

ASS. REC. BY:

REF:

F62/ CS/FCI24110024/Kvh3

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: SHA 9484C

Policy No.

Claims No. D24009607MFCT

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:

8 112k

IDAC Accident Rpt:

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:

SM81429A

Yr Regn:

04, 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

A/C: Insured / Std / NI / NA

Sp. Reading

321098

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKCB3FU903093842

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

Goodride

195/65R15

R: Wanli

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

29/10/24

D.O.I.

1/11/2024

Survey held at

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

O/S 1st

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

Date / Time

Action / Instruction

28/11

21 By 84800f. Canhu

(red 9799.69, 67%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fines

Others

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Report Format :

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

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

575K

Vehicle Details

Vehicle No.:

SMZ1429A

Vehicle to be Exported:

Yes

Intended Deregistration Date:

30 Oct 2024

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS 5DR HATCHBACK (AUTO)

Primary Colour:

White

Manufacturing Year:

2020

Engine No.:

2ZR2J07694

Chassis No.:

JTDKB3FU903093842

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$26,879.00

Original Registration Date:

13 Apr 2021

First Registration Date:

13 Apr 2021

Transfer Count:

0

Actual ARF Paid:

\$14,631.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

12 Apr 2031

PARF Rebate Amount:

\$10,973.00

Intended COE Rebate Details

COE Expiry Date:

12 Apr 2031

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$52,309.00

COE Rebate Amount:

\$33,753.00

Total Rebate Amount:

\$44,726.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 30 Oct 2024

OK

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	30/10/2024 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	29/10/2024 20:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG TOWN HALL RD BEFORE BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1429A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	201603575K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
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 hire
Transmission	Auto
CC	1800
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	5147264458

DRIVER

Name of Driver	YIP CHUN FAI KELVIN (YE ZHENHUI KELVIN)
NRIC No	S7603119C
Date Of Birth	10/02/1976
Occupation	Outdoor
Driving Pass Date	20/05/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96283916
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	63 LORONG K TELOK KURAU
Address complement	#03-01
Postcode	425673
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was driving along Jurong town hall road on the 3rd lane, while I was driving on my lane, suddenly the 3rd party that was driving on the 2nd lane make an abrupt lane change into my lane without checking for the on coming traffic and did not indicate any signal light and hit onto my front right bumper. I managed to take some photos and exchange details with the driver. No injuries was involved at the scene

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Will email to motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9484C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HASSAN MOHAMED BIN MOHAMED
NRIC No	S0062804B
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
30/10/2024
11:25hrs

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
S995530

Sketch Plan

A- SMZ1429A

B- SHA9484C

JURONG TOWN

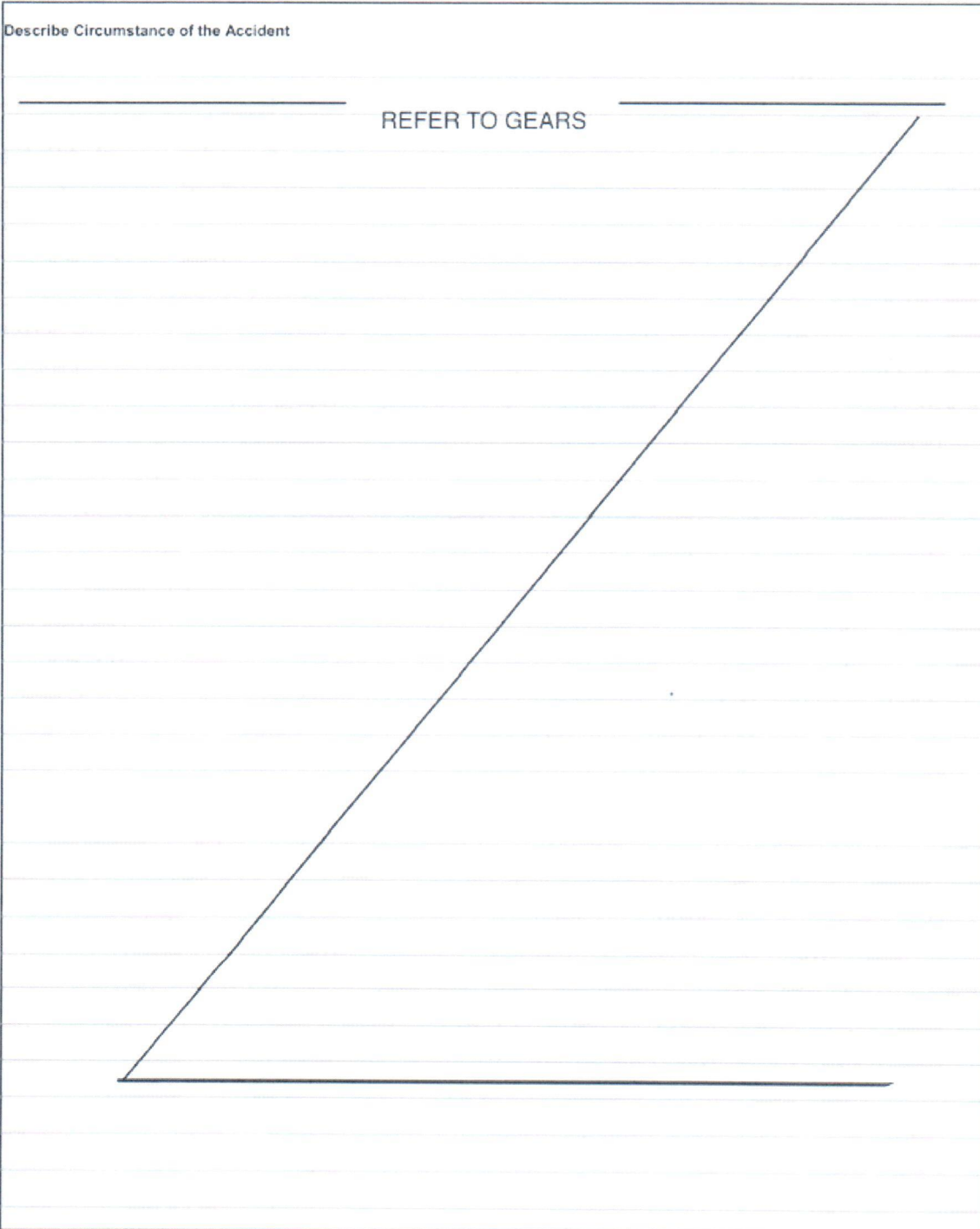
HALL RD

BEFORE BOON

LAY WAY

Describe Circumstance of the Accident

REFER TO GEARS



Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

30/10/2024
11:25hrs

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

Muhammad Sumardi Bin Mohd Affandi₂
S995530

Not Withheld
11 Sep 84800h

Trans-cab Auto Services Pte Ltd

LAD2410-020

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SMZ1429A

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SMZ1429A

JTDKB3FU903093842

201603575K

TOYOTA

PRIUS GEN 4

29/10/2024

SHA9484C/MSFCI

13/4/2021

01 NOV 2024

PART	LIST	
1 COVER, FRONT BUMPER	\$ <i>Actual</i> 653.31	✓
1 ABSORBER, FRONT BUMPER ENERGY	\$ <i>Sn</i> 100.91	X
1 REINFORCEMENT SUB-ASSY, FRONT BUMPER	\$ <i>Sn</i> 902.16	✓
1 SUPPORT, FRONT BUMPER SIDE, RH	\$ <i>Sn</i> 100.49	X
1 SUPPORT, RADIATOR, UPPER RH	\$ <i>Sn</i> 99.33	X
1 MOULDING, FRONT BUMPER SIDE, RH	\$ <i>Sn</i> 120.86	✓
1 COVER, FRONT BUMPER HOLE, RH	\$ <i>Sn</i> 38.22	X
1 GRILLE SUB-ASSY, RADIATOR	\$ <i>Sn</i> 532.88	X
1 GRILLE, RADIATOR, LOWER NO.1	\$ <i>Sn</i> 224.70	X
1 JAR ASSY, WINDSHIELD WASHER	\$ <i>Sn</i> 276.15	X
1 WHEEL, DISC	\$ <i>Actual</i> 2,554.70	✓
1 ABSORBER ASSY, SHOCK, FRONT RH	\$ <i>Sn</i> 596.19	✓
1 SUPPORT SUB-ASSY, FRONT SUSPENSION, RH	\$ <i>Sn</i> 298.10	✓
1 JOINT ASSY, LOWER BALL, FRONT RH	\$ <i>Sn</i> 331.80	✓
1 KNUCKLE, STEERING, RH	\$ <i>Sn</i> 836.64	✓
1 FENDER SUB-ASSY, FRONT RH	\$ <i>Sn</i> 1,236.69	X
1 LINER, FRONT FENDER, RH	\$ <i>Sn</i> 255.36	✓
1 EMBLEM, SIDE PANEL, RH	\$ <i>Sn</i> 68.88	✓
1 UNIT ASSY, HEADLAMP, RH	\$ <i>Sn</i> 3,325.56	✓
TOTAL	\$ 12,552.93	
25%	\$ 3,138.23	
	\$ 9,414.69	

Special Nett

Trans-cab Auto Services Pte Ltd**LAD2410-020**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SMZ1429A

1	FRT BUMPER CLIP	\$	nn	65.00	6000
1	FENDER LINER CLIP	\$	nn	65.00	X
1	FRT BUMPER SIDE RETAINER CLIP	\$	nn	65.00	X
TOTAL		\$		195.00	

TOTAL PARTS	\$	9,609.69
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LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	250.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,800.00	4400
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn	380.00	X
To Check Electrical Lighting Concerned.	\$		170.00	200
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		2,000.00	4000
To check steering geometry and computer wheel alignment	\$		220.00	600
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	nn	170.00	X
TOTAL	\$		4,990.00	

Over All Total	\$	14,599.69
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(PART-BY-PART) Repair Days~~07~~ 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: