

ASS. REC. BY:

REF:

AGZ/23003879/k9

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:

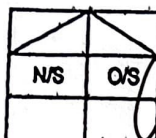
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06 days

Res.: Yes or No

Lum Sum:

1-R.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 99850

Yr Regn:

08, 20

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

Truck / Trailer or

Make:

Toy Piv

c.c

1798

Colour

M.P. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading

270281

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTD KB3FU X0309145

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size:

F: Wanti 195/65R15

R: Sailun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

13/3/23

D.O.I.

17/4/2023

Survey held at

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

015 body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS - SI

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

Not Authored
Penny BQ page

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

SHB9985T

AAD2303-

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

17 APR 2023

SHB9985T

JTDKB3FUX03091405

TOYOTA

PRIUS GEN 4

13/3/2023

SMY3357R/AUTO GEN

28/8/2020

PART	
1	PANEL SUB-ASSY, FRONT DOOR, RH
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH
1	HANDLE ASSY, FRONT DOOR, OUTSIDE RH
1	MOTOR ASSY, POWER WINDOW REGULATOR, RH
1	WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH
1	HINGE ASSY, FRONT DOOR, LOWER RH
1	HINGE ASSY, FRONT DOOR, UPPER RH
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH
1	TAPE, BLACK OUT, NO.2 FRT RH
1	TAPE, BLACK OUT, NO.1 FRT RH
1	TAPE, BLACK OUT, NO.3 FRT RH
1	PANEL SUB-ASSY, REAR DOOR, RH
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, RH
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH
1	TAPE, BLACK OUT, NO.2 REAR RH
1	TAPE, BLACK OUT, NO.3 REAR RH
1	TAPE, BLACK OUT, NO.1 REAR RH
1	HINGE ASSY, REAR DOOR, LOWER RH
1	HINGE ASSY, REAR DOOR, UPPER RH
1	COVER, REAR BUMPER
1	SEAL, REAR BUMPER SIDE, RH
1	REAR BUMPER SIDE RETAINER RH
1	PANEL SUB-ASSY, QUARTER, RH
1	LINER, REAR WHEEL HOUSE, RH
1	MOULDING ASSY, BODY ROCKER PANEL, RH
1	RIM

LIST	
\$	1,641.36
\$	243.81
\$	493.40
\$	1,161.83
\$	404.57
\$	139.86
\$	123.06
\$	300.62
\$	55.02
\$	16.91
\$	33.29
\$	1,634.33
\$	243.81 X
\$	123.06 X
\$	369.60 X
\$	1,161.83 ?
\$	260.51 ?
\$	44.00
\$	19.43
\$	27.62
\$	109.62 X
\$	124.74 X
\$	612.68
\$	149.21 X
\$	167.48
\$	1,099.46
\$	176.09 X
\$	624.54 X
\$	1,900.10 X
TOTAL	\$ 13,461.84
25%	\$ 3,365.46
	\$ 10,096.38

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CO./GST Reg. No. 201019626G

SHB9985T**AAD2303-****Special Nett**

1	DOOR STICKER TRANSCAB	\$	<i>na</i>	100.00	<i>600</i>
1	DOOR STICKER TEL. NO	\$	<i>na</i>	100.00	<i>600</i>
1	DOOR TRIM CLIP	\$	<i>na</i>	75.00	<i>X</i>
1	DOOR WEATHERSTRIP CLIP	\$	<i>na</i>	80.00	<i>X</i>
1	REAR BUMPER CLIP	\$	<i>na</i>	65.00	<i>600</i>
1	REAR RH BUMPER RETAINER CLIP	\$	<i>na</i>	65.00	<i>X</i>
1	FENDER LINER CLIP	\$	<i>na</i>	65.00	<i>X</i>
1	ROCKER MOULDING CLIP	\$	<i>na</i>	65.00	<i>X</i>
1	TYRE	\$	<i>na</i>	350.00	<i>X</i>
TOTAL		\$		965.00	

TOTAL PARTS \$ 11,061.38**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	<i>600</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	<i>1000</i>
To check steering geometry and computer wheel alignment	\$	<i>na</i> 220.00	<i>X</i>
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	<i>600</i>
To check steering geometry and computer wheel alignment	\$	<i>na</i> 220.00	<i>X</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>na</i> 170.00	<i>X</i>
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>na</i> 170.00	<i>X</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	<i>8000</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>8000</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>na</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>200</i>
TOTAL	\$	5,110.00	

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AAD2303-

Over All Total \$ 16,171.38

(PART-BY-PART) Repair Days

~~09~~ Days

6 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	13/03/2023 16:09 (SGT)
Reported by	Driver
Date of Accident	13/03/2023 06:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INSIDE CONDO Woodsvale, 1 Woodlands Drive 72 738089
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9985T
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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

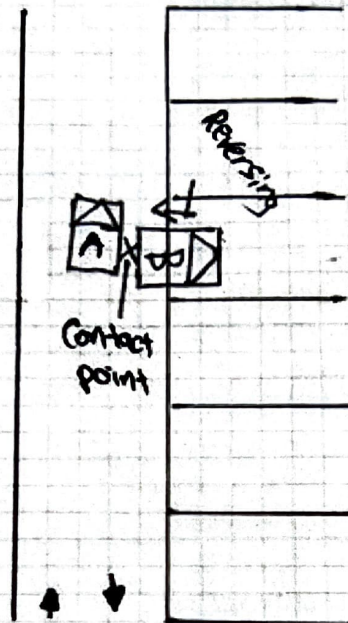
DRIVER

Name of Driver	YEOH KIEN SENG
NRIC No	SXXXX736I
Date Of Birth	30/03/1951
Occupation	Outdoor

ACCIDENT DIAGRAM

Ver. 30042021

17 Woodlands Drive 72
Woodvale Condo



Veh A: SHB 99851
Veh B: SMY 3357R

[Handwritten signature]

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

Policyholder's Signature
& Time:

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

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