

ASS. REC. BY:

REF:

ICS/ 23 001988/Kny3

C

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1.1.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 / Get BL

25/4

85967.24

Cah

(Red. \$ 6316.66, 51%)

Date/Time, File Pass to?

1) 28/4/23

Date/Time, File Return to?

☐

: Prell. Report

☐

: Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

) S - RS. SI

) F. P. S.

) Others

Report Format :

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

Veh No:

SHF 6220

Yr Regn:

09, 20

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

Truck / Traller or

Make:

Toy Prius

c.c

1798

Colour

m.p. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

258272

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FUX03092070

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

20/12/23

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, File Pass to?

1) 28/4/23

Date/Time, File Return to?

☐

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☐

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☐

Tech Invs (\$

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Weekend (\$

Survey Fee:

Transportation

) S - RS. SI

) F. P. S.

) Others

Report Format :

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

## 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	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

Occupation	Outdoor
Date Of Driving Pass	22/05/1982
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92231881
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Rivervale Plains, 131 Rivervale Street #13-862
Address complement	-
Postcode	540131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20230220/7099

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRANSCAB

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU5177M
Vehicle Manufacturer	Toyota



Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### PASSENGER 1

Name	P1
Gender	Male

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC3630S
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ3836A
Vehicle Manufacturer	Isuzu
Vehicle Model	NMR85UH5A MT
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	ONG CHENG SOON
Gender	Male
Phone No	(Phone) +65-92231881
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	SHF622D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

**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 Authorised 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. The 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.
  8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Witnessed By Reporting Officer  
Ang Qi Hao, Victor  
Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT NO.T/20230220/7099

**Declaration**

I/We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor

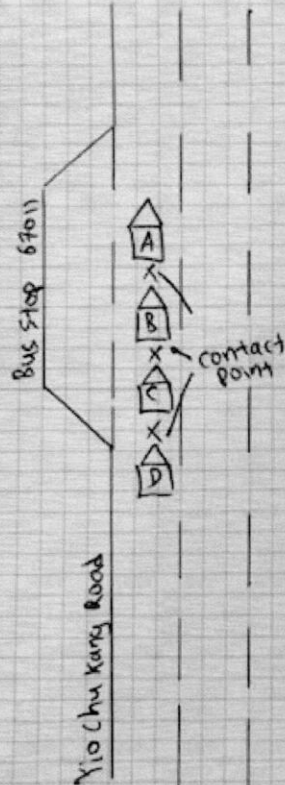
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue

Ver. 30042021

ACCIDENT DIAGRAM



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

*[Signature]*

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.:



## ACCIDENT DIAGRAM



**SINGAPORE  
POLICE FORCE**



T/20230220/7099

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20230220/7099

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2023 20:33	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

## Informant's Particulars

Name of Informant: ONG CHENG SOON			Address: 131 RIVERVALE STREET #13-862 SINGAPORE 540131		
ID Type / ID No.: NRIC NO / S1512398B			Contact No.: Home/Office: Mobile: 92231881		
Nationality: SINGAPORE CITIZEN			Email: jimmyong2311@gmail.com		
Sex: Male	Age: 62	Date of Birth: 23/11/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Transcab Taxi driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2023 16:00	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHF622D	Car	TOYOTA	Prius	Red	Seriously Damaged	0
SLU5177M	Car	TOYOTA	ESTIMA	White	Slightly Damaged	1
SMC3630S	Car	TOYOTA	CAMRY	Silver	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230220/7099

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230220/7099

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
YQ3836A	Car	ISUZU	REWARD NM	White	Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHENG SOON		ID No. S1512398B
Related Vehicle	SHF622D (Car)		Contact No. 92231881
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Class: 2B,3,4 Date of Expiry: NIL
Date	20/02/2023		Date 20/02/2023
No. of Days granted Medical Leave	01	Degree of	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SLU5177M (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 20/2/23, at around 4.51pm to 5pm, I was driving my vehicle (SHF622D) along Yio Chu Kang road, I came to a stop at lane 3 next to bus stop number 67011 bef Begonia Road. While my taxi was stationary, I suddenly felt a bang at the back of my taxi. The car behind was hit by another 2 vehicles, one which is a car and another is a lorry. The car behind me is SLU5177M. The third car is SMC3630S and the last is a lorry bearing plate number YQ3836A. The back of my vehicle damaged quite badly. I felt a little pain at the back of my neck area hence I went to see doctor at Sunshine Clinic Family Practice & Surgery. The doctor gave me 7 days of MC from 20/2/23 to 26/2/23. There is no passenger at that point of time in my taxi.

Ver. 30042021

ACCIDENT

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230220/7099

3 of 3

Report No. T/20230220/7099

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIS /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

This report is lodged at Tampines NPC Kiosk 1  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
20/02/2023 20:33

Classification Of Case:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	878K
<b>Vehicle Details</b>	
Vehicle No.:	SHF622D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Feb 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2G96687
Chassis No.:	JTDKB3FUX03092070
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	30 Sep 2020
First Registration Date:	30 Sep 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2028
PARF Rebate Amount:	\$10,897.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$26,512.00
COE Rebate Amount:	\$18,576.00
<b>Total Rebate Amount:</b>	<b>\$29,473.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 21 Feb 2023

OK

**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****AAD2302-090***Not Notified**Recovery B4 pain**@ 5967.24*

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**22 FEB 2023****SHF622D**

JTDKB3FUX03092070

**200303878K**

TOYOTA

PRIUS GEN 4

20/02/2023

**SLU5177M/ Ecks**

30/09/2020

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

*Antenna electric sensor not 91.04 ✓***Special Nett**

- 1SET PARKING AID  
1SET REAR BUMPER CLIP

\$ 700.00 *2501m*  
\$ 95.00 *608m*



**Trans-cab Auto Services Pte Ltd****AAD2302-090**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**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
<b>TOTAL</b>		<b>\$</b>	<b>1,765.00</b>	

**TOTAL PARTS \$ 4,605.62****LABOUR**

To remove and refit interior fittings, trimmings, garnish, fittings and other, to enable repair.

\$ 380.00 601

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

\$ 2,200.00 601

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.

\$ 180.00 601

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.

\$ 250.00 301

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 8801

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.

\$ 380.00 X

To transfer of tire, rim and on wheel balancing.

\$ 220.00 X

**Trans-cab Auto Services Pte Ltd****AAD2302-090**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHF622D**

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

	\$	<i>nn</i> 380.00 <i>X</i>
<b>TOTAL</b>	\$	<b>7,610.00</b>
<b>Over All Total</b>	\$	<b>12,215.62</b>

**(PART-BY-PART) Repair Days**~~07 DAYS~~ 12283.90*5 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: