

ASS. REC. BY:

REF: 1621

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tons Cab

of _____

Insured: _____

Policy No. _____

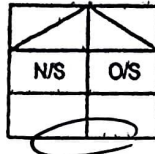
Claims No. _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S11B 9779Y Yr Regn: 121 19Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Alphard c.c. 24943Colour: h. white A/C: Insured / Std / NI / NASp. Reading: 521642 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AYH 30 . 0089929Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R16R: Wanli

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.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 U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Data/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Data/Time, File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$ _____)

) \$ - RS. \$ _____

☐ : Interview (\$ _____)

) F.P.M.S

☐ : Tech Invs (\$ _____)

) Others

☐ : Weekend (\$ _____)

)

Report Format :

Lump 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

SHB9779Y

Not Authored
11 Rm &
Return 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

SHC 14120/FcI.

17/12/2019

PART**LIST**

1	COVER, REAR BUMPER, UPR RH	\$ 12	314.00	X
1	COVER, REAR BUMPER, UPR LH	\$ Bu	314.00	✓
1	REAR BUMPER	\$ B	2,909.48	✓
1	BUMPER, REAR COVER	\$ 12	290.30	X
1	SUPPORT, REAR BUMPER SIDE, RH	\$ 12	240.00	X
1	SUPPORT, REAR BUMPER SIDE, LH	\$ 0.1	240.00	✓
1	REFLECTOR ASSY, LH	\$ CM	77.20	✓
1	REAR END PANEL	\$ B	781.70	✓
1	LAMP ASSY, REAR COMBINATION, RH	\$ 12	861.10	X
1	LENS AND BODY, REAR LAMP, RH	\$ 12	678.00	X
1	LAMP ASSY, REAR COMBINATION, LH	\$ 12	861.10	X
1	LENS AND BODY, REAR LAMP, LH	\$ 12	678.00	X
1	PANEL SUB ASSY, REAR DOOR, LH	no item	3,999.52	X
1	RR WINDSCREEN GLASS	\$ 12	1,948.10	X
1	TAILGATE	\$ B	2,040.50	✓
1	LOCK ASSY, BACK DOOR	\$ Del	800.20	✓
1	BOARD ASSY, BACK DOOR TRIM	\$ Del	734.50	✓
1	PARKING AID, SENSOR ULTRASONIC	\$ Len	785.60	✓
1	FENDER PANEL REAR LH	\$ R	2,129.54	X
1	LINER, REAR WHEEL HOUSE, LH	\$ 12	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

10%	\$	2,101.32
	\$	<u>18,911.92</u>

Special Nett

1	REAR BUMPER CLIP	\$	<i>mu</i>	65.00	<i>✓</i>
1	END PANEL INNER TRIM CLIP	\$	<i>mu</i>	60.00	<i>✓</i>
1	REAR BUMPER PROTECTOR	\$	<i>NIP</i>	180.00	<i>X</i>
2	WINDSCREEN SEALANT	\$	<i>mu</i>	150.00	<i>400m</i>
1	WINDSCREEN MOULDING	\$	<i>mu</i>	200.00	<i>✓</i>
1	WINDSCREEN INNER SPONGE SEAL	\$	<i>mu</i>	130.00	<i>300m</i>
TOTAL		\$		785.00	

TOTAL PARTS	\$	<u>785.00</u>
--------------------	----	----------------------

LABOUR

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

\$	3,000.00	<i>700l</i>
----	----------	-------------

To transfer of rear windscreen glass to facilitate bodywork repair.

\$	170.00	<i>120l</i>
----	--------	-------------

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

\$	170.00	<i>80l</i>
----	--------	------------

To check steering geometry and computer wheel alignment

\$	<i>mu</i>	220.00	<i>X</i>
----	-----------	--------	----------

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

\$		180.00	<i>60l</i>
----	--	--------	------------

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

\$	<i>mu</i>	380.00	<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

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:

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

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 **19/08/24**

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) **Loo Han Ho**
S7140077H

Sketch Plan

	<p style="font-size: 1.2em; margin: 0;">A - SHB9779Y</p> <p style="font-size: 1.2em; margin: 0;">B - SHC1412C</p>
---	---