

ASS. REC. BY:

REF: SPF  
FCZKenneth

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Tans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

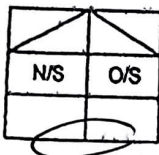
Sum Insured: \_\_\_\_\_

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: 02 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHD 3140Yr Regn: 09, 23

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

Truck / Trailer or (A)Make: Toy PriusC.C. 1798Colour M.P. white / Red

A/C: Insured / Std / NI / NA

Sp. Reading 95949

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FU703097033

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / 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. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 11/9/24D.O.I. 13/9/2024

Survey held at \_\_\_\_\_

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got B7

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Transportation

S + RS. \$

Fees

Others

Report Format :

mp Sum / I.B.I: (\$

TOTAL

Not Authorized  
Penny B4 paint

**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

**SHD314D**

**AAD2409-**

**13 SEP 2024**

Vehicle No.:  
Chassis No.:  
Co UEN:  
Vehicle Make:  
Vehicle Model:  
Date of Accident :  
Third Party Insurer :  
Date of Registration:

**SHD314D**

JTDKB3FU703097033

200303878K

TOYOTA

PRIUS GEN 4

11/9/2024

**SHC2798H/MSFCI**

28/9/2023

**PART**

**LIST**

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 REFLECTOR ASSY, REFLEX, LH
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 COVER, FLOOR UNDER, NO.1 LH
- 1 COVER, FLOOR UNDER, NO.2 RH
- 1 COVER, REAR FLOOR CTR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 PANEL SUB-ASSY, BACK DOOR

\$	<i>Avulom</i>	612.68	✓
\$	<i>B1</i>	419.90	✓
\$	<i>Sur</i>	27.93	✓
\$	<i>B1</i>	472.19	✓
\$	<i>Sn</i>	167.48	X
\$	<i>Sn</i>	167.48	X
\$	<i>Sn</i>	49.25	X
\$	<i>Sn</i>	49.25	✓
\$	<i>Sn</i>	220.50	X
\$	<i>Sn</i>	304.92	X
\$	<i>CM B1</i>	290.43	✓
\$	<i>Sn</i>	159.39	X
\$	<i>R</i>	824.46	X
\$	<i>R</i>	1,443.86	X

**TOTAL \$ 5,209.72**

**25% \$ 1,302.43**

**\$ 3,907.29**

**Special Nett**

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL
- 1 REAR BUMPER PROTECTOR
- 2 SEAM SEALANT
- 1SET REAR BUMPER RETAINER CLIP

\$	<i>Sn</i>	700.00	X
\$	<i>Na</i>	95.00	<i>60.00</i>
\$	<i>Na</i>	150.00	X
\$	<i>Na</i>	200.00	X
\$	<i>Na</i>	130.00	X
\$	<i>NIP</i>	180.00	X
\$	<i>Na</i>	250.00	X
\$	<i>Na</i>	85.00	X

**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

**SHD314D**

1 END PANEL TRIM CLIP

\$ *nn* 65.00 X**TOTAL \$ 1,855.00****TOTAL PARTS \$ 5,762.29****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ *nn* 300.00 X

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

\$ *nn* 380.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 1,600.00 *200*

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

\$ 380.00 X

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

\$ *nn* 180.00 X

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ *nn* 250.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 *500 2200*

To reinstall rear bumper parking sensor.

\$ 170.00 *500*

To Check Electrical Lighting Concerned.

\$ *nn* 170.00 X**TOTAL \$ 5,030.00****Over All Total \$ 10,792.29****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

**(PART-BY-PART) Repair Days***8 DAYS*  
*2 days*

Acknowledged by Repairer

Signature:



# 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	12/09/2024 13:20 (SGT)
Reported by	Actual Driver
Date of Accident	11/09/2024 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD314D

### 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	1500
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.

*[Signature]*

12/09/2024  
1312HRS

*[Signature]*

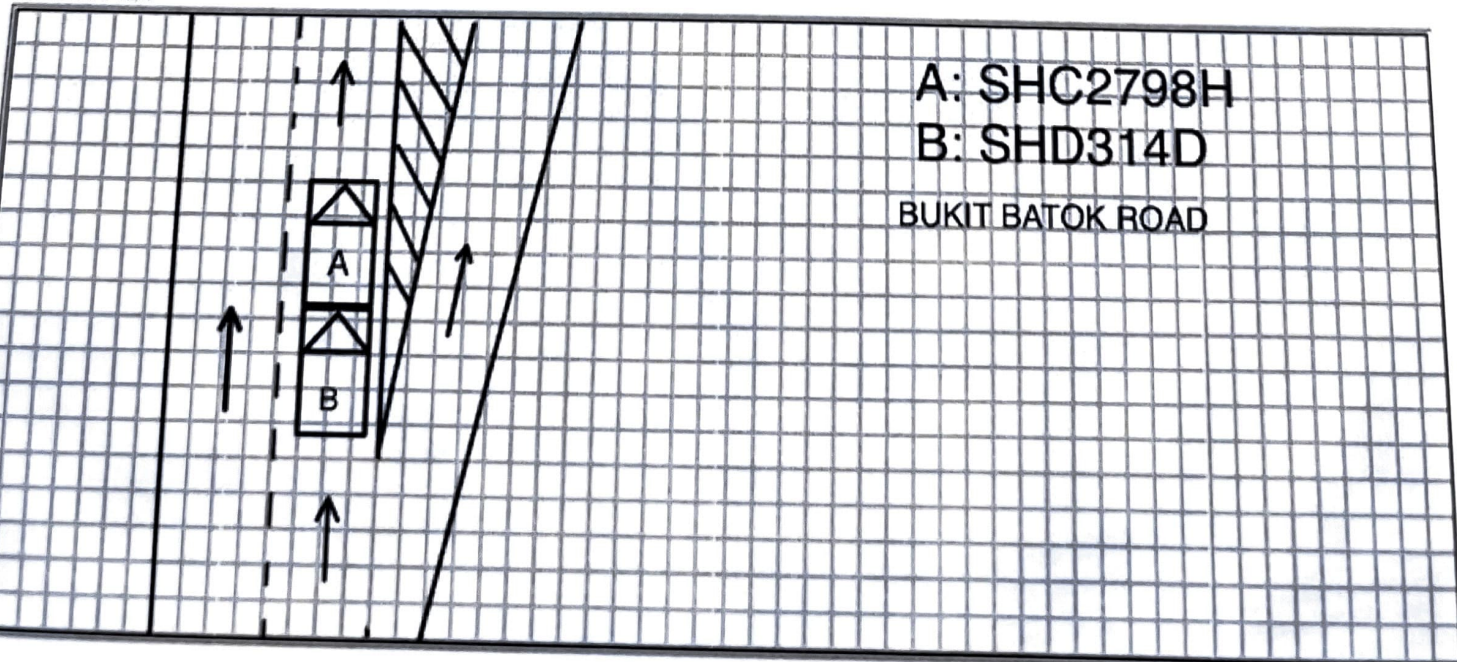
NUR ASYRAF BIN ZAINAL  
S997042

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20240911/2039

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

2 of 3

Report No. T/20240911/2039

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHD ASIM B BASIR	ID No.	S21752501
Related Vehicle	SHC2798H (Motor car)	Contact No.	96918033
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	SHEITH YUSOF BIN SHEITH IBRAHIM	ID No.	S1493334D
Related Vehicle	SHD314D (Motor car)	Contact No.	94790788
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	LEMON MOY	ID No.	NIL
Related Vehicle	NIL	Contact No.	90297291
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 0830hrs, I fetched one of my passenger from Chua Chu Kang Avenue 2, Blk 280 heading towards Penjuru Road. While travelling along the 2nd lane of Bukit Batok Road towards Jurong Town Hall Road, I noticed a car in front of mine stopped. I quickly pressed on my brakes and managed to stop. Suddenly, I felt an impact from the rear of my car. Which then I saw, a vehicle bearing number plate (SHC2798H) hit my back of my vehicle bumper. Subsequently, we both stopped and head out to make a check. We both then exchanged our particulars. I asked my passenger whether she want any medical assistance, but she told me that she was fine. My vehicle sustained some dents on the rear right bumper, and my reverse sensor is damaged due to the accident.

I received 3 days of MC due to back pain.