

ASS. REC. BY:

REF:

TY 1

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:

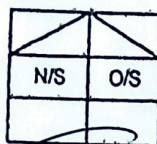
Excess:

(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:

02 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:

SHB 7996A

Yr Regn:

05, 19

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

Truck / Trailer or

Make:

Toy Prius

c.g

1798

Colour

MP. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

698238

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU903080363

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Laufeyn 195/55R15

R: Waili

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

21/10/24

D.O.I.

22/10/2024

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 G01 B 1

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) S - RS, SI

), Fines

), Others

TOTAL

Report Format :

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

Not Authored
L1 Sup 8

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

SHB7996A

AAD2410- 074

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

22 OCT 2024

SHB7996A

JTDKB3FU903080363

200303878K

TOYOTA

PRIUS

21/10/2024

YQSC90P / III

24/5/2019

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 LENS & BODY, REAR COMBINATION LAMP, LH
- 1 LENS AND BODY, REAR LAMP, LH
- 1 COVER, REAR COMBINATION LAMP, LH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 SPOILER SUB-ASSY, REAR
- 1 SEAL, REAR SPOILER
- 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
- 1 HINGE ASSY, BACK DOOR, LH

\$	R	558.39	X
\$	MS-90	19.43	✓
\$	R	148.58	X
\$	R	148.58	X
\$	R	111.41	X
\$	R	111.41	X
\$	pd/cm	726.92	✓
\$		419.90	7
\$	R	155.72	X
\$	R	155.72	
\$	R	220.50	
\$	R	304.92	
\$	R	290.43	
\$	R	31.50	
\$	R	824.46	
\$	R	570.15	
\$	R	634.73	
\$	R	81.48	
\$	R	559.13	
\$	R	634.73	
\$	R	81.48	
\$	R	1,443.86	
\$	R	1,986.92	
\$	R	21.32	
\$	R	326.76	
\$	R	65.73	
\$	R	284.55	
\$	R	305.66	
\$	R	305.66	
\$	R	77.18	

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No. : 62571330

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AAD2410-**SHB7996A**

- 1 HINGE ASSY, BACK DOOR, RH
- 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

\$	R	77.18	X
\$	Sn	1,171.38	X
\$	nn	68.88	X
\$	nn	68.88	X
\$	nn	90.30	X
TOTAL		\$	13,083.74
25%	\$		3,270.93
	\$		<u>9,812.80</u>

SPECIAL NETT**1SET PARKING AID**

- 1 REAR BUMPER CLIP
- 1 REAR RH BUMPER RETAINER CLIP
- 1 REAR NUMBER PLATE
- 1 REAR TAIL LAMP CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 BOOT STICKER TRANSCAB
- 1 BOOT STICKER TEL NO
- 1 REAR BUMPER PROTECTOR
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	Sn	700.00	X
\$	nke	65.00	601N
\$	nn	65.00	X
\$	Sn	180.00	X
\$	nn	65.00	X
\$	nn	60.00	X
\$	nn	100.00	X
\$	nn	100.00	X
\$	na	180.00	301N
\$	nn	150.00	X
\$	nn	200.00	X
\$	nn	130.00	X
TOTAL		\$	1,995.00
TOTAL PARTS		\$	<u>11,807.80</u>

LABOUR

To rust-proofing of the affected areas.

\$ nn 600.00 X

Putty and spray painting of the affected portion.

\$ 1,200.00 2201

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 2,000.00 2001

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

\$ nn 170.00 X

To transfer of tailgate fittings and conduct water seepage test.

\$ nn 170.00 X

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SHB7996A**AAD2410-**

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

\$ *na* 380.00 X

To reinstall rear bumper parking sensor.

\$ *7* 170.00 X

To check steering geometry and computer wheel alignment

\$ *5* 220.00 X

To Transfer Of Fender Fittings, Attachments And Perform
Water Seepage Test.

\$ *h* 170.00 X**TOTAL \$ 5,080.00****OVERALL TOTAL \$ 16,887.80**

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	21/10/2024 16:38 (SGT)
Reported by	Actual Driver
Date of Accident	21/10/2024 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7996A
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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	OTHERS
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	Petrol
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
21/10/2024
16:30

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

YUNOS S099951

Sketch Plan

A - SHB7996A
B - YQ5690P

PIE(TUAS)



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KIM HUNG	ID No.	S1813141B
Related Vehicle	SHB7996A (Motor car)	Contact No.	97218855
Hospital/Clinic	J J CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	21/10/2024	Date Discharge	21/10/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	CHEN GUIBO	ID No.	G8912850T
Related Vehicle	YQ5690P (Lorry)	Contact No.	88215155
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 21/10/2024 at about 12.25pm, I was performing cabby duties on board my taxi (Reg Plate: SHB7996A). During which, I was driving along PIE (towards Tuas), intending to ferry a passenger, who was seated at the rear passenger seat, from 26 Flora Drive to Plaza Singapura. Initially, I was driving on the 1st lane of the 3-lane road.

Before passing by the exit of Bedok North Ave 3, I noticed that there were orange cones on the roadside of the said lane. Thus, believing that there was roadworks ahead on the said lane, I decided to signal left and proceed to perform a lane change into the 2nd lane. Everything was in order.

When I managed to merge into the 2nd lane, the traffic in front of me came to a slight standstill. As such, I applied my brakes as well.

At this juncture, I felt an impact coming from the rear of my taxi. I checked my rear-view mirror and realized that a lorry (Reg Plate: YQ5690P) had collided onto the rear of my taxi.

After the collision, both vehicles were stationary, and the driver and I alighted from our respective vehicles. My passenger remained in the taxi, and she informed that she was not injured and did not require any medical attention. The driver of the lorry also did not have any visible injury, nor did he complain of any pain. I, on the other hand, I felt pain on my lower back