

ASS. REC. BY:

REF: TV 1Kenneth

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. _____

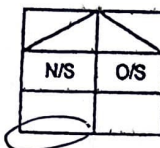
Sum Insured: _____ Excess: _____

(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: 02 days Res.: Yes or NoLum Sum: 1.3.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S140 283T Yr Regn: 09, 23

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

Truck / Trailer or _____

Make: Toy Prius C.C. 1798Colour MP White / Red A/C: Insured / Std / NI / NASp. Reading 54902 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOK B31F U30 3096994Gen. Cond: Good Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Wanli 195/65R15R: Dunlop

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 3 mmL/Bal. 9 mm L/Bal. 3 mmD.O.A. 21/10/24 D.O.I. 25/10/2024

Survey held at _____

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

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 Got BZ

Date/Time, File Pass to?

☐: Prell. Report

Days Of Repair: _____

1) _____

☐: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech Invs (\$ _____)☐: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S - RS. SI _____

Fees _____

Others _____

TOTAL

Report Format:

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

Not Notified
Punery B4 pain

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

SHD283J

AAD2410- 089

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SHD283J

JTDKB3FU303096994

200303878K

TOYOTA

PRIUS GEN 4

21/10/24

SLM 8931A/TH

4/9/2023

25 OCT 2024

PART

LIST

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 REAR BUMPER SIDE RETAINER RH
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 REFLECTOR ASSY, REFLEX, LH
- 1 LENS & BODY, REAR COMBINATION LAMP, LH
- 1 LENS & BODY, REAR COMBINATION LAMP, NO.2 LH
- 1 COVER, REAR COMBINATION LAMP, LH
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, FLOOR UNDER, LH
- 1 COVER, REAR FLOOR
- 1 PANEL SUB-ASSY, QUARTER, LH
- 1 LINER, REAR WHEEL HOUSE, LH
- 1 COVER, DECK TRIM, REAR
- 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

\$	612.68	—
\$	27.93	X
\$	472.19	—
\$	149.21	X
\$	149.21	X
\$	167.48	—
\$	167.48	X
\$	419.90	X
\$	49.25	X
\$	428.19	}
\$	329.49	
\$	88.41	
\$	220.50	
\$	304.92	
\$	290.43	
\$	1,099.46	
\$	176.09	
\$	159.39	}
\$	1,156.89	
\$	68.88	
\$	68.88	
\$	90.30	

TOTAL \$ 6,697.16
25% \$ 1,674.29
\$ 5,022.87

SPECIAL NETT

1SET PARKING AID

1 REAR BUMPER CLIP

\$ 700.00 X
\$ 65.00 6012

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
SHD283J

AAD2410-

1 REAR RH BUMPER RETAINER CLIP	\$	~	65.00	X
1 FENDER LINER CLIP	\$	~	65.00	X
1 END PANEL INNER TRIM CLIP	\$	~	60.00	X
1 REAR BUMPER PROTECTOR	\$	~	180.00	X
TOTAL				\$ 1,135.00
TOTAL PARTS				\$ 6,157.87

LABOUR

To rust-proofing of the affected areas.	\$	~	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 transfer of tailgate fittings and conduct water seepage test.	\$	~	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	~	380.00	X
To transfer of tailgate fittings and conduct water seepage test.	\$	~	170.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	~	170.00	X
To reinstall rear bumper parking sensor.	\$		170.00	501
To check steering geometry and computer wheel alignment	\$	~	220.00	X
TOTAL				\$ 5,080.00

LKK Auto Consultants hence notifies
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:

OVERALL TOTAL \$ 11,237.87

2 days

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	22/10/2024 15:01 (SGT)
Reported by	Actual Driver
Date of Accident	21/10/2024 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMPASS ONE TAXI STAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD283J
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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	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	Private car
Transmission	Auto
CC	1500
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.

22/10/2024
1457HRS

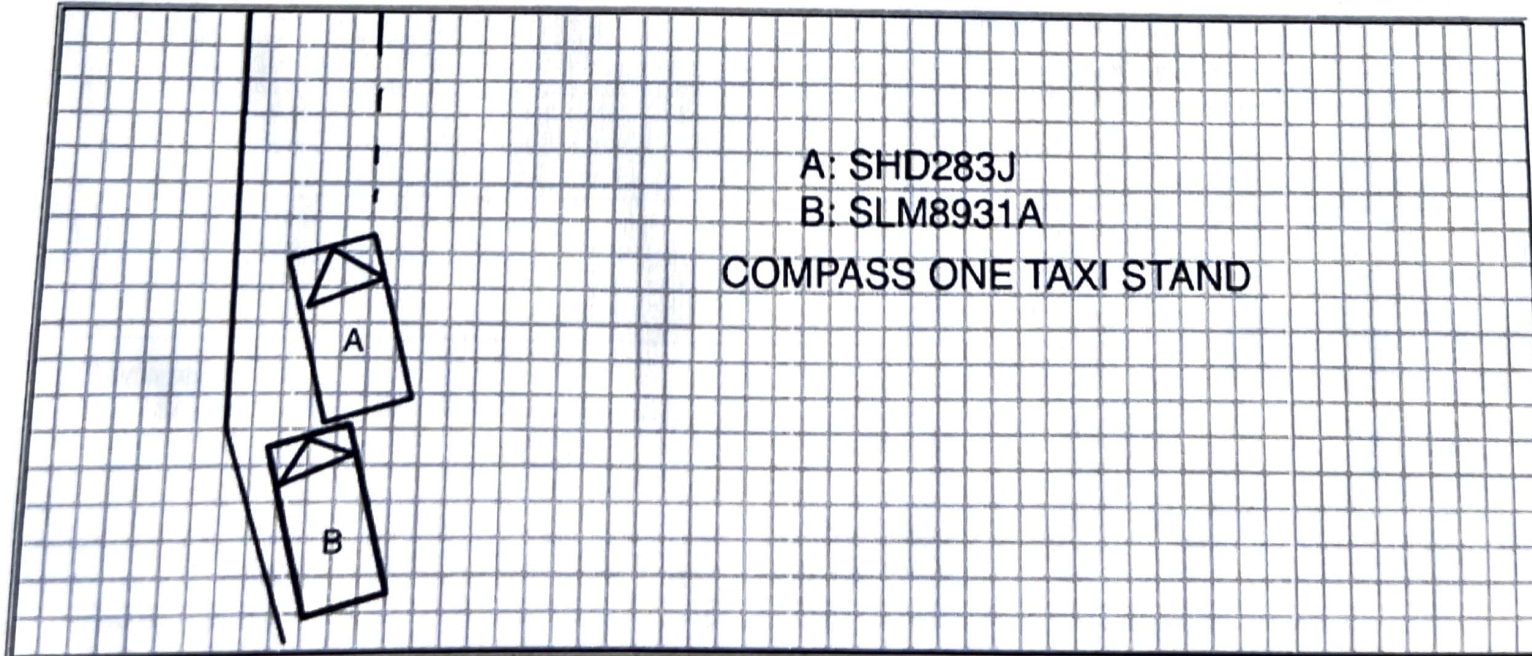
NUR ASYRAF BIN ZAINAL
S997042

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





**SINGAPORE
POLICE FORCE**



T/20241022/2048

2 of 3

Report No. T/20241022/2048

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Brief Details.

I am Lee Qian Yi, and I am currently residing at APT BLK 295B Compassvale Crescent #01-227.

On 21/10/2024 at about 1900hrs, I was at Compass One taxi stand waiting for passengers when another car rear ended me.

I was driving my Toyota Prius (Transcab, SHD283J) while the car that hit me was driving a Mazda 3 (Getgo, SLM8931A). Both of us had no passengers in our car. When I got out of the car to confront him, he insisted on settling the matter privately, but I could not as the car does not belong to me.

Both the police and ambulance were present at my scene, and I was conveyed to Sengkang Hospital. I was given 7 days of Hospitalization leave from the 21/10/2024 until 27/10/2024.