ASS. REC. BY: Kenneth | REF: ICS/

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. _____

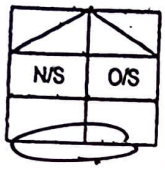
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHF 822D Yr Regn: 09, 20

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 258277 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FUX0309207O

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wanli

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm

D.O.A. 20/2/23 D.O.I. 22/2/2023

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
/	Got BZ

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: $ - RS. SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Not Workable
Recovery B4 paint

AAD2302-090

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
SHF622D

22 FEB 2023

Vehicle No.:	**SHF622D**
Chassis No.:	JTDKB3FUX03092070
Co UEN:	**200303878K**
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS GEN 4
Date of Accident :	20/02/2023
Third Party Insurer :	**SLU5177M/ Eccs**
Date of Registration:	30/09/2020

	PART		LIST
1	COVER, REAR BUMPER	$	Bu 612.68
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	$	419.90
1	RETAINER, REAR BUMPER SIDE, LH	$	Sn 167.48
1	RETAINER, REAR BUMPER SIDE, RH	$	Sn 167.48
1	COVER, REAR BUMPER, LOWER	$	Bel 27.93
1	GUARD, REAR BUMPER, CENTER	$	Bu 472.19
1	REFLECTOR ASSY, REFLEX, LH	$	Sn 49.25
1	REFLECTOR ASSY, REFLEX, RH	$	Sn 49.25
1	LENS & BODY, REAR COMBINATION LAMP, LH	$	Sn 428.19
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	$	Sn 329.49
1	COVER, REAR COMBINATION LAMP, LH	$	Sn 88.41
1	COVER, FLOOR UNDER, NO.1 LH	$	220.50
1	COVER, FLOOR UNDER, NO.2 RH	$	304.92
1	COVER, REAR FLOOR CTR	$	290.43
1	COVER, DECK TRIM, REAR	$	Sn 159.39
1	PANEL SUB-ASSY, BODY LOWER BACK	$	824.46
1	PANEL SUB-ASSY, BACK DOOR	$	Bu 1,443.86
1	WEATHERSTRIP, BACK DOOR	$	Sn 469.25
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	$	Cmj CM 1,156.89
1	BOARD ASSY, BACK DOOR TRIM	$	Sn 326.76
1	STAY ASSY, BACK DOOR, LH	$	Sn 305.66
1	STAY ASSY, BACK DOOR, RH	$	Sn 305.66
1	HINGE ASSY, BACK DOOR, LH	$	R 77.18
1	HINGE ASSY, BACK DOOR, RH	$	R 77.18
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	$	Ne 68.88
1	PLATE, BACK DOOR NAME, NO.1	$	Ne 68.88
1	ORNAMENT SUB-ASSY, BACK DOOR	$	Ne 90.30
		TOTAL $	**3,787.49**
		25% $	**946.87**
		$	**2,840.62**

Special Nett

1SET	PARKING AID	$	Ne 700.00 2 SOSN
1SET	REAR BUMPER CLIP	$	Ne 95.00 60SN

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SHF622D

2	WINDSCREEN SEALANT	$	150.00	80sn
1	WINDSCREEN MOULDING	$	200.00	—
1	WINDSCREEN INNER SPONGE SEAL	$	130.00	30sn
1	REAR TAILGATE STICKER "Trans-Cab"	$	80.00	30sn
1	REAR TAILGATE STICKER "6555-3333"	$	80.00	30sn
1	REAR BUMPER PROTECTOR	$	180.00	30sn
1SET	REAR BUMPER RETAINER CLIP	$	85.00	X
1	END PANEL TRIM CLIP	$	65.00	X
	TOTAL	**$**	**1,765.00**	
	TOTAL PARTS	**$**	**4,605.62**	

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00	6cl
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	2,200.00	60cl
To transfer of rear end panel fittings, attachment and perform water seepage test.	$	380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	$	180.00	6cl
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	$	480.00	X
To check steering geometry and computer wheel alignment	$	220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	$	250.00	3cl
Putty And Spray Painting Of The Affected Portion.	$	2,200.00	88cl
To reinstall rear bumper parking sensor.	$	170.00	5cl
To Check Electrical Lighting Concerned.	$	170.00	2cl
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	$	380.00	X
To transfer of tire, rim and on wheel balancing.	$	220.00	X

Trans-cab Auto Services Pte Ltd
No. 2 Ang Mo Kio Street 63 Singapore 569111
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CO./GST Reg. No. 201019626G

AAD2302-090

SHF622D

To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.

	$	~~nn~~ 380.00 X
TOTAL	$	**7,610.00**
Over All Total	$	**12,215.62**

(PART-BY-PART) Repair Days ~~07~~ **DAYS**

5days

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 witholding 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	21/02/2023 10:12 (SGT)
Reported by	Driver
Date of Accident	20/02/2023 16:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YIO CHU KANG ROAD BUS STOP NUMBER 67011 BEFORE BEGONIA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF622D

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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

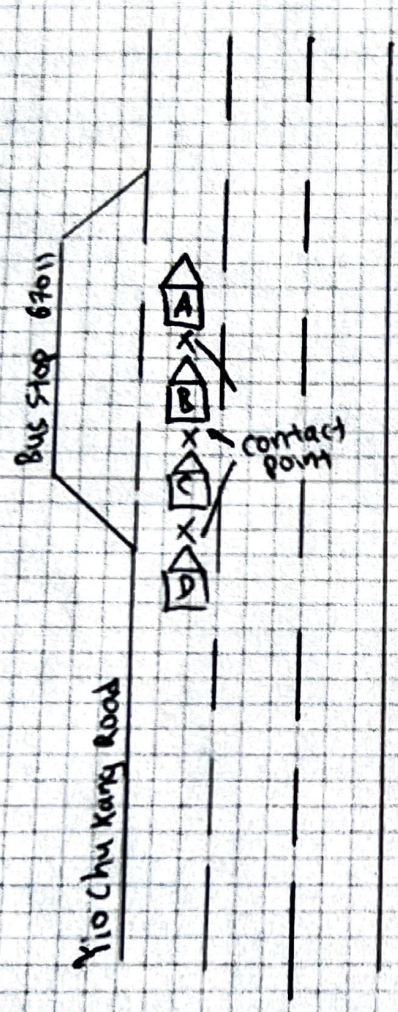
Name of Driver	ONG CHENG SOON
NRIC No	SXXXX398B
Date Of Birth	23/11/1960

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Ave

Ver. 30042021

ACCIDENT DIAGRAM



Veh A: SHF622D
Veh B: SLU5177M
Veh C: SMC3630S
Veh D: YQ3836A

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO. VICTOR

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: