

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 \_\_\_\_\_

of \_\_\_\_\_

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

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

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

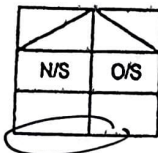
Sum Insured: \_\_\_\_\_

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: \_\_\_\_\_

03 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: \_\_\_\_\_

SHF 553U

Yr Regn: \_\_\_\_\_

02, 21

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

Truck / Trailer or

Make: \_\_\_\_\_

Toy Prius

c.c

1798

Colour M.P White / Red

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

T/Radio: Insured / Std / NI / NA

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

C/No: \_\_\_\_\_

JTDKB3FU03093820

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / 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. \_\_\_\_\_

9

mm

R/Bal. \_\_\_\_\_

7

mm

L/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

7

mm

D.O.A. \_\_\_\_\_

19/10/24

D.O.I. \_\_\_\_\_

21/10/2024

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

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

Rear N/S

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

Date / Time

Action / Instruction

Battery Plot

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

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

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

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

Transportation: \_\_\_\_\_

S + RS. SI

Fees

Others

Add Fee: \_\_\_\_\_

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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

Not Authorised  
L1 Rep &

AAD2410-071

**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

**SHF553U**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SHF553U**

JTDKB3FUX03093820

200303878K

TOYOTA

PRIUS GEN 4

19/10/24

GBB4682M / China.

25/2/2021

**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, QUARTER, LH
- 1 LINER, REAR WHEEL HOUSE, LH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 SPOILER SUB-ASSY, REAR
- 1 SEAL, REAR SPOILER
- 1 GLASS, BACK WINDOW FIX
- 1 DAM, WINDOW GLASS ADHESIVE
- 1 LENS & BODY, REAR COMBINATION LAMP, LH
- 1 LENS & BODY, REAR COMBINATION LAMP, NO.2 LH
- 1 COVER, REAR COMBINATION LAMP, LH
- 1 LAMP ASSY, REAR, LH
- 1 LAMP ASSY, REAR, RH
- 1 WEATHERSTRIP, BACK DOOR
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 STAY ASSY, BACK DOOR, LH

\$	R	612.68	✓
\$	R	419.90	✓
\$	SL	27.93	X
\$	CM	472.19	✓
\$	Div	167.48	✓
\$	SL	167.48	X
\$	CM	49.25	✓
\$	SL	49.25	X
\$	SL	220.50	X
\$	SL	304.92	X
\$	SL	290.43	X
\$	SL	159.39	X
\$	R	824.46	✓
\$	R	1,099.46	X
\$	SL	176.09	✓
\$	R	1,443.86	X
\$	SL R	1,986.92	X
\$	SL	21.32	X
\$	Shadow	957.39	✓
\$	SL	65.21	✓
\$	Br	428.19	✓
\$	Br	329.49	✓
\$	SL	88.41	✓
\$	Br	370.44	✓
\$	SL	370.44	X
\$	SL	469.25	X
\$	CM	1,156.89	✓
\$	SL	305.66	X

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**AAD2410-****SHF553U**

1 STAY ASSY, BACK DOOR, RH	\$	305.66	X
1 HINGE ASSY, BACK DOOR, LH	\$	77.18	X
1 HINGE ASSY, BACK DOOR, RH	\$	77.18	X
1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	68.88	—
1 PLATE, BACK DOOR NAME, NO.1	\$	68.88	—
1 ORNAMENT SUB-ASSY, BACK DOOR	\$	90.30	—
<b>TOTAL</b>	<b>\$</b>	<b>13,722.96</b>	
<b>25%</b>	<b>\$</b>	<b>3,430.74</b>	
	<b>\$</b>	<b>10,292.22</b>	

**Special Nett**

1SET PARKING AID	\$	700.00	X
1SET REAR BUMPER CLIP	\$	95.00	601
2 WINDSCREEN SEALANT	\$	150.00	401
1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	301
1 REAR TAILGATE STICKER "Trans-Cab"	\$	80.00	301
1 REAR TAILGATE STICKER "6555-3333"	\$	80.00	301
1 REAR BUMPER PROTECTOR	\$	180.00	301
2 SEAM SEALANT	\$	250.00	X
1SET REAR BUMPER RETAINER CLIP	\$	85.00	X
1 END PANEL TRIM CLIP	\$	65.00	X
<b>TOTAL</b>	<b>\$</b>	<b>2,015.00</b>	
<b>TOTAL PARTS</b>	<b>\$</b>	<b>12,307.22</b>	

**LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair. \$ 300.00 801

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. \$ 380.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same \$ 1,600.00 4001

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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	8801
To reinstall rear bumper parking sensor.	\$		170.00	501
To Check Electrical Lighting Concerned.	\$		170.00	201
<b>TOTAL</b>	<b>\$</b>		<b>5,030.00</b>	
<b>Over All Total</b>	<b>\$</b>		<b>17,337.22</b>	

**(PART-BY-PART) Repair Days**~~12 DAYS~~

3 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	21/10/2024 09:47 (SGT)
Reported by	Actual Driver
Date of Accident	19/10/2024 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT PANJANG ROAD TECK WHYE ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF553U
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

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO :  
F/20241019/2062

ATTACHMENT(S)

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	GBB9682M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OH KIM ANN
NRIC No	S2628328J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# 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  
09:30

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

YUNOS S099951

## **Sketch Plan**

A - SHF553U

B - GBB9682M

BUKIT PANJANG ROAD



**SINGAPORE  
POLICE FORCE**



F/20241019/2062

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20241019/2062

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

Date/Time Report Made 19/10/2024 19:41		Vide Report No.		Station Diary No. 37	
Name Of Informant NG POI ENG		Address 34 SEGAR ROAD #07-35 SINGAPORE 677723			
ID Type / ID No. NRIC NO / S0212148D		Contact No. Home/Office		Mobile 81986414	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Taxi driver		Sex Male	Age 73	Date of Birth 25/03/1951	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 19/10/2024 18:40		Location Of Incident 1 JELEBU ROAD BUKIT PANJANG PLAZA SINGAPORE 677743			

**Brief details**

On 19/10/2024 at approximately 1640hrs, I was driving a Transcab with registration number SHF553U. As I was travelling along the road adjacent to Bukit Panjang Plaza, approaching the straight road towards Teck Whye Road near Lamppost 12, my vehicle came to a stop at the traffic light. Whilst stationary and waiting for the signal to turn green, a lorry bearing registration number GBB9682M suddenly collided with the rear of my vehicle. The impact resulted in a dented rear bumper and shattered glass.

Following the collision, we moved our vehicles to the side of the road to assess the situation. Fortunately,

Signature Of Officer Recording The Report:  
F / SGT 3 KONG ZI YANG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Ang Mo Kio North N.P.C /  
SR STAFF SGT SHAHRUL SOPHIAN BIN JUMAAT  
Contact No.: 64849999

Signature Of Informant:

Date/Time:  
19/10/2024 19:41

Classification Of Case: