ASS. REC. BY: Kenneth | REF: HLA/23005934/kn

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.

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHB 7932J Yr Regn: 05, 19

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

Truck / Trailer or _____

Make: Toy Prius CA c.c 1798

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

Sp.Reading 926944 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU103080292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : 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.	6 mm
L/Bal.	7 mm	L/Bal.	6 mm

D.O.A. 9/6/23 D.O.I. 12/6/2023

Survey held at _____

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

N/S Frt

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: _____

Survey Fee: _____

Transportation: ___ S + RS. ___ SI

Parking: _____

Others: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL: _____

Report Format :

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

Not authorised
L/Sup 8

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
SHB7932J

AAD2306-

Vehicle No.:	SHB7932J
Chassis No.:	JTDKB3FU103080292
Co UEN.:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident:	9/6/2023
Third Party Insurer:	SCQ1681C/HL
Date of Registriation:	24/5/2019

12 JUN 2023

	PART	LIST
1	COVER, FRONT BUMPER	$ Brand 653.31
1	ABSORBER, FRONT BUMPER ENERGY	$ Sm 100.17 X
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	$ R 902.16 X
1	SUPPORT, FRONT BUMPER SIDE, LH	$ Drl 100.49
1	STAY SUB-ASSY, FRONT BUMPER, LH	$ Sm 59.85 X
1	LINER, FRONT FENDER, LH	$ Sm 255.36 X
1	FENDER SUB-ASSY, FRONT LH	$ Rg 1,236.69
1	FRONT FENDER EMBLEM LH	$ Nn 68.88
1	LAMP ASSY, FOG, LH	$ Sm 1,200.78 X
1	UNIT ASSY, HEADLAMP, LH	$ Sm 3,325.56 X
		TOTAL $ **7,903.25**
		25% $ **1,975.81**
		$ **5,927.44**

	SPECIAL NETT	
1	FENDER LINER CLIP	$ Nn 65.00 X
1	FRT BUMPER CLIP	$ Nn 65.00 Gosa
1	FRT LH BUMPER BRACKET CLIP	$ Nn 65.00 X
1	FENDER LINER CLIP	$ Nn 65.00 X
		TOTAL $ **260.00**
		TOTAL PARTS $ **6,187.44**

LABOUR

To rust-proofing of the affected areas.	$	600.00 3ol
Putty and spray painting of the affected portion.	$	1,200.00 4Pol

Trans-cab Auto Services Pte Ltd **AAD2306-**
No. 2 Ang Mo Kio Street 63 Singapore 569111
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SHB7932J

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	2,000.00	400
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00	X
To check steering geometry and computer wheel alignment	$	220.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	$	170.00	X
TOTAL	**$**	**4,570.00**	
OVERALL TOTAL	**$**	**10,757.44**	

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 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	09/06/2023 16:35 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2023 14:35 (SGT)
Exact Location of Accident	Near 21f Temasek Ave, Singapore 039190
Additional Location Information	JUNCTION OF TEMASEK AVE AND RAFFLES BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7932J

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

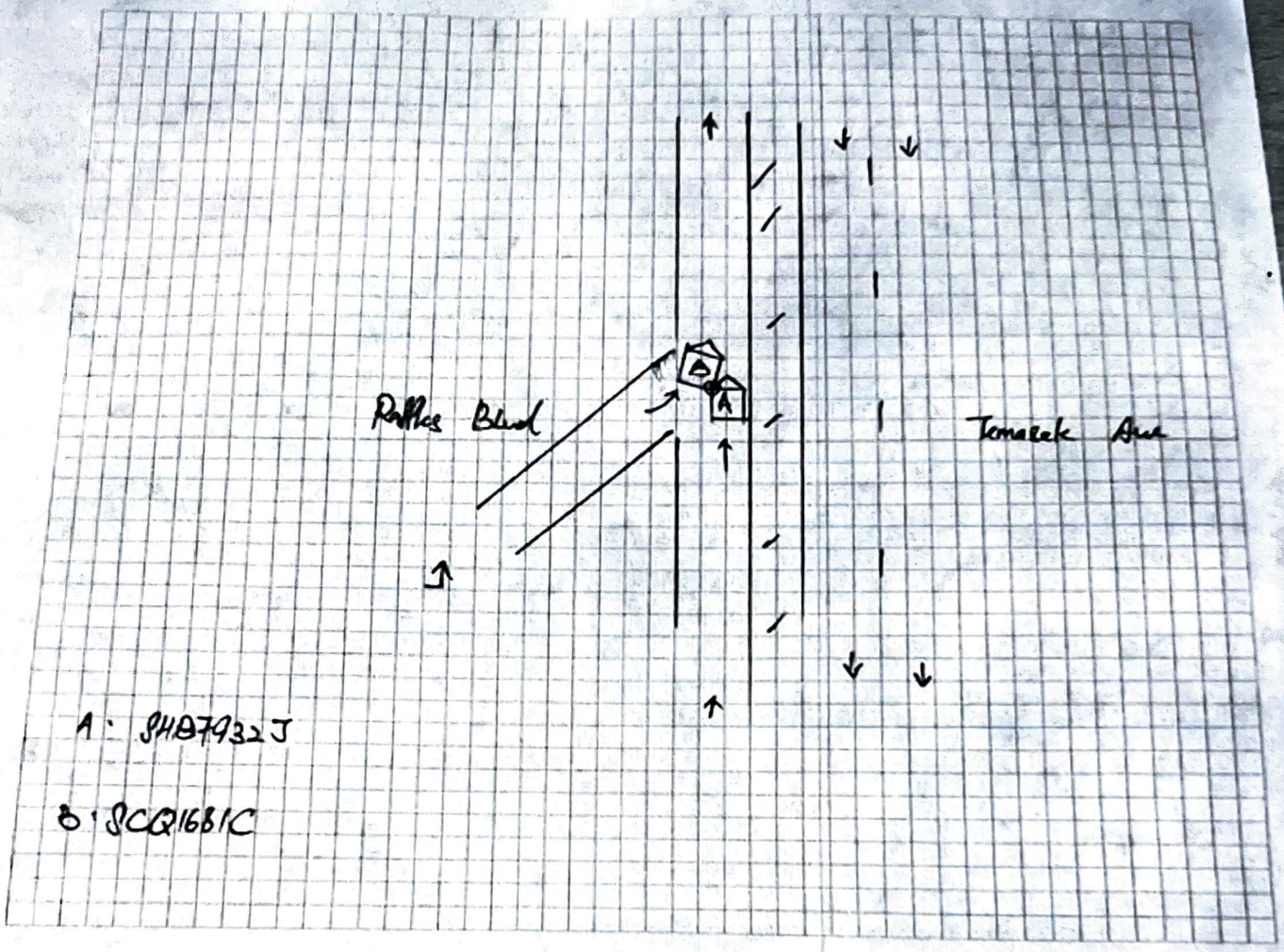
Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	CHAN MUN KONG
NRIC No	SXXXX845B
Date Of Birth	19/06/1970
Occupation	Outdoor

ACCIDENT DIAGRAM

Ver. 30042021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

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

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