

Not Authored
 Primary B4 paint

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
 SHC5635A

AAD2409-046

Vehicle No.:	SHC5635A
Chassis No.:	JTDKB3FUX03096054
Co UEN.:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS GEN 4
Date of Accident:	9/9/2024
Third Party Insurer:	SHA3510A/MSFCI
Date of Registration:	30/9/2022

24 SEP 2024

PART	LIST
1 COVER, REAR BUMPER	\$ <i>Net Mfg</i> 612.68 ✓
1 COVER, REAR BUMPER, LOWER	\$ <i>Sm</i> 27.93 X
1 GUARD, REAR BUMPER, CENTER	\$ <i>Sm</i> 472.19 X
1 REFLECTOR ASSY, REFLEX, RH	\$ <i>Sm</i> 49.25
1 SEAL, REAR BUMPER SIDE, RH	\$ <i>Sm</i> 149.21
1 REAR BUMPER SIDE RETAINER RH	\$ <i>Sm</i> 167.48
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$ <i>R</i> 419.90
1 COVER, FLOOR UNDER, RH	\$ <i>Sm</i> 220.50 } X
1 COVER, FLOOR UNDER, LH	\$ <i>Sm</i> 304.92
1 COVER, REAR FLOOR	\$ <i>Sm</i> 290.43
1 COVER, DECK TRIM, REAR	\$ <i>Sm</i> 159.39
1 PANEL SUB-ASSY, BODY LOWER BACK	\$ <i>R</i> 824.46
1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$ <i>Sm</i> 1,156.89
1 LENS & BODY, REAR COMBINATION LAMP, RH	\$ <i>Sm</i> 428.19
1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	\$ <i>Sm</i> 329.49
1 COVER, REAR COMBINATION LAMP, RH	\$ <i>Sm</i> 88.41
TOTAL	\$ 5,701.32
25%	\$ 1,425.33
	\$ 4,275.99

SPECIAL NETT

1SET PARKING AID	\$ <i>Sm</i> 700.00 X
1 REAR BUMPER CLIP	\$ <i>na</i> 65.00 <i>60na</i>
1 REAR LH BUMPER RETAINER CLIP	\$ <i>na</i> 65.00 X
1 REAR RH BUMPER RETAINER CLIP	\$ <i>na</i> 65.00 X
1 END PANEL INNER TRIM CLIP	\$ <i>na</i> 60.00 X
1 REAR BUMPER PROTECTOR	\$ <i>na</i> 180.00 <i>30na</i>
2 WINDSCREEN SEALANT	\$ <i>na</i> 150.00 X
1 WINDSCREEN MOULDING	\$ <i>na</i> 200.00 X

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1 WINDSCREEN INNER SPONGE SEAL

	\$	<i>nn</i>	130.00	X
TOTAL	\$		1,615.00	
TOTAL PARTS	\$		5,890.99	

LABOUR

To rust-proofing of the affected areas.	\$	<i>nn</i>	600.00	X
Putty and spray painting of the affected portion.	\$		1,200.00	<i>2201</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		2,000.00	<i>1801</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>nn</i>	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>L</i>	380.00	X
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>L</i>	170.00	X
To reinstall rear bumper parking sensor.	\$		170.00	<i>501</i>
To check steering geometry and computer wheel alignment	\$	<i>L</i>	220.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>L</i>	170.00	X
TOTAL	\$		5,080.00	
OVERALL TOTAL	\$		10,970.99	

2 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/alter 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	10/09/2024 13:18 (SGT)
Reported by	Actual Driver
Date of Accident	09/09/2024 22:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BAYFRONT AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5635A

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	Employment
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.

MUHAMMAD FADLY SUKIMAN

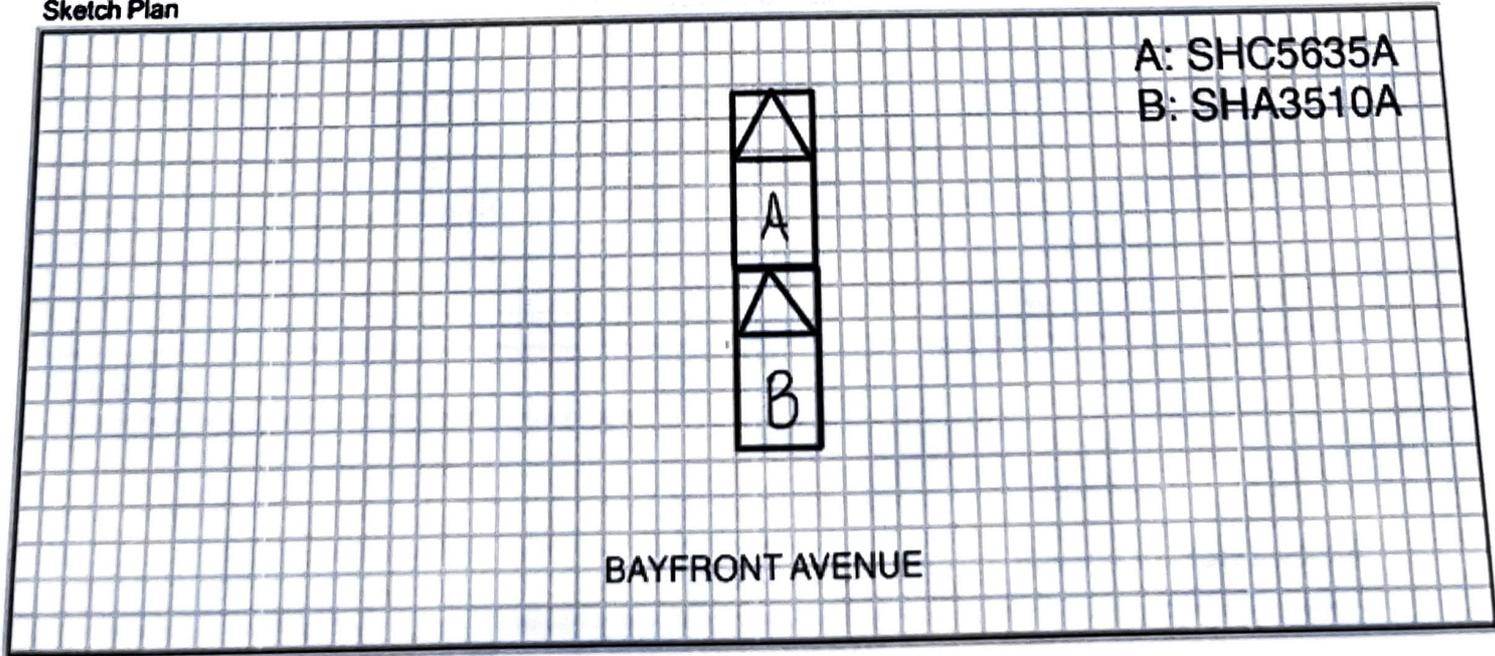
Policyholder's Signature / Date & Time

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

10/09/24@1300HRS

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

Sketch Plan



A: SHC5635A
B: SHA3510A

BAYFRONT AVENUE