ASS. REC. BY: Kenneth | REF: SMO/2300290911KW

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. _____

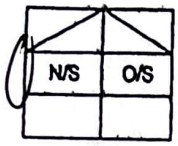
Sum Insured: _____ Excess: _____

(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: _____ Consistant? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 7783T Yr Regn: 08, 19

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

Make: Toy Privs c.c 1798

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 547007 T/Radio: Insured / Std / NI / NA

Eng/No: 1KB

C/No: JTDBK3FU 703082712

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.	7 mm	R/Bal.	9 mm
L/Bal.	7 mm	L/Bal.	9 mm
D.O.A.	19/3/23	D.O.I.	21/3/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Cost BZ
	Lamp & 375dl

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

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Not Authorised
L/Susp $3750/-

Trans-cab Auto Services Pte Ltd **AAD2303-**
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHB7793T

21 MAR 2023

Vehicle No.:	**SHB7793T**
Chassis No.:	JTDKB3FU703082712
UEN No:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	19/03/2023
Third Party Insurer :	GBL33215 / Sompo
Date of Registration:	16/8/2019

	PART		LIST
1	PANEL SUB-ASSY, FRONT DOOR, LH	$	1,641.36
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, LH	$	243.81
1	HANDLE ASSY, FRONT DOOR OUTSIDE, LH	$	493.40
1	WEATHERSTRIP, FRONT DOOR, LH	$	292.32
1	HINGE ASSY, FRONT DOOR, LOWER LH	$	139.86
1	HINGE ASSY, FRONT DOOR, UPPER LH	$	123.06
1	TAPE, BLACK OUT, NO.1 FRT LH	$	16.91
1	TAPE, BLACK OUT, NO.2 FRT LH	$	55.02
1	TAPE, BLACK OUT, NO.3 FRT LH	$	33.29
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT LH	$	1,161.83
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH	$	300.62
1	PANEL SUB-ASSY, REAR DOOR, LH	$	1,634.33
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, LH	$	243.81
1	HANDLE ASSY, REAR DOOR OUTSIDE, LH	$	123.06
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, LH 189.80SN	$	369.60 50%SN
1	HINGE ASSY, REAR DOOR, LOWER LH	$	109.62
1	HINGE ASSY, REAR DOOR, UPPER LH	$	124.74
1	TAPE, BLACK OUT, NO.1 REAR LH	$	27.62
1	TAPE, BLACK OUT, NO.2 REAR LH	$	44.00
1	TAPE, BLACK OUT, NO.3 REAR LH	$	19.43
1	HUB CAP	$	222.08
1	PANEL SUB-ASSY, QUARTER, LH	$	1,099.46
1	LINER, REAR WHEEL HOUSE, LH	$	176.09
1	MOULDING ASSY, BODY ROCKER PANEL, LH	$	624.54
		TOTAL $	**9,319.85**

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SHB7793T

AAD2303-

25%	**$**		**2,329.96**
	$		**6,989.89**

Special Nett

2SET	DOOR TRIM CLIP	$	n/a	70.00 X
2SET	DOOR WEATHERSTRIP CLIP	$	n/a	130.00 X
1	DOOR STICKER TRANSCAB	$	n/a	100.00 60/n
1	DOOR STICKER TEL NO.	$	n/a	100.00 60/n
1SET	CLIP, ROCKER PANEL MOULDING	$	n/a	65.00 X
1SET	FRT DOOR ADVERTISEMENT	$	n/a	200.00 100/n
1SET	REAR DOOR ADVERTISEMENT	$	n/a	200.00 100/n
1SET	FENDER CLIP	$	n/a	130.00 X
1	FENDER LINER CLIP	$	n/a	65.00 X
	TOTAL	**$**		**1,060.00**
	TOTAL PARTS	**$**		**2,300.00**

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	$		240.00 6 o/
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	n/a	380.00 X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$		1,600.00 30 o/
Putty And Spray Painting Of The Affected Portion.	$		1,600.00 8 8 o/
To transfer of tire, rim and on wheel balancing.	$	n/a	170.00 X
To Check Electrical Lighting Concerned.	$		170.00 2 o/

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SHB7793T

To check steering geometry and computer wheel alignment	$	NA	220.00 X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	$	NA	170.00 X
TOTAL	**$**		**4,550.00**
Over All Total	**$**		**13,839.89**

(PART-BY-PART) Repair Days ~~08~~ **Days**

4 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 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	20/03/2023 21:14 (SGT)
Reported by	Driver
Date of Accident	19/03/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	27 PASIR RIS GROVE COCO PALMS CONDO BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7793T

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

DRIVER

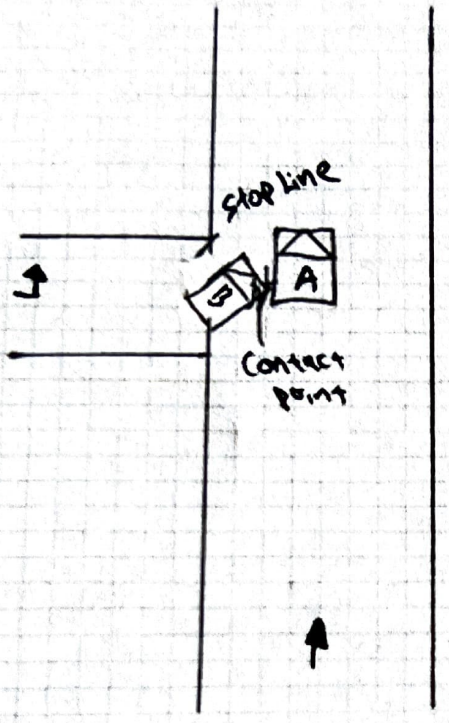
Name of Driver	LAU CHYE CHER
NRIC No	SXXXX014B
Date Of Birth	20/01/1965

ACCIDENT DIAGRAM

Ver. 30042021

27 pasir Ris Grove
COCO Palms Condo

Basement carpark



Veh A: SHB7793J
Veh B: GBL3321S

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

licyholder's Signature
te & Time:

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

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