ASS. REC. BY: Kenneth

REF: EQ/23002188/KQ

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 9885M Yr Regn: 09, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Prius (A7) c.c 1798

Colour MP. White / Rw A/C: Insured / Std / Nil / NA

Sp.Reading 171318 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKB3FU X0309153[illegible]

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoprer / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Wanli 195/65R15

R: Overlander

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	28/12/23	D.O.I.	1/3/2023

Survey held at _____

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

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

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Not Authorised
Recovery B4 paint

Trans-cab Auto Services Pte Ltd
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel Nc Fax No. : 62571330
CO./ GST Reg. No. 201019626G
SHD9885M

AAD2302-

Vehicle No.:		SHD9885M
Chassis No.:		JTDKB3FUX03091534
Co UEN.:		200303878K
Vehicle Make:	01 MAR 2023	TOYOTA
Vehicle Model:		PRIUS GEN 4
Date of Accident:		28/2/2023
Third Party Insurer:		GBE7029Y/ Eo
Date of Registriation:		24/9/2020

	PART	LIST	
1	FENDER SUB-ASSY, FRONT RH	$	1,236.69
1	LINER, FRONT FENDER, RH	$	255.36
1	EMBLEM, SIDE PANEL, RH	$	68.88
1	HUB CAP	$	222.08
1	RIM	$	1,995.11
1	COVER, FRONT BUMPER	$	659.40
1	SUPPORT, FRONT BUMPER SIDE, RH	$	100.49
1	STAY SUB-ASSY, FRONT BUMPER, RH	$	59.85
1	UNIT ASSY, HEADLAMP, RH	$	3,325.56
1	JAR ASSY, WINDSHIELD WASHER	$	276.15
		TOTAL $	8,199.57
		25% $	2,049.89
		$	6,149.68

SPECIAL NETT

1	FRT BUMPER CLIP	$	65.00
2	FENDER LINER CLIP	$	65.00
1	TYRE	$	300.00
		TOTAL $	430.00
		TOTAL PARTS $	6,579.68

LABOUR

To rust-proofing of the affected areas.	$	600.00
Putty and spray painting of the affected portion.	$	~~1,200.00~~

Trans-cab Auto Services Pte Ltd
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No Fax No. : 62571330
CO./ GST Reg. No. 200105962G

AAD2302-

SHDS88SM

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$ 2,940.00	4 nos
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$ 330.00	X
To transfer of tire, rim and on wheel balancing.	$ 170.00	X
To check steering geometry and computer wheel alignment	$ 220.00	6 nos
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	$ 170.00	X
TOTAL	**$ 4,740.00**	
OVERALL TOTAL	**$ 11,319.68**	

2 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party [illegible] "Without Prejudice" basis
- No illegal modification [illegible] allowed
- Supplementary item(s) must be resurveyed and is subject to mutual 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	28/02/2023 15:57 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 12:15 (SGT)
Exact Location of Accident	Joo Seng Rd & Upper Aljunied Rd, Singapore
Additional Location Information	JUNCTION OF JOO SENG ROAD AND UPPER ALJUNIED ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9885M

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	YONG WEE LEK
NRIC No	SXXXX210E
Date Of Birth	07/05/1962
Occupation	Outdoor

SKETCH PLAN #2

Describe Circumstances of the Accident

ON 28/2/2023 AT ABOUT 1215HOURS , I WAS TRAVELLING ALONG UPPER ALJUNIED ROAD TOWARDS BIDADARI PARK DR . WHEN I DRIVING AT MOST LEFT LANE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE .

Declaration

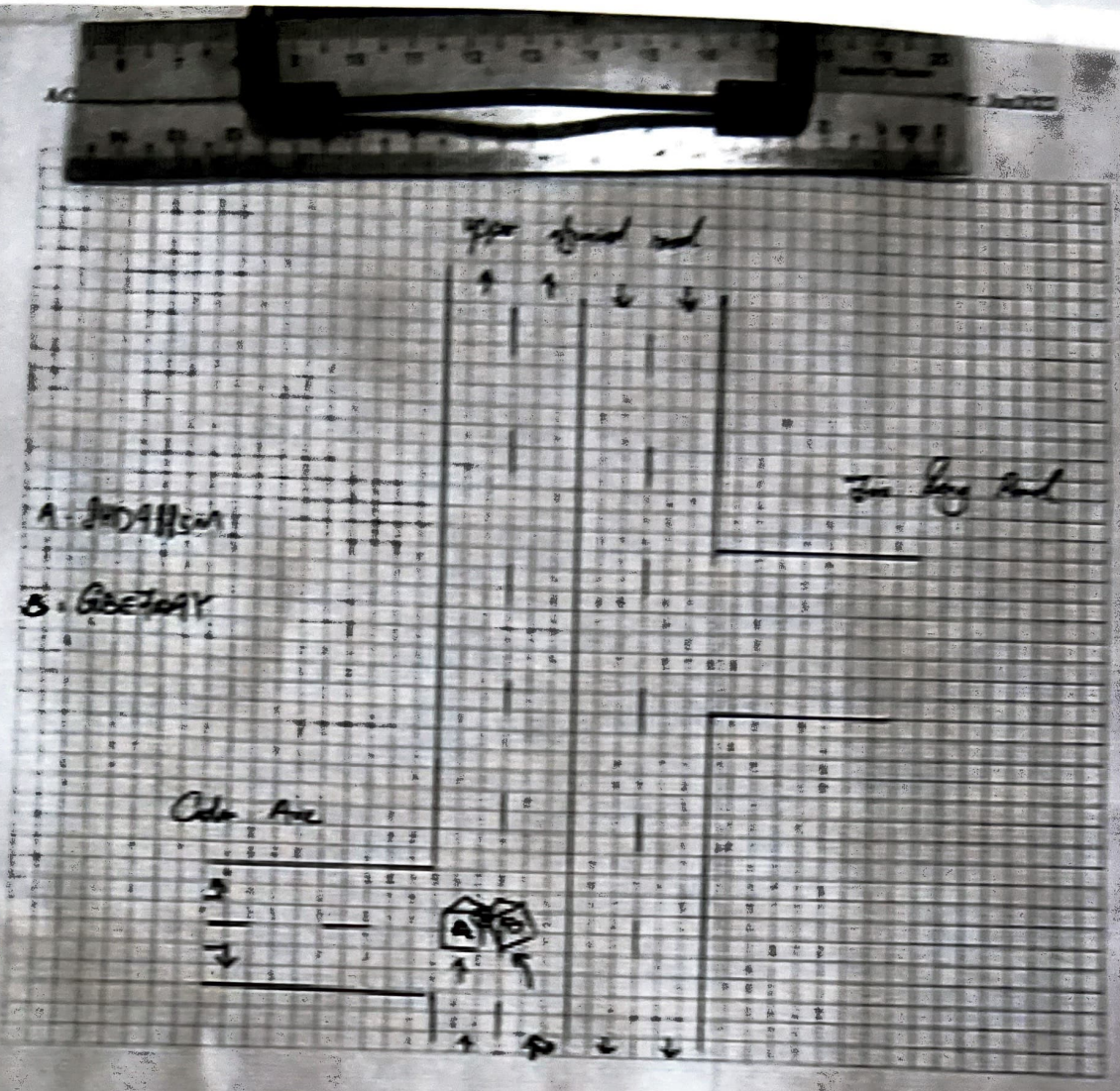
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 28/2/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre Personnel



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer

Witnessed by Reporting Centre Personnel