

ASS. REC. BY:

REF:

0721

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:

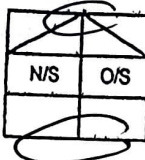
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

08 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:

SHD 9315 S Yr Regn: 10.18

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

Truck / Trailer or

Make:

Tag Prius c.g. 1798

Colour

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

Sp. Reading

433503 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU203073173

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65R15

R: Wanki

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.

13/8/24

D.O.I.

16/8/2024

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

1 Got BZ

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

F. P. M. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

Not Authenticated  
L/P 8

AAD2408-055

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

SHD9315S

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

16 AUG 2024

SHD9315S

JTDKB3FU203073173

200303878K

TOYOTA

PRIUS

11/4/2024

GBH7160J/CHINA

26/10/2018

PART

LIST

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 GUARD, REAR BUMPER, CENTER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 FILLER, REAR BUMPER EXTENSION, RH
- 1 FILLER, REAR BUMPER EXTENSION, LH
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, FLOOR UNDER, LH
- 1 COVER, REAR FLOOR
- 1 COVER, BACK DOOR TRIM
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)
- 1 LENS AND BODY, REAR LAMP, RH
- 1 COVER, REAR COMBINATION LAMP, RH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 GLASS, BACK WINDOW FIX
- 1 DAM, WINDOW GLASS ADHESIVE
- 1 SPOILER SUB-ASSY, REAR
- 1 SEAL, REAR SPOILER
- 1 LAMP SET, STOP CENTER
- 1 PANEL ASSY, DECK TRIM SIDE, RH
- 1 BOARD ASSY, BACK DOOR TRIM
- 1 PANEL ASSY, BACK DOOR TRIM, UPPER
- 1 BOARD, BACK DOOR TRIM
- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH

\$	Bu	558.39	—
\$	thi	19.43	—
\$	hit	148.58	—
\$	ori	148.58	—
\$	lu	111.41	X
\$	lu	111.41	X
\$	Ry	726.92	—
\$	Ry	419.90	—
\$	lu	155.72	X
\$	mgum	155.72	—
\$	hit	220.50	—
\$	hit	304.92	—
\$	hit	290.43	—
\$	lu	31.50	X
\$	Ry	824.46	—
\$	hit	570.15	—
\$	CM	634.73	—
\$	lu	81.48	X
\$	Ry	1,443.86	—
\$	Shottow	957.39	—
\$	lu	65.21	—
\$	CM	1,986.92	—
\$	lu	21.32	—
\$	hit	242.34	—
\$	lu	448.98	X
\$	hit	326.76	—
\$	lu	65.73	X
\$	Bu	284.55	—
\$	lu	305.66	X
\$	lu	305.66	X

**Trans-cab Auto Services Pte Ltd**

AAD2408-055

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

**SHD9315S**

1	HINGE ASSY, BACK DOOR, LH	\$	Dis	77.18	—
1	HINGE ASSY, BACK DOOR, RH	\$	Dis	77.18	—
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	CM	1,171.38	—
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	na	68.88	—
1	PLATE, BACK DOOR NAME, NO.1	\$	na	68.88	—
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	na	90.30	—
1	COVER, FRONT BUMPER	\$	Bu	653.31	✓
1	ABSORBER, FRONT BUMPER ENERGY	\$		100.17	7
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	\$		902.16	7
1	SUPPORT, FRONT BUMPER SIDE, LH	\$	Dis	100.49	—
1	SUPPORT, FRONT BUMPER SIDE, RH	\$	in	100.49	X
1	STAY SUB-ASSY, FRONT BUMPER, LH	\$	in	59.85	X
1	STAY SUB-ASSY, FRONT BUMPER, RH	\$	in	59.85	X
1	COVER, FRONT BUMPER HOLE, LH	\$	in	37.07	X
1	COVER, FRONT BUMPER HOLE, RH	\$	in	37.07	X
1	GRILLE, RADIATOR, LOWER NO.1	\$	Dis	214.41	—
1	GRILLE SUB-ASSY, RADIATOR	\$	CM	436.38	—
1	EMBLEM ASSY, RADIATOR GRILLE	\$	na	114.98	—
1	BRACKET, FRONT BUMPER EXTENSION MOUNTING	\$	n	130.31	X

TOTAL \$ 16,468.83

25% \$ 4,117.21

\$ 12,351.62**SPECIAL NETT**

1	FRT BUMPER CLIP	\$	na	65.00	605n
1	FRT NUMBER PLATE WITH MOULDING	\$	B	180.00	455n
1SET	PARKING AID	\$	mis	700.00	2205n
1	REAR BUMPER CLIP	\$	na	65.00	605n
1	REAR RH BUMPER RETAINER CLIP	\$	na	65.00	X
1	REAR SPOILER CLIP	\$	na	65.00	—
1	REAR NUMBER PLATE	\$	in	180.00	X
1	REAR TAIL LAMP CLIP	\$	na	65.00	—
1	END PANEL INNER TRIM CLIP	\$	na	60.00	—
1	BOOT STICKER TRANSCAB	\$	na	100.00	305n
1	BOOT STICKER TEL NO	\$	na	100.00	305n
1	REAR BUMPER PROTECTOR	\$		180.00	
2	WINDSCREEN SEALANT	\$	na	150.00	805n
1	WINDSCREEN MOULDING	\$	na	200.00	—
1	WINDSCREEN INNER SPONGE SEAL	\$	na	130.00	305n
TOTAL		\$		2,305.00	

Trans-cab Auto Services Pte Ltd

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SHD9315S

AAD2408-055

TOTAL PARTS \$ 14,656.62

**LABOUR**

To rust-proofing of the affected areas.	\$	600.00	300
Putty and spray painting of the affected portion.	\$	1,200.00	1100
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	800
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	60
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	100
To reinstall rear bumper parking sensor.	\$	170.00	50
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 \$ 4,910.00

OVERALL TOTAL \$ 19,566.62

8 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	16/08/2024 09:03 (SGT)
Reported by	Actual Driver
Date of Accident	15/08/2024 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOUNDARY ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9315S
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### 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	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
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

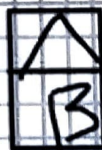
18/08/2024  
0850hrs

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

TIEN TOH KIAT HENRY

**Sketch Plan**

A-SHD9315S  
B-SLA3894U  
C- GBH7160J





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T202408152044

1 of 3

Report No. T202408152044

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LAI TZY PING	ID No.	S7277112E
Related Vehicle	GBH7160J (Lorry)	Contact No.	81838929
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	TOH TECK TIONG	ID No.	S11680561
Related Vehicle	SHD93155 (Motor car)	Contact No.	93849635
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

On 15/08/2024 at around 0930hrs, I was driving along Upp Paya Lebar Rd to Boundary Rd when the car (SLA3894A) suddenly stopped. I then stopped my taxi (SHD93155) so that I would not collide into the car in front but the lorry (GH71160J) behind mine did not stop in time and collided into the rear of my taxi. The collision caused my taxi to knock into the back of the car in front of me. Due to the impact, I felt severe pain in my left arm and slight pain in my back. I went to see a doctor and was given 7 days MC. I had a passenger in my taxi, and she also informed of slight pain, but I was unsure if she went to see a doctor.