ASS. REC. BY: Kenneth | REF: AGI 23005131K

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 878K

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 9939S Yr Regn: 01, 21

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

Make: Toy Prius c.c 1798

Colour M.P White / Blu A/C: Insured / Std / NI / NA

Sp.Reading 204372 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 2030 9339,

Gen. Cohd: 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.	8 mm	R/Bal.	3 mm
L/Bal.	8 mm	L/Bal.	3 mm

D.O.A. 12/5/23 D.O.I. 22/5/2023

Survey held at _____

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

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: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS___SI

Parking

Others

TOTAL

Report Format :

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

SKETCH PLAN #3

Not Authorised
Removing 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
SHD9939S

AAD2305-093

22 MAY 2023

Vehicle No.:	SHD9939S
Chassis No.:	JTDKB3FU203093391
Co UEN.:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS GEN 4
Date of Accident:	12/5/2023
Third Party Insurer:	SKZ2770E/AUTO GEN
Date of Registriation:	28/1/2021

	PART		LIST	
1	COVER, REAR BUMPER	$	Bra 612.68	✓
1	COVER, REAR BUMPER, LOWER	$	Sra 27.93	✗
1	GUARD, REAR BUMPER, CENTER	$	Del/Grg 472.19	✓
1	SEAL, REAR BUMPER SIDE, LH	$	Sra 149.21	✗
1	SEAL, REAR BUMPER SIDE, RH	$	Sra 149.21	✗
1	RETAINER, REAR BUMPER SIDE, LH	$	Sra 167.48	✗
1	REAR BUMPER SIDE RETAINER RH	$	Sra 167.48	✗
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	$	419.90	?
1	REFLECTOR ASSY, REFLEX, LH	$	Sra 49.25	✗
1	REFLECTOR ASSY, REFLEX, RH	$	Sra 49.25	✗
1	COVER, FLOOR UNDER, RH	$	Sra 220.50	✗
1	COVER, FLOOR UNDER, LH	$	Sra 304.92	✗
1	COVER, REAR FLOOR	$	Sra 290.43	✗
1	COVER, DECK TRIM, REAR	$	Sra 159.39	✗
1	PANEL SUB-ASSY, BODY LOWER BACK	$	Ra 824.46	✗
		TOTAL $		4,064.28
		25% $		1,016.07
		$		3,048.21

SPECIAL NETT

1SET	PARKING AID	$	Sra 700.00	✗
1	REAR BUMPER CLIP	$	Na 65.00	Gosa
1	REAR RH BUMPER RETAINER CLIP	$	Na 65.00	✗
1	REAR LH BUMPER RETAINER CLIP	$	Na 65.00	✗
1	END PANEL INNER TRIM CLIP	$	Na 60.00	✗
1	REAR BUMPER PROTECTOR	$	NSP 180.00	✗
2	WINDSCREEN SEALANT	$	Na 150.00	✗
1	WINDSCREEN MOULDING	$	Na 200.00	✗
1	WINDSCREEN INNER SPONGE SEAL	$	Na 130.00	✗

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AAD2305-093

TOTAL	**$**	**1,615.00**
TOTAL PARTS	**$**	**4,663.21**

LABOUR

To rust-proofing of the affected areas.	$	600.00	X
Putty and spray painting of the affected portion.	$	1,200.00	2201
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	2,000.00	2001
To transfer of tailgate fittings and conduct water seepage test.	$	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00	X
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	$	170.00	X
To transfer of tailgate fittings and conduct water seepage test.	$	170.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	$	170.00	X
To reinstall rear bumper parking sensor.	$	170.00	501
To check steering geometry and computer wheel alignment	$	220.00	X
TOTAL	**$**	**5,250.00**	
OVERALL TOTAL	**$**	**9,913.21**	

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

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	12/05/2023 22:37 (SGT)
Reported by	Actual Driver
Date of Accident	12/05/2023 19:40 (SGT)
Exact Location of Accident	Near 5 Simei St 3, Singapore 529892
Additional Location Information	JUNCTION OF SIMEI ST 3 AND SIMEI AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9939S

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	5DR HATCHBACK (AUTO)
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

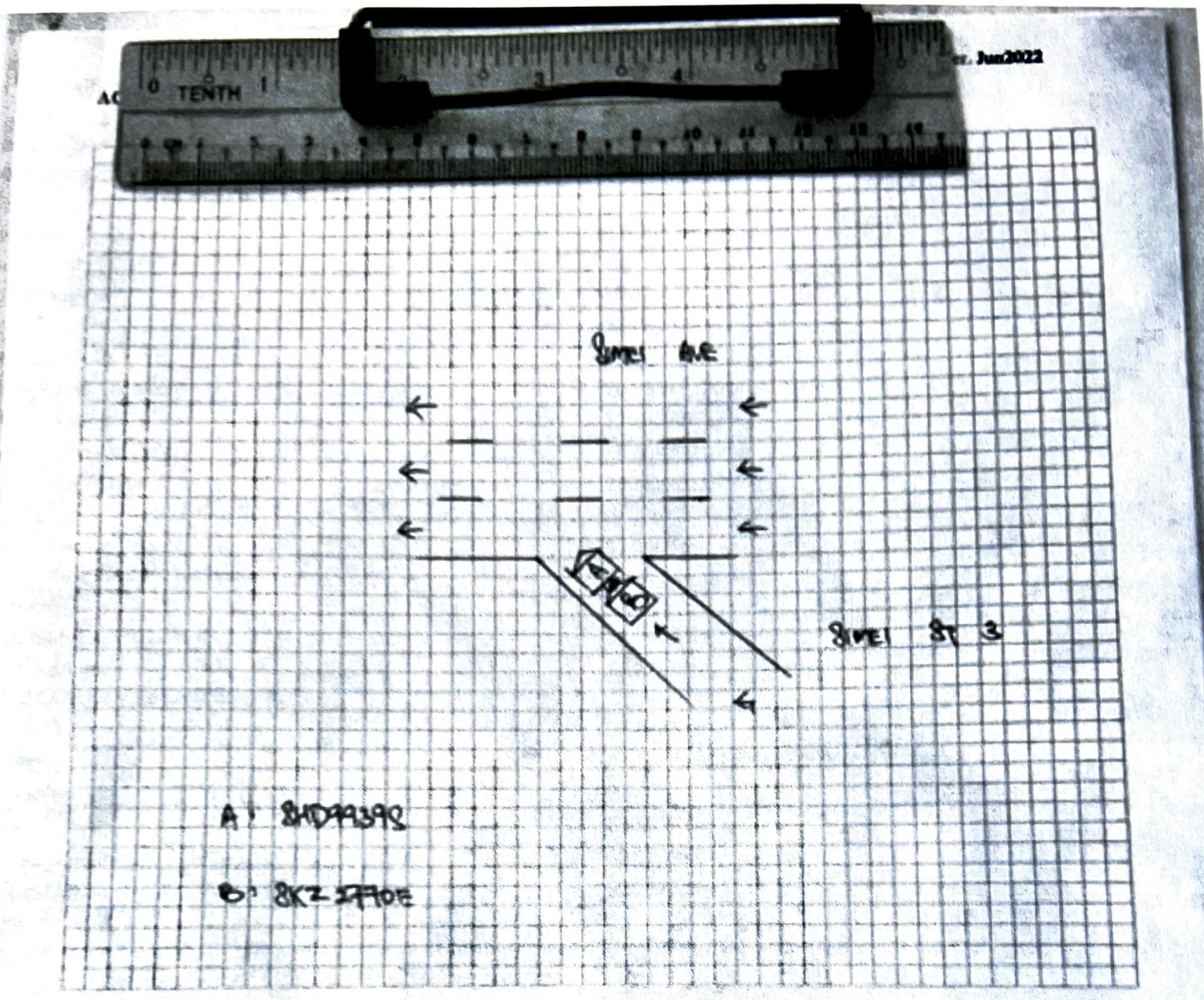
INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN YONG HENG
NRIC No	SXXXX036C
Date Of Birth	07/10/1965
Occupation	Outdoor

SKETCH PLAN #3



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