

ASS. REC. BY:

REF:

C721

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

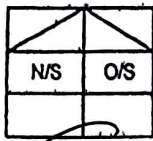
Claims No. _____

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: 2 1/2 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: S11D 99256 Yr Regn: 12, 20

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

Truck / Trailer or

Make: Toyota Pro C.C. 1798Colour M.P. White A/C: Insured / Std / NI / NASp. Reading 240258 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD KB 3FU 003093292Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: Continental 195/65R15R: Pailun

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 29/9/24

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 BZ

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Transportation

S - RS. SI

Fees

Others

Report Format :

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

TOTAL

Not Authorized
2/1/2018

AAD2410-002

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

SHD9925G

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHD9925G

JTDKB3FU003093292

200303878K

TOYOTA

PRIUS GEN 4

29/9/2024

GY4298S/CHINA

30/12/2020

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 SPOILER SUB-ASSY, REAR
- 1 SEAL, REAR SPOILER
- 1 WEATHERSTRIP, BACK DOOR
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2
- 1 PLATE, BACK DOOR NAME, NO.1
- 1 ORNAMENT SUB-ASSY, BACK DOOR

\$	Bu	612.68	✓
\$	can	419.90	can ?
\$	pu	27.93	X
\$	cm	472.19	✓
\$	pu	167.48	X
\$	pu	167.48	X
\$	pu	49.25	X
\$	pu	49.25	X
\$	pu	220.50	X
\$	pu	304.92	X
\$	pu	290.43	X
\$	pu	159.39	X
\$	pu	824.46	X
\$	pu	1,986.92	X
\$	pu	21.32	X
\$	pu	469.25	X
\$	my cm	1,156.89	✓
\$	pu	68.88	✓
\$	pu	68.88	✓
\$	pu	90.30	✓
TOTAL	\$	7,628.30	
25%	\$	1,907.08	
	\$	5,721.23	

Special Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP

\$ null/shan 700.00 220.00
\$ pu 95.00 60.00

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AAD2410-002**SHD9925G**

2	WINDSCREEN SEALANT	\$	nn	150.00	X
1	WINDSCREEN MOULDING	\$	nn	200.00	X
1	WINDSCREEN INNER SPONGE SEAL	\$	nn	130.00	X
1	REAR TAILGATE STICKER "Trans-Cab"	\$	mc	80.00	30sn
1	REAR TAILGATE STICKER "6555-3333"	\$	mc	80.00	30sn
1	REAR BUMPER PROTECTOR	\$	nif	180.00	X
2	SEAM SEALANT	\$	nn	250.00	X
1SET	REAR BUMPER RETAINER CLIP	\$	nn	85.00	X
1	END PANEL TRIM CLIP	\$	nn	65.00	X

TOTAL \$ 2,015.00**TOTAL PARTS \$ 7,736.23****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	3001
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn	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	4001
To reinstall rear bumper parking sensor.	\$		170.00	501
To Check Electrical Lighting Concerned.	\$		170.00	151

AAD2410-002

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Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9925G

TOTAL \$ 5,030.00

Over All Total \$ 12,766.23

(PART-BY-PART) Repair Days

06 DAYS

2 1/2 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	30/09/2024 20:46 (SGT)
Reported by	Actual Driver
Date of Accident	29/09/2024 19:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9925G

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	1800
Vehicle Fuel	Petrol-Electric
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

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY4298S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHUA GAIK SIEW LILY
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old 72
Injuries Sustained NECK & HEAD PAIN. GIVEN 6 DAYS MC.
Injured person in which vehicle? SHD9925G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLANIMPORTANT 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

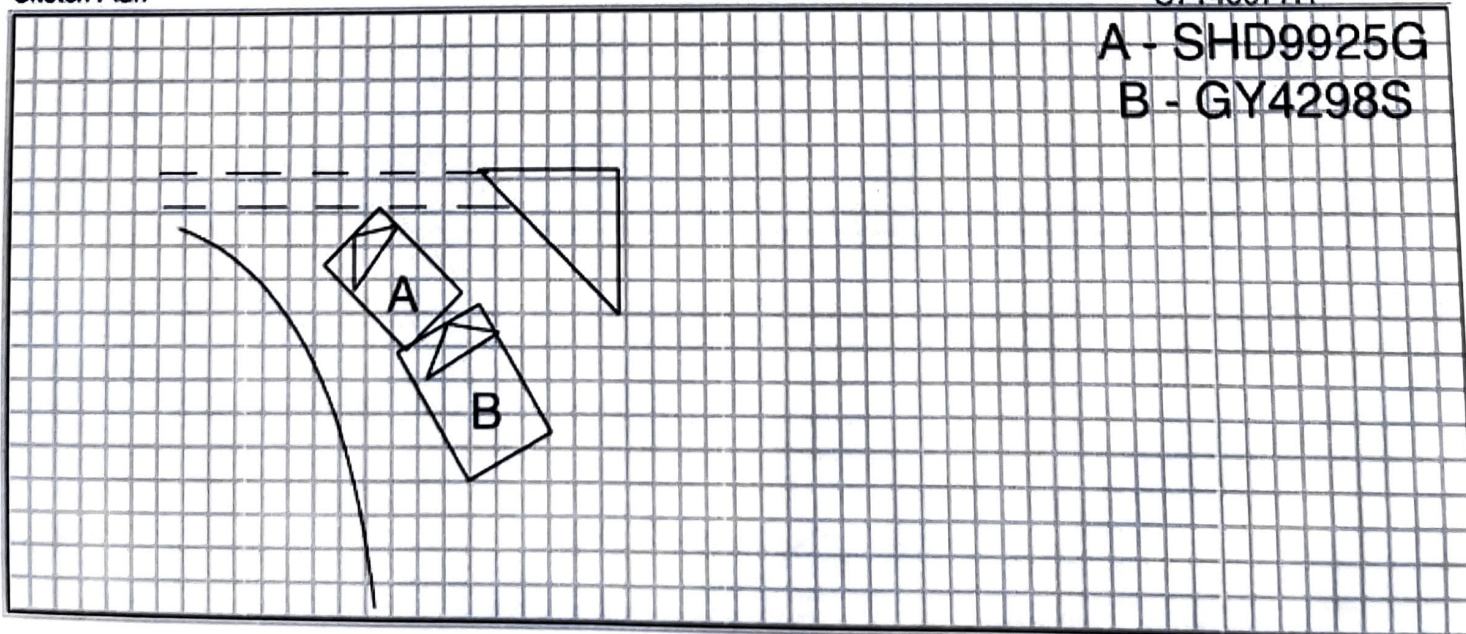
Driver's Signature (if driver is not the policyholder) / Date & Time

30/09/24

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

Loo Han Ho
S7140077H

Sketch Plan



A - SHD9925G
B - GY4298S



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20240930/2054

2 of 3

Report No. T/20240930/2054

CONTINUATION OF REPORT

Driver Name	CHUA GAIK SIEW LILY	ID No.	S00896201
Related Vehicle	SHD9925G (Motor car)	Contact No.	98553083
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	29/09/2024	Date Discharge	30/09/2024
No. of Days granted Medical Leave	06	Degree of	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SHD9925G along Sims Ave towards Paya Lebar at the slip road. As I was about to move off, there was oncoming traffic which caused me to brake. The lorry behind me, GY4298S, moved off and collided onto the rear of my vehicle. We took pictures of the accident. Ambulance and traffic police was at scene. I have a passenger who is my sister namely, Bertie Chua, hp: 97703239. I then went to Changi General hospital and received 6 days of mc dated from the 29/09/24 till 04/10/24. Injuries are headache and neck pain.

There is inbuilt car camera in the vehicle. I was advised by the traffic police to lodge a police report.