

ASS. REC. BY:

REF: CT21Kenneth

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: S14C 5865CYr Regn: 02, 21Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Toy PritC.G. 1798Colour M.P. White / Red AC: Insured / Std / NI / NASp. Reading 439206 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKB3FU803093863Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or Sailun

Front

Rear

R/Bal. 8 mmR/Bal. 6 mmL/Bal. 8 mmL/Bal. 6 mmD.O.A. 3/6/24D.O.I. 10/6/2024

Survey held at _____

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

O/S Rm

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

Add Fee: ☐ : Site Insp (\$)

S - RS - SI

☐ : Interview (\$)

Fees

☐ : Tech Invs (\$)

Others

☐ : Weekend (\$)

)

Report Format :

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

TOTAL

Not Authorized
1/1 Rmg 8

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

SHC5865C

AAD2406-015

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

SHC5865C

JTDKB3FU603093863

200303878K

TOYOTA

PRIUS GEN 4

3/6/2024

GZ629X/Chrysler

26/2/2021

PART

- 1 COVER, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 SUPPORT, FRONT BUMPER SIDE, RH
- 1 MOULDING, FRONT BUMPER SIDE, RH
- 1 JAR ASSY, WINDSHIELD WASHER
- 1 UNIT ASSY, HEADLAMP, RH
- 1 FENDER SUB-ASSY, FRONT RH
- 1 LINER, FRONT FENDER, RH
- 1 EMBLEM, SIDE PANEL, RH
- 1 UNIT ASSY, HEADLAMP, RH

LIST	
\$	Buc/ht 653.31 ✓
\$	sn 100.91 X
\$	n 902.16 X
\$	sn 100.49 X
\$	sn 120.86 X
\$	sn 276.15 X
\$	sn 3,325.56 X
\$	B 1,236.69 ✓
\$	DIT 255.36 ✓
\$	mc 68.88 ✓
\$	sn 3,325.56 X
TOTAL \$	10,365.93
25% \$	2,591.48
\$	7,774.44

Special Nett

- 1 FRT BUMPER CLIP
- 1 FENDER LINER CLIP
- 1 FRT BUMPER SIDE RETAINER CLIP

\$	sn 65.00 60sn
\$	sn 65.00 60sn
\$	sn 65.00 X
TOTAL \$	195.00

TOTAL PARTS \$ 7,969.44

LABOUR

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

\$

250.00

302

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

AAD2406-015

SHC5865C

Putty And Spray Painting Of The Affected Portion.	\$	1,800.00	4001
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn 380.00	X
To Check Electrical Lighting Concerned.	\$	170.00	15/
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,000.00	400
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	nn 170.00	X
TOTAL	\$	4,990.00	
Over All Total	\$	12,959.44	

(PART-BY-PART) Repair Days**04 Days****2 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	04/06/2024 08:53 (SGT)
Reported by	Actual Driver
Date of Accident	03/06/2024 15:30 (SGT)
Exact Location of Accident	Hougang St. 32, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5865C
-----------------------------	----------

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 use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1768

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE SOON KIANG
NRIC No	S0179536H
Date Of Birth	30/01/1953
Occupation	Outdoor

Driving Pass Date 30/03/1972
 Driving experience 52 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97975315
 Alt. Phone Number -
 Email Address claims@transcab.com.sg
 Address 698B HOUGANG STREET 61
 Address complement #10-322
 Postcode 532698
 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 Hit and run / Vandalism / Damaged whilst parked
 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) 0
 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? Yes
 Police Station Name Ang Mo Kio North Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004849999
 Alt. Police Station Phone No (Fax) +65-62181399
 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240403/2066. ADDITIONALLY THE POLICE OFFICER FAILED TO INCLUDE THE WITNESS I'VE MENTIONED IN THE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ629X
 Vehicle Manufacturer -

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.

Handwritten signature

Handwritten signature

04062024/0830HRS

MUHAMMAD ZAKI BIN SUPIAN

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

A: SHC5865C
B: GZ629X

OI UNSURE HOW
THE ACCIDENT
HAPPEN

POINT OF IMPACT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569724
Tel No: 1800-4849999



T/20240603/2066

2 of 3

Report No. T/20240603/2066

CONTINUATION OF REPORT

Driver				
Name	LEE SOO KIANG		ID No.	S0179536H
Related Vehicle	NIL		Contact No.	97975315
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I am a taxi driver.

On 3/6/2024 at around 1530hrs, I parked my vehicle bearing registration number SHC5865C at the carpark located at BLK 6 Hougang Street 32 as I needed to use the toilet. 5 minutes later, I came out from the toilet and I was informed by another grab driver that my vehicle bearing registration number SHC5865C was involved in a hit and run. The grab driver informed me that the lorry that parked beside me bearing registration number GZ7629X side swiped the front right bumper of my vehicle when he was exiting the carpark lot. I wish to state that I parked at lot 79 and the lorry was parked at lot 78.

I wish to state that my vehicle has in car camera and it was recording during the accident. I wish to state that me vehicle suffered multiple scratches on the front right bumper. I have informed my company about this accident and I was requested to lodge a police report.