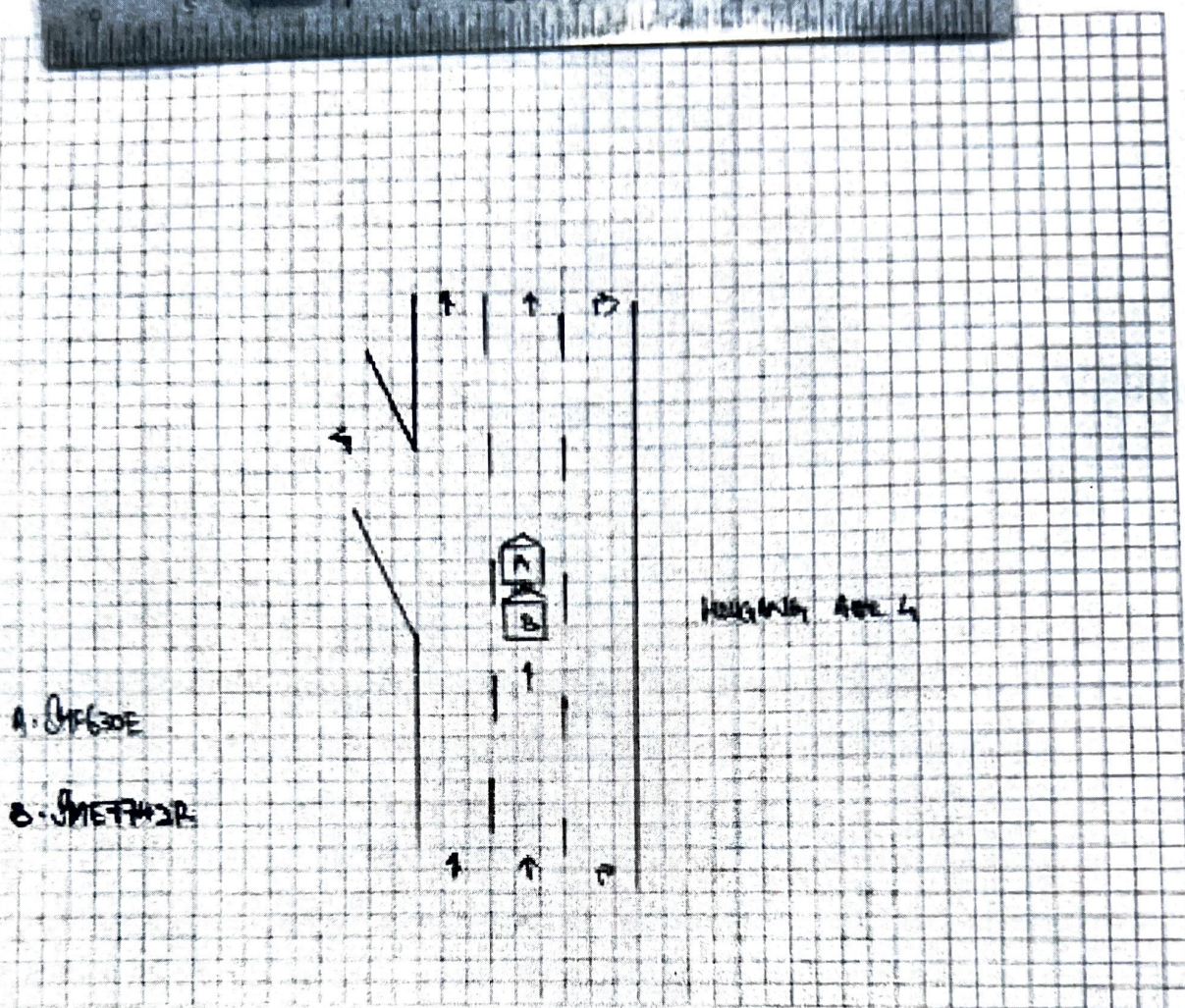
Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2413997

DRIVER

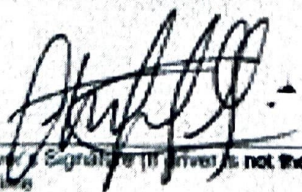
Name of Driver NEO CHOON HUAT
NRIC No SXXXX305G
Date Of Birth 29/10/1951
Occupation Outdoor



Jun2022



Policyholder's Signature / Date & Time


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

Witnessed By Reporting Officer
Yong Jun Kai
Witnessed by Reporting Centre Personnel