

ASS. REC. BY:

REF:

1-671

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:

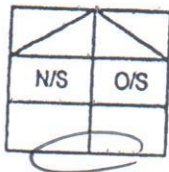
Excess:

(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:

06 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:

S1AB 9779Y

Yr Regn:

121 19

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

Truck / Trailer or

Make:

Toy Alphard

C.C

24943

Colour

H. White

A/C: Insured / Std / NI / NA

Sp. Reading

521842

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AYH 30 - 0089929

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size:

F:

Sailun 215/65R16

R:

Wanli

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

19/8/24

D.O.I.

21/8/2024

Survey held at

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

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

Date / Time

Action / Instruction

21/8 11:00 872006 Cebu

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHB9779Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Aug 2024
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD HYBRID 7-SEATER 2.5X CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	2AR2219984
Chassis No.:	AYH300089929
Maximum Power Output:	145.0 kW (194 bhp)
Open Market Value:	\$49,769.00
Original Registration Date:	17 Dec 2019
First Registration Date:	17 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$61,677.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Dec 2027
PARF Rebate Amount:	\$46,257.00
Intended COE Rebate Details	
COE Expiry Date:	16 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$10,627.00
Total Rebate Amount:	\$56,884.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 19 Aug 2024

OK

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	19/08/2024 16:51 (SGT)
Reported by	Actual Driver
Date of Accident	19/08/2024 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI TERMINAL 1 PICK-UP DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9779Y
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) +65-65552222
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2400
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	KATHY CHEE
NRIC No	S2184240J
Date Of Birth	11/12/1962
Occupation	Indoor
Driving Pass Date	08/11/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	41 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86600939
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	106 PASIR RIS STREET 12 #07-117
Address complement	-
Postcode	510106
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY IN THE QUENE WHEN THE OTHER VEHICLE COLLIDED ONTO MY REAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1412C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LAWRANCE
Contact Number	(Phone) +65-90029538
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

19/08/24

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Loo Han Ho
S7140077H

Sketch Plan

		A - SHB9779Y	
		B - SHC1412C	

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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



19/08/24

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



Loo Han Ho
S7140077H 2

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

SHB9779Y

NOT Notified
11 hrs @ 7200h
Running After Repair
AAD2408-076
5 days

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

21 AUG 2024**SHB9779Y**

AYH300089929

200303878K

TOYOTA

ALPHARD

19/08/24

SHC14120/FCI.

17/12/2019

PART		LIST	
1	COVER, REAR BUMPER, UPR RH	\$ 1m	314.00 X
1	COVER, REAR BUMPER, UPR LH	\$ Bu	314.00 ✓
1	REAR BUMPER	\$ B	2,909.48 ✓
1	BUMPER, REAR COVER	\$ 1m	290.30 X
1	SUPPORT, REAR BUMPER SIDE, RH	\$ 1m	240.00 X
1	SUPPORT, REAR BUMPER SIDE, LH	\$ D.Y	240.00 ✓
1	REFLECTOR ASSY, LH	\$ CM	77.20 ✓
1	REAR END PANEL	\$ B	781.70 ✓
1	LAMP ASSY, REAR COMBINATION, RH	\$ 1m	861.10 X
1	LENS AND BODY, REAR LAMP, RH	\$ 1m	678.00 X
1	LAMP ASSY, REAR COMBINATION, LH	\$ 1m	861.10 X
1	LENS AND BODY, REAR LAMP, LH	\$ 1m	678.00 X
1	PANEL SUB ASSY, REAR DOOR, LH	no Reman	3,999.52 X
1	RR WINDSCREEN GLASS	\$ 1m	1,948.10 X
1	TAILGATE	\$ B	2,040.50 ✓
1	LOCK ASSY, BACK DOOR	\$ Det	800.20 ✓
1	BOARD ASSY, BACK DOOR TRIM	\$ Det	734.50 ✓
1	PARKING AID, SENSOR ULTRASONIC	\$ Sen	785.60 ✓
1	FENDER PANEL REAR LH	\$ R	2,129.54 X
1	LINER, REAR WHEEL HOUSE, LH	\$ 1m	330.40 X
1	PLATE, BACK DOOR - Alphard	\$ M	52.00 ✓
1	PLATE, BACK DOOR - E- FOUR	\$ M	41.00 ✓
1	EMBLEM SUB-ASSY	\$ M	72.40 ✓
TOTAL		\$	21,013.24

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

SHB9779Y

25% 10% \$ 2,101.32
\$ 18,911.92

Special Nett

1	REAR BUMPER CLIP	\$	65.00	✓
1	END PANEL INNER TRIM CLIP	\$	60.00	✓
1	REAR BUMPER PROTECTOR	\$	180.00	X
2	WINDSCREEN SEALANT	\$	150.00	405m
1	WINDSCREEN MOULDING	\$	200.00	✓
1	WINDSCREEN INNER SPONGE SEAL	\$	130.00	305m
TOTAL		\$	785.00	

TOTAL PARTS \$ **785.00**

LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 3,000.00 700

To transfer of rear windscreen glass to facilitate bodywork repair.

\$ 170.00 120

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ 170.00 80

To check steering geometry and computer wheel alignment

\$ 220.00 X

To transfer of bootlid fittings, attachments and perform water seepage test.

\$ 180.00 60

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

\$ 380.00 X

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

SHB9779Y

Putty and spray painting of the affected portion.	\$	3,000.00	8801
To reinstall rear bumper parking sensor.	\$	170.00	601
To Check Electrical Lighting Concerned.	\$	170.00	201
To rust-proofing of the affected areas.	\$	170.00	601
TOTAL	\$	7,630.00	

Over All Total \$ 27,326.92**PART BY PART (REPAIR DAY) 10 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: