

ASS. REC. BY:

REF: TU /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. _____

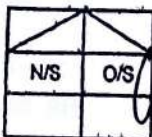
Sum Insured: _____

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 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 96894Yr Regn: 10.2.0

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

Truck / Trailer or _____

Make: Toy

(A)

C.C. 1798Colour MP White / R

A/C: Insured / Std / NI / NA

Sp. Reading _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU903092349Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or Wanli

Front

Rear

R/Bal. 0 mmR/Bal. 0 mmL/Bal. 0 mmL/Bal. 0 mmD.O.A. 9/8/24D.O.I. 14/8/2024

Survey held at _____

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

o/s body

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

Date / Time

Action / Instruction

1 Got B2, Rotten Plot

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS. \$ _____

F. & A. \$ _____

Others \$ _____

Report Format :

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

TOTAL

Not Notarized
L1 By S

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

SHB9689Z

AAD2408- 045

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

14 AUG 2024

SHB9689Z

JTDKB3FU903092349

200303878K

TOYOTA

PRIUS GEN 4

09/08/2024

GBC84398/TH

23/10/2020

| PART | | LIST | |
|--------------|---|-----------|-----------------|
| 1 | PANEL SUB-ASSY, REAR DOOR, RH | \$ | Ry 1,634.33 ✓ |
| 1 | FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH | \$ | DIT 243.81 ✓ |
| 1 | HANDLE ASSY, REAR DOOR OUTSIDE, RH | \$ | DA 123.06 ✓ |
| 1 | WEATHERSTRIP, REAR DOOR OPENING TRIM, RH | \$ | Sn 369.60 X |
| 1 | MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH | \$ | Sn 1,161.83 X |
| 1 | REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH | \$ | Sn 260.51 X |
| 1 | TAPE, BLACK OUT, NO.2 REAR RH | \$ | Ma 44.00 — |
| 1 | TAPE, BLACK OUT, NO.3 REAR RH | \$ | Ma 19.43 — |
| 1 | TAPE, BLACK OUT, NO.1 REAR RH | \$ | Ma 27.62 ✓ |
| 1 | HINGE ASSY, REAR DOOR, LOWER RH | \$ | R 109.62 X |
| 1 | HINGE ASSY, REAR DOOR, UPPER RH | \$ | R 124.74 X |
| 1 | PANEL SUB-ASSY, FRONT DOOR, RH | \$ | Ry 1,641.36 ✓ |
| 1 | FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH | \$ | Sn 243.81 X |
| 1 | HANDLE ASSY, FRONT DOOR, OUTSIDE RH | \$ | Sn 493.40 X |
| 1 | MOTOR ASSY, POWER WINDOW REGULATOR, RH | \$ | Sn 1,161.83 X |
| 1 | WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH | \$ | Sn 404.57 X |
| 1 | HINGE ASSY, FRONT DOOR, LOWER RH | \$ | R 139.86 X |
| 1 | HINGE ASSY, FRONT DOOR, UPPER RH | \$ | R 123.06 X |
| 1 | REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH | \$ | Sn 300.62 X |
| 1 | TAPE, BLACK OUT, NO.2 FRT RH | \$ | Ma 55.02 — |
| 1 | TAPE, BLACK OUT, NO.1 FRT RH | \$ | Ma 16.91 — |
| 1 | TAPE, BLACK OUT, NO.3 FRT RH | \$ | Ma 33.29 ✓ |
| 1 | MOULDING ASSY, BODY ROCKER PANEL, RH | \$ | Sn 624.54 X |
| TOTAL | | \$ | 9,356.82 |
| 25% | | \$ | 2,339.21 |

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

SHB9689Z**AAD2408-****\$ 7,017.62****Special Nett**

| | | | | |
|--------------------------|-----------|-----------|---------------|-------------|
| 1 DOOR STICKER TRANSCAB | \$ | <i>nn</i> | 100.00 | <i>60sn</i> |
| 1 DOOR STICKER TEL. NO | \$ | <i>nn</i> | 100.00 | <i>60sn</i> |
| 1 DOOR TRIM CLIP | \$ | <i>nn</i> | 75.00 | <i>X</i> |
| 1 DOOR WEATHERSTRIP CLIP | \$ | <i>nn</i> | 80.00 | <i>X</i> |
| 1 ROCKER MOULDING CLIP | \$ | <i>nn</i> | 65.00 | <i>X</i> |
| TOTAL | \$ | | 420.00 | |

TOTAL PARTS \$ 2,300.00**LABOUR**

| | | | | |
|---|----|-----------|----------|-------------|
| To Rust-Proofing and apply undercoat Of The Affected Areas. | \$ | | 240.00 | <i>60l</i> |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | \$ | <i>nn</i> | 380.00 | <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>400l</i> |
| To transfer of door fittings, attachment and perform water seepage test. | \$ | | 170.00 | <i>120l</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>300l</i> |
| To reinstall rear bumper parking sensor. | \$ | <i>nn</i> | 170.00 | <i>X</i> |
| To transfer of tire, rim and on wheel balancing. | \$ | <i>nn</i> | 170.00 | <i>X</i> |

Trans-cab Auto Services Pte Ltd**AAD2408-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB9689Z

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 *X*

To remove and refit of rear fender fittings, attachment and perform water seepage test.

\$ *nn* 170.00 *X***TOTAL** \$ **5,270.00****Over All Total** \$ **14,587.62****(PART-BY-PART) Repair Days***06 Days**3 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 First Submission | 13/08/2024 09:34 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 09/08/2024 22:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BOON LAY WAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB9689Z |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TRANS-CAB SERVICES PTE. LTD |
| Company Reg No | 200303878K |
| Email Address | CLAIMS@TRANSCAB.COM.SG |
| Mobile Phone No | (Phone) +65-65553333 |
| 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 | 1800 |
| Vehicle Fuel | Petrol-Electric |
| First Registration Date | 23/10/2020 |
| Chassis no | JTDKKB3FU903092349 |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5140725663-01 |

DRIVER

SKETCH PLAN**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 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.

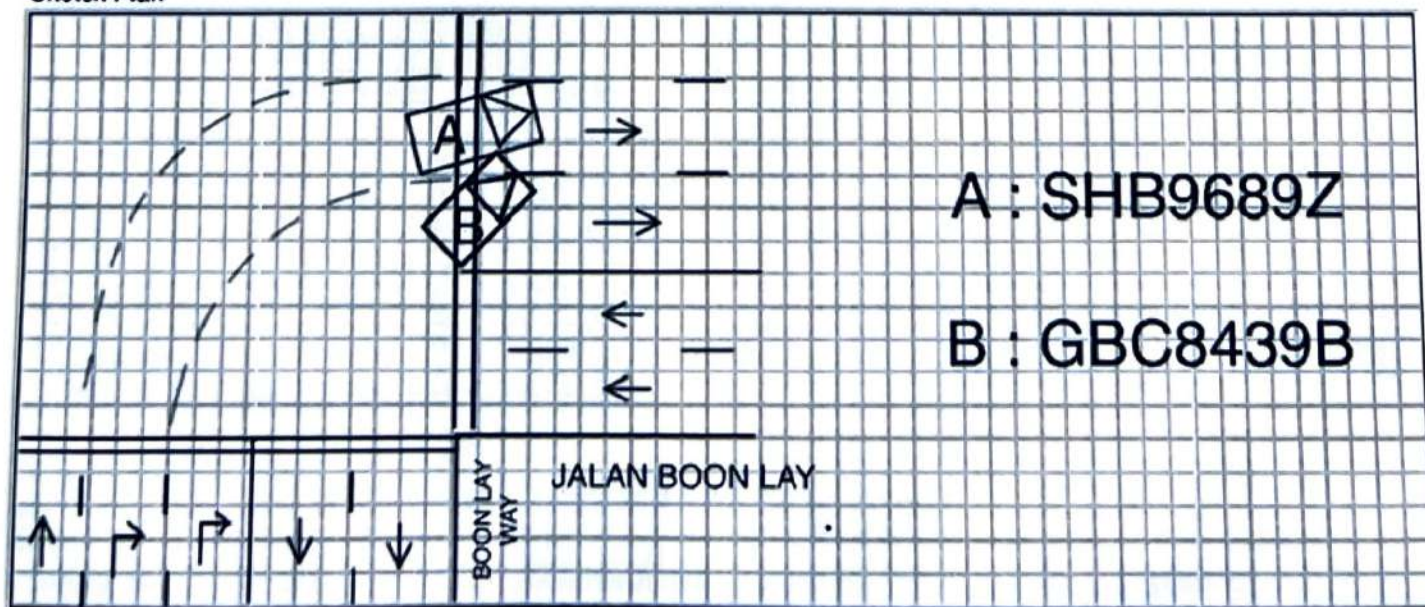
Policyholder's Signature / Date & Time

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

13/08/2024
0900HRS

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

SUMAN SUKUMAR
S990968

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20240810/2027

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20240810/2027

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------------|-----------------------------------|-------------------------------------|
| Name | YEE HOCK BENG | ID No. | S7522712D |
| Related Vehicle | SHB9689Z (Motor car) | Contact No. | 90696937 |
| Hospital/Clinic | CARE MEDICAL CLINIC | Class of Driving Licence & Expiry | Class: 3,4,5 Date of Expiry: NIL |
| Date Treatment | 10/08/2024 | Date Discharge | 10/08/2024 |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |

Brief Details.

On 09/08/2024 at about 2255hrs, I was driving along Boon Lay Way towards Jalan Boon Lay and was making a right turn in the center lane. As I was making the turn, another vehicle which did not maintain his lane discipline knocked onto my right side of my vehicle. I immediately stopped the vehicle and made a check on everyone and nobody was injured. My vehicle suffered a heavily dented driver door and scratches along my right passenger door. My driver door could not be opened therefore I had to exit from the front passenger seat. His vehicle suffered a broken left signal light and minor scratches on the left front bumper. No traffic police or ambulance were at scene. My vehicle does have a dashboard camera that had captured the accident and I had saved the video. We then exchanged particulars and left the scene. On 10/08/2024, I felt pain around my neck, shoulders, back and left elbow therefore I went down to Care Medical Clinic at Hougang and one doctor namely Dr Lee Wee Kheng made a check on me and provided me 5 Day MC due to the accident.