

Not Notified
Puttying & painting

Trans-cab Auto Services Pte Ltd

AAD2304-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB9921C

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHB9921C

JTDB3FUX03092604

200303878K

TOYOTA

PRIUS GEN 4

12/4/2023

GBB6394P/FCI

6/11/2020

13 APR 2023

	PART
1	COVER, FRONT BUMPER
1	SUPPORT, FRONT BUMPER SIDE, RH
1	MOULDING, FRONT BUMPER SIDE, RH
1	GRILLE SUB-ASSY, RADIATOR
1	GRILLE, RADIATOR, LOWER NO.1
1	JAR ASSY, WINDSHIELD WASHER
1	FENDER SUB-ASSY, FRONT RH
1	LINER, FRONT FENDER, RH
1	EMBLEM, SIDE PANEL, RH
1	UNIT ASSY, HEADLAMP, RH

	LIST	
\$	CM 653.31	✓
\$	DI 100.49	✓
\$	LM 120.86	X
\$	LM 532.88	X
\$	LM 224.70	X
\$	LM 276.15	X
\$	R 1,236.69	X
\$	CM 255.36	✓
\$	MC 68.88	✓
\$	My Br 3,325.56	✓
TOTAL	\$ 6,794.88	
25%	\$ 1,698.72	
	\$ 5,096.16	

	Special Nett
1	FRT BUMPER CLIP
1	FENDER LINER CLIP
1	FRT BUMPER SIDE RETAINER CLIP

\$	MC 65.00	Done
\$	MC 65.00	✓
\$	MC 65.00	X
TOTAL	\$ 195.00	

TOTAL PARTS \$ 5,291.16

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,800.00	440

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

\$ *~* 380.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *200*

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

\$ 2,000.00 *300*

To check steering geometry and computer wheel alignment

\$ *~* 220.00 *X*

To transfer of rear fender panel fittings, attachment and perform water seepage test.

\$ *~* 170.00 *X*

TOTAL \$ **4,990.00**

Over All Total \$ **10,281.16**

(PART-BY-PART) Repair Days

05 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	12/04/2023 15:42 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 08:45 (SGT)
Exact Location of Accident	320 Ang Mo Kio Ave 1, Block 320, Singapore 560320
Additional Location Information	320 ANG MO KIO AVE 1 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9921C
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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

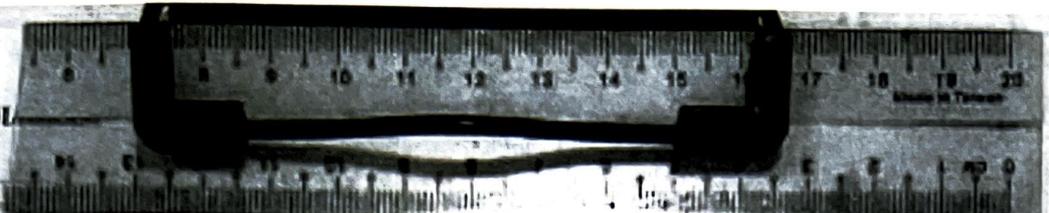
INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	LOW PENG CHYE
NRIC No	SXXXX859C
Date Of Birth	30/10/1966
Occupation	Outdoor

ACCIDENT DI



300 ANG MO KIO

AVE 1



A: JHB9921C

B: GB86394P

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