

ASS. REC. BY:

REF:

TV / 230001411kp

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

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: 70 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S1405826K Yr Regn: 11, 18

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

Truck / Trailer or

Make: Toy Prius c.c. 1798

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

Sp. Reading: 317792 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU003074998

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Wanli 195/65R15

R: GY

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 0 mm

L/Bal. 5 mm

L/Bal. 0 mm

D.O.A. 3/1/23

D.O.I. 5/1/2023

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S 1st

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: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation

\$ - RS. \$ _____

Prints

Others

TOTAL

Not A...

MY CAR CONSULTANT PTE LTD

Report Format :
Lump Sum / I.B.I: (\$ _____)

Not Authorized
 1/1mg &

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
SHD5826K

AAD2301-010

05 JAN 2023

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

05 JAN 2023

SHD5826K
 JTDKB3FU003074998
 200303878K
 TOYOTA
 PRIUS
 03/01/2022
SNE3067X/III
 01/11/2018

PART

- 1 COVER, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 EXTENSION, FRONT BUMPER, LH
- 1 EMBLEM ASSY, RADIATOR GRILLE
- 1 GRILLE SUB-ASSY, RADIATOR
- 1 GRILLE, RADIATOR, LOWER NO.1
- 1 COVER, FRONT BUMPER HOLE, LH
- 1 STAY SUB-ASSY, FRONT BUMPER, LH
- 1 BRACKET, FRONT BUMPER SIDE, LH
- 1 HOOD SUB-ASSY
- 1 LOCK ASSY, HOOD
- 1 HINGE ASSY, HOOD, LH
- 1 HINGE ASSY, HOOD, RH
- 1 LAMP ASSY, FOG, LH
- 1 UNIT ASSY, HEADLAMP, LH
- 1 FENDER SUB-ASSY, FRONT LH
- 1 EMBLEM, SIDE PANEL LH
- 1 LINER, FRONT FENDER, LH

LIST

\$	Bu	516.00	✓
\$	Bu	79.60	X
\$	R	716.60	X
\$	Diy	120.10	✓
\$	Mr Sm	90.80	✓
\$	R	346.00	X
\$	Sm	170.10	X
\$	Sm	29.30	X
\$	R	47.50	X
\$	R	59.30	X
\$	R	983.10	X
\$	R	135.00	X
\$	R	58.90	X
\$	R	58.90	X
\$	Mycor	951.40	✓
\$	Mr	2,637.60	✓
\$	R	977.80	X
\$	Mr	54.60	✓
\$	Sm	202.50	X

TOTAL	\$	8,235.10
25%	\$	2,058.78
	\$	6,176.33

Special Nett

1 FRT BUMPER CLIP

\$ Mr 65.00

Trans-cab Auto Services Pte Ltd

AAD2301-010

No. 2 Ang Mo Kio Street 63 Singapore 569111
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SHD5826K

1 FENDER CLIP	\$	<i>nn</i>	130.00	X
1 FENDER LINER CLIP	\$	<i>nn</i>	130.00	X
1 FRT LH BUMPER RETAINER CLIP	\$	<i>nn</i>	65.00	X
TOTAL	\$		390.00	

TOTAL PARTS \$ 6,566.33

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. \$ 380.00 *λ*

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same \$ 1,400.00 *300*

Putty And Spray Painting Of The Affected Portion. \$ 1,400.00 *440*

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

To Check Electrical Lighting Concerned. \$ 170.00 *200*

TOTAL \$ 3,590.00

Over All Total \$ 10,156.33

(PART-BY-PART) Repair Days *04 days*

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 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	04/01/2023 10:58 (SGT)
Reported by	Driver
Date of Accident	03/01/2023 19:00 (SGT)
Exact Location of Accident	8 Sentosa Gateway, Singapore 098269
Additional Location Information	SENTOSA CASINO CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5826K

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

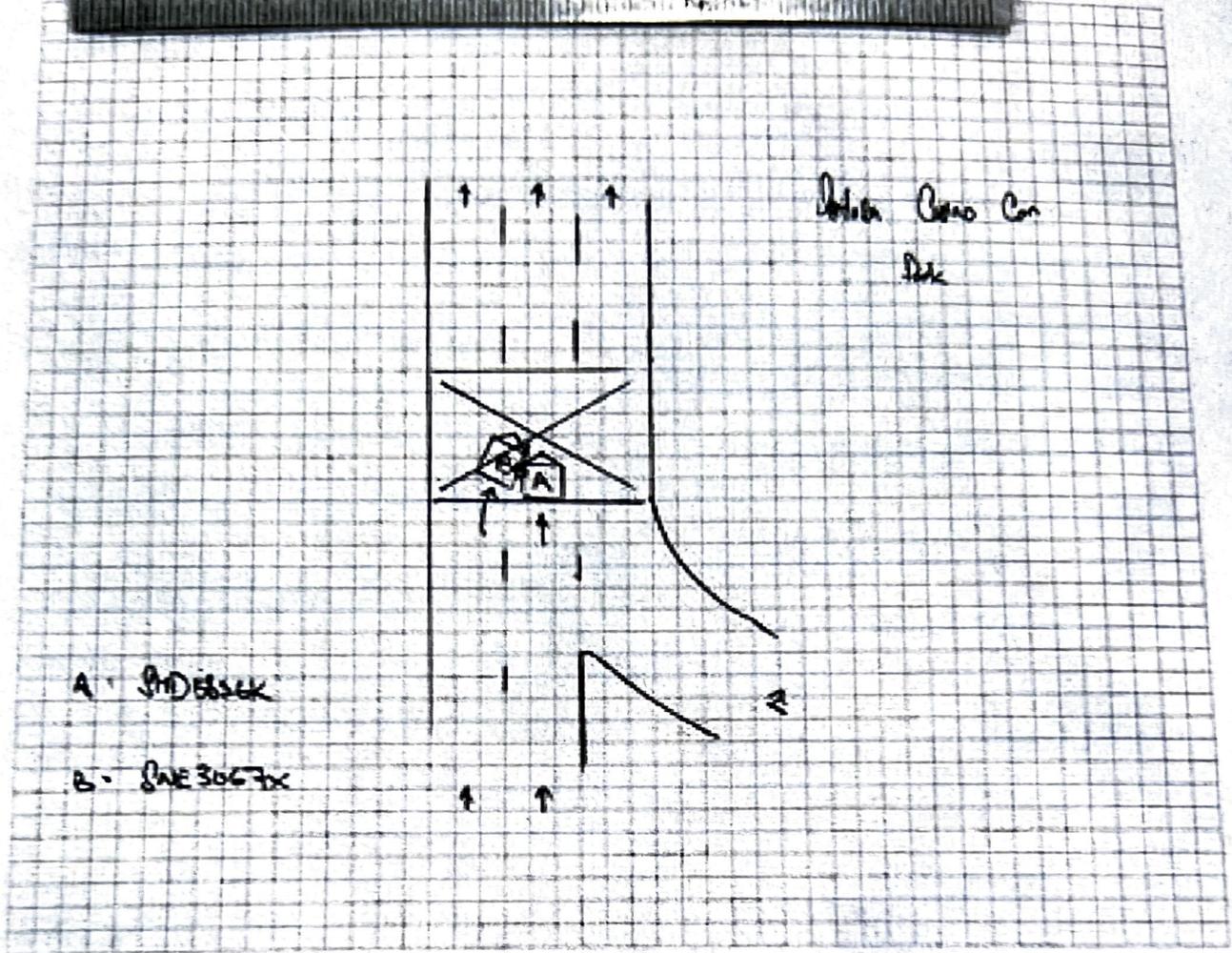
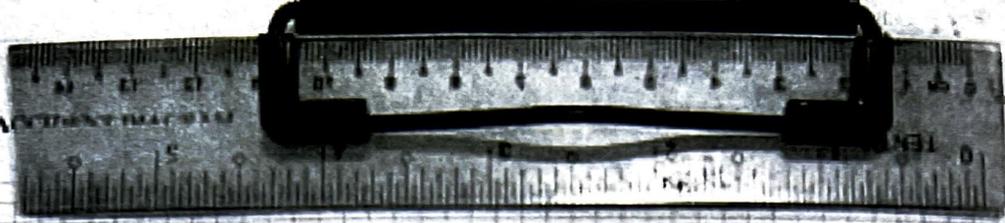
INSURANCE COMPANY

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

DRIVER

Name of Driver	LOW YEW KIANG
NRIC No	SXXXX727J
Date Of Birth	03/07/1950
Occupation	Outdoor

ACTIVITY REPORT



Police Case No
Date

A. 31/05/2022

B. 31/05/2022

Wong Jun Keat

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