

ASS. REC. BY:

REF:

FCI / 22012683/Kg

Kenneth

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

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

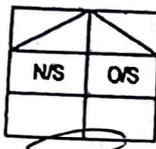
Claims No. \_\_\_\_\_

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 Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: S14B 9926P Yr Regn: 08, 20

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

Truck / Trailer or

Make: Top Riv c.c. 1798

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 194673 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FU 903091430

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: Front: Nanli 195/65R15

R: Sailun

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

TOYO / YOKO or

Front

R/Bal. 9 mm Rear 8 mm

L/Bal. 9 mm L/Bal. 8 mm

D.O.A. 17/12/22 D.O.I. 20/12/2022

Survey held at \_\_\_\_\_

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 May have B1

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation

Add Fee:  : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

) \$ - RS. \$

) Fuel

) Others

TOTAL

Report Format :

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

01. 2.1

Interview (\$

*NOT Notified  
Return By Part*

AAD2212-

**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  
**SHB9926P**

**20 DEC 2022**

**SHB9926P**  
 JTDKB3FU903091430  
 200303878K  
 TOYOTA  
 PRIUS GEN 4  
 17/12/2022  
**SMB3001M/ FCC**  
 31/08/2020

Vehicle No.:  
 Chassis No.:  
 Co UEN:  
 Vehicle Make:  
 Vehicle Model:  
 Date of Accident :  
 Third Party Insurer :  
 Date of Registration:

- 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

		<b>LIST</b>	
	\$	<i>KL</i> 485.60	<i>X</i>
	\$	<i>PL</i> 332.70	<i>X</i>
	\$	374.50	<i>7</i>
	\$	<i>PL</i> 118.30	} <i>X</i>
	\$	<i>PL</i> 118.30	
	\$	<i>PL</i> 132.60	
	\$	<i>PL</i> 132.60	
	\$	<i>PL</i> 22.00	
	\$	<i>PL</i> 126.70	
	\$	<i>PL</i> 241.90	
	\$	<i>PL</i> 175.10	
	\$	<i>PL</i> 229.90	
	\$	<i>KL</i> 651.00	
<b>TOTAL</b>	<b>\$</b>	<b>3,141.20</b>	
<b>25%</b>	<b>\$</b>	<b>785.30</b>	
	<b>\$</b>	<b>2,355.90</b>	

**Special Nett**

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

	\$	<i>NN</i> 60.00	<i>X</i>
	\$	<i>PL</i> 700.00	<i>X</i>
	\$	<i>NN</i> 85.00	<i>X</i>
	\$	<i>NN</i> 75.00	<i>X</i>
<b>TOTAL</b>	<b>\$</b>	<b>920.00</b>	

**TOTAL PARTS \$ 3,275.90**

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas. \$ *NN* 240.00 *X*

**Trans-cab Auto Services Pte Ltd**

AAD2212-

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHB9926P**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,800.00	<i>60%</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i> 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>220%</i>
To reinstall rear bumper parking sensor.	\$	170.00	?
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	X
To Check Electrical Lighting Concerned.	\$	<i>nn</i> 170.00	X
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X
<b>TOTAL</b>	<b>\$</b>	<b>5,300.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>8,575.90</b>	

**(PART-BY-PART) Repair Days**      *01* 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	19/12/2022 16:51 (SGT)
Reported by	Driver
Date of Accident	17/12/2022 11:55 (SGT)
Exact Location of Accident	350 Orchard Rd, Shaw House, Singapore 238868
Additional Location Information	ORCHARD ROAD OUTSIDE ISETAN
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9926P
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

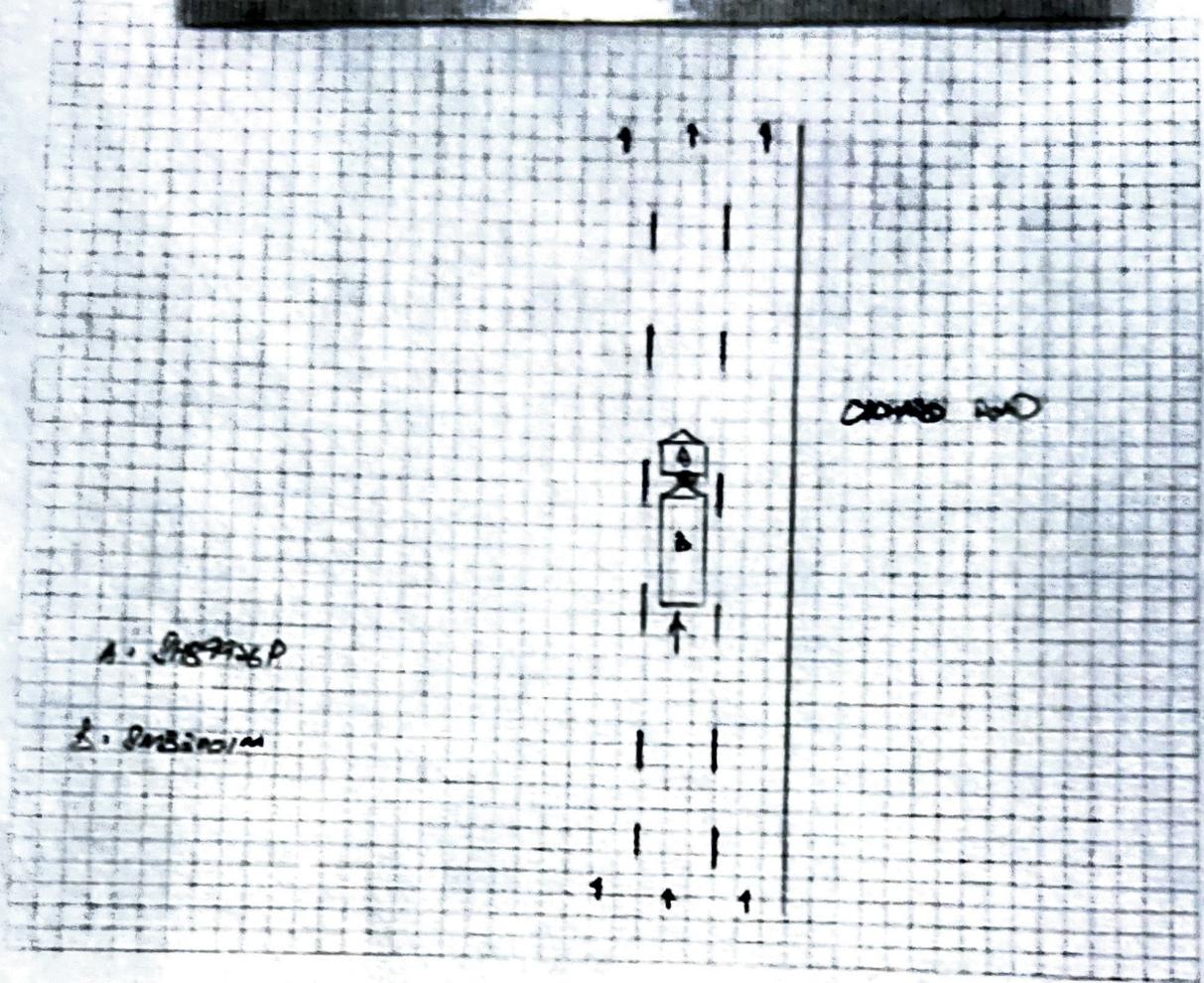
Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

## DRIVER

Name of Driver	CHUA CHEOK CHUEN
NRIC No	SXXXX530A
Date Of Birth	07/03/1964
Occupation	Outdoor

ACCIDENT

LENGTH



A. STEPHEN

L. ROBINSON

DRIVE WAY

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