

ASS. REC. BY:

REF:

AG2/230000931kg

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:

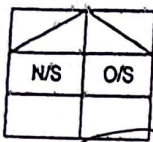
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

70

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Bentley Plot.

C/Pg @ 1300L

Veh No:

S140 5317M

Yr Regn:

12, 18

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

Truck / Trailer or

Make:

Toy Prus

c.c

1798

Colour

Mr. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J70KB3FUX03078525

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

Wanli

195/65R15

R:

CY

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

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

2/1/23

D.O.I.

5/1/2023

Survey held at

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

Rear O/S

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

Data/Time, File Pass to?



Prell. Report



Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

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

SHD5317M*Not Notation*
*61 Sy \$1300***AAD2301-**

Vehicle No.:

Chassis No.:

UEN No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

05 JAN 2023**SHD5317M**

JTDKB3FUX03078525

200303878K

TOYOTA

PRIUS

02/01/2023

SML5550D/ Auto be General

19/12/2018

PART**LIST**

1 COVER, REAR BUMPER	\$	Bu	442.60	✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	Sn	332.70	X
1 COVER, REAR BUMPER, LOWER	\$	Sn	15.40	X
1 GUARD, REAR BUMPER, CENTER	\$	Sn	576.30	X
1 RETAINER, REAR BUMPER SIDE, LH	\$	Sn	116.50	X
1 RETAINER, REAR BUMPER SIDE, RH	\$	DIY	117.70	✓
1 FILLER, REAR BUMPER EXTENSION, RH	\$	Sn	123.70	X
1 FILLER, REAR BUMPER EXTENSION, LH	\$	Sn	123.70	X
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	Sn	925.60	X
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	na	54.60	X
1 PLATE, BACK DOOR NAME, NO.1	\$	na	54.60	X
1 ORNAMENT SUB-ASSY, BACK DOOR	\$	na	47.90	X
1 LENS AND BODY, REAR LAMP, LH (LOWER)	\$	Sn	502.00	X
1 LENS & BODY, REAR COMBINATION LAMP, LH (UPPER)	\$	Sn	443.30	X
1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	\$	Sn	451.80	X
1 LENS AND BODY, REAR LAMP, RH (LOWER)	\$	CMT	502.00	✓
1 COVER, REAR COMBINATION LAMP, RH	\$	Sn	64.50	} X
1 COVER, REAR COMBINATION LAMP, LH	\$	Sn	64.50	
1 TROUGH, BACK DOOR OPENING, LH	\$	Sn	103.40	
1 TROUGH, BACK DOOR OPENING, RH	\$	Sn	103.40	
1 PANEL SUB-ASSY, QUARTER, RH	\$	R	871.50	
1 LINER, REAR WHEEL HOUSE, RH	\$	R	139.80	
1 COVER, FLOOR UNDER, NO.1 LH	\$	Sn	175.10	
1 COVER, FLOOR UNDER, NO.2 RH	\$	Sn	241.90	
1 COVER, REAR FLOOR CTR	\$	Sn	229.90	
1 COVER, DECK TRIM, REAR	\$	Sn	126.70	
1 PANEL SUB-ASSY, BODY LOWER BACK	\$	R	651.00	

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AAD2301-

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SHD5317M

TOTAL	\$	7,602.10
25%	\$	1,900.53
	\$	5,701.58

Special Nett

1SET PARKING AID	\$	700.00	X
1SET REAR BUMPER CLIP	\$	95.00	6000
2 WINDSCREEN SEALANT	\$	150.00	X
1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	X
1 REAR TAILGATE STICKER "Trans-Cab"	\$	80.00	X
1 REAR TAILGATE STICKER "6555-3333"	\$	80.00	X
1 REAR BUMPER PROTECTOR	\$	180.00	3000
1SET REAR FENDER LINER CLIP	\$	85.00	X
1SET REAR BUMPER RETAINER CLIP	\$	85.00	X
1 REAR NUMBER PLATE WITH HOLDER	\$	140.00	X
1 END PANEL TRIM CLIP	\$	65.00	X
TOTAL	\$	1,990.00	

TOTAL PARTS	\$	7,691.58
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LABOUR

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$	300.00	X
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To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$	380.00	X
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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$	2,200.00	2000
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To transfer of rear end panel fittings, attachment and perform water seepage test.

\$	380.00	X
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To transfer of Tailgate fittings, attachments and perform water seepage test.

\$	180.00	X
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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.	\$	↪	480.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	↪	380.00	X
To check steering geometry and computer wheel alignment	\$	L	220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	↪	250.00	X
Towing Fees	\$	↪	150.00	X
Putty And Spray Painting Of The Affected Portion.	\$		2,200.00	4401
To reinstall rear bumper parking sensor.	\$		170.00	501
To Check Electrical Lighting Concerned.	\$		170.00	201
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	nn	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	↪	220.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	↪	380.00	X
TOTAL	\$		8,920.00	
Over All Total	\$		16,611.58	

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

(PART-BY-PART) Repair Days**05 DAYS****2 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	03/01/2023 13:48 (SGT)
Reported by	Driver
Date of Accident	02/01/2023 11:09 (SGT)
Exact Location of Accident	Near 1 Lor Chuan, Singapore 556818
Additional Location Information	CTE TOWARDS TOWN AFTER ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5317M
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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	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5DR HATCHBACK (AUTO)
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

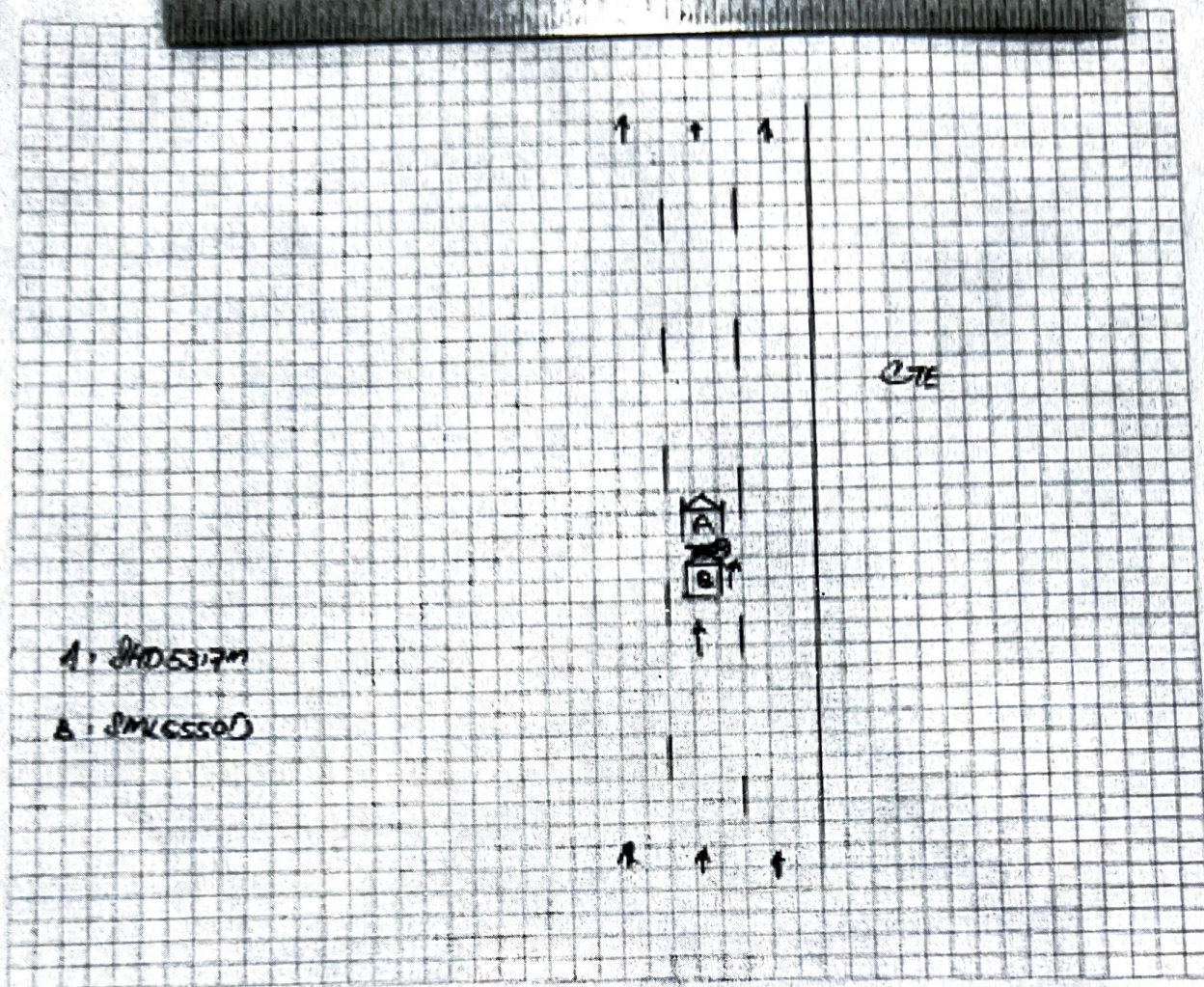
INSURANCE COMPANY

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

DRIVER

Name of Driver	KOH SIAK WAN
NRIC No	SXXXX795B
Date Of Birth	06/07/1951
Occupation	Outdoor

ACCIDENT



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel