

ASS. REC. BY:

REF:

AGW 230048611kg

Kenneth

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. _____

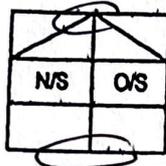
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SMR 5586U Yr Regn: 01, 20

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

Truck / Trailer or CA

Make: Hyundai Ioniq c.c. 1380

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

Sp. Reading: 243543 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0851CVLU 201249

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / R/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. 9 mm R/Bal. 8 mm

L/Bal. 9 mm L/Bal. 8 mm

D.O.A. 10/5/23 D.O.I. 12/5/2023

Survey held at _____

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

& 1st

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 Get B2

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transporter: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

S - RS - SI

Printers

Others

Report Format :

ump Sum / I.B.I: (\$ _____)

TOTAL

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

SMR5586U

Not Authorized
L1 Pay &
Refusing After Repair **LAD2305-004**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

12 MAY 2023

SMR5586U

KMHC851CVLU201249

201603575K

HYUNDAI

IONIQ HYBRID

10/5/2023

SKW7387L/ Auto General.

14/1/2020

PART

LIST

1 COVER - FRONT BUMPER	\$	R	452.40	X
1 FR BUMPER GRILLE	\$	Sm	186.90	X
1 FR BUMPER CENTER MOUNTING	\$	Sm	44.00	X
1 COVER - RADIATOR GRILLE UPPER	\$	Sm	48.30	X
1 ABSORBER - FRONT BUMPER ENERGY	\$		86.90	?
1 MOULDING - FRONT BUMPER CENTER, UPPER	\$	Pr	297.10	X
1 BRACKET - FRONT BUMPER SIDE, LH	\$	Sm	28.00	X
1 BRACKET - FRONT BUMPER SIDE, RH	\$	Sm	28.00	X
1 MOULDING - FRONT BUMPER LICENSE PLATE	\$	nd	22.10	✓
1 BEAM - FRONT BUMPER	\$		1,136.70	?
1 FRONT EMBLEM	\$	CM	29.90	✓
1 GRILLE ASSY - RADIATOR	\$		460.20	?
1 CARRIER ASSY-FRONT END MODULE	\$	h	949.30	X
1 REAR BUMPER	\$	Ben	475.80	✓
1 REAR BUMPER CENTRE MOULDING ASSY	\$	nd	216.50	✓
1 REAR LOWER BUMPER MOULDING	\$		47.50	?
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$		294.80	?
1 REAR END PANEL	\$	R	532.00	?
1 LAMP ASSY - REAR FOG	\$	h	201.50	X
1 LAMP ASSY - REAR COMBINATION INSIDE, LH	\$	Sm	794.40	X
1 LAMP ASSY - REAR COMBINATION INSIDE, RH	\$	Sm	794.40	X
1 LAMP ASSY - REAR COMBINATION OUTSIDE, LH	\$	Sm	263.10	X
1 LAMP ASSY - REAR COMBINATION OUTSIDE, RH	\$	Sm	263.10	X
1 PANEL ASSY - TAILGATE	\$	R	2,549.70	X
1 HINGE ASSY - TAILGATE	\$	R	31.30	X
1 EMBLEM - SYMBOL MARK	\$	an	29.90	X
1 GARNISH - TAILGATE	\$	Pr	36.10	X

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LAD2305-

SMR5586U

1 HANDLE ASSY - TAILGATE RELEASE	\$	<i>sn</i>	47.90	X
1 STRIP - TAILGATE GARNISH	\$	<i>sn</i>	8.40	X
1 EMBLEM - HYBRID	\$	<i>na</i>	24.30	✓
1 EMBLEM-IONIQ	\$	<i>na</i>	31.30	✓
1 PANEL ASSY - REAR FLOOR, REAR	\$		292.50	7
TOTAL	\$		10,251.90	
10%	\$		1,025.19	
	\$		9,226.71	

Special Nett

2 WINDSCREEN SEALANT	\$	<i>na</i>	150.00	X
1 WINDSCREEN MOULDING	\$	<i>na</i>	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>na</i>	130.00	X
1SET PARKING AID	\$	<i>sn</i>	700.00	2000
1 REAR NUMBER PLATE	\$	<i>By</i>	180.00	4550
1SET REAR BUMPER CLIP	\$	<i>na</i>	85.00	—
1 REAR BUMPER RETAINER CLIP	\$	<i>na</i>	75.00	X
1 FRT BUMPER CLIP	\$	<i>na</i>	65.00	X
1 FERT NUMBER PLATE WITH MOULDING	\$	<i>na</i>	180.00	4550
1 RADIATOR GRILLE CLIP	\$		65.00	7
1 FRT LH BUMPER SIDE CLIP	\$	<i>na</i>	65.00	X
1 FRT RH BUMPER SIDE CLIP	\$	<i>na</i>	65.00	X
TOTAL	\$		1,520.00	

TOTAL PARTS \$ 10,746.71**LABOUR**

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

\$ 380.00 *bol*

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ *na* 300.00 X

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ *na* 240.00 X

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

\$ *Repair* 380.00 X

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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	<i>5001</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i> 380.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>6601</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>501</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>301</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	<i>X</i>

TOTAL \$ 5,610.00

Over All Total \$ 16,356.71

(PART-BY-PART) Repair Days

~~08~~ days

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:

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	11/05/2023 14:54 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYER RAJAH EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR5586U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	201603575K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
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	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128626563

DRIVER

Name of Driver	CHOO CHIEN HSING, CLARENCE (ZHU JIANXING)
NRIC No	S8815752D
Date Of Birth	30/04/1988
Occupation	Outdoor

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

11/05/2023 1440HRS

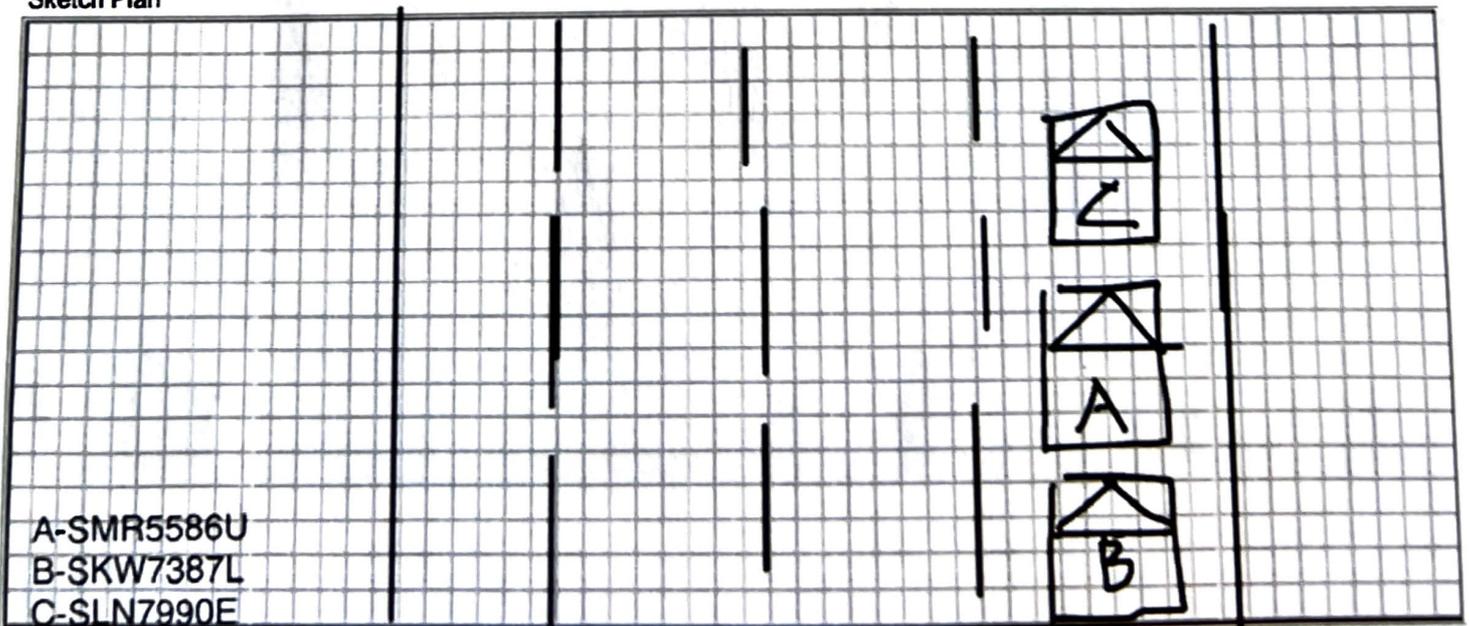
TEN TOH KIAT HENRY

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



A-SMR5586U
 B-SKW7387L
 C-SLN7990E