

ASS. REC. BY:

REF: 1051

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:

06 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:

SMY 579L

Yr Regn: 02, 21

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

Truck / Trailer or

Make:

Toyota Proace

C.G. 1798

Colour:

M. Silver

AC: Insured / Std / NI / NA

Sp. Reading

235346

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FUH03091601

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / 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.

7

mm

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

23/6/24

D.O.I.

26/6/2024

Survey held at

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

O/S RA &amp; UIC

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

Date / Time

Action / Instruction

1 Got video

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:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS - SI

: P.A.S

: Others

Report Format:

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

TOTAL

Not Authorized  
L/Ry &

**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

**SMY579L**

LAD2406- 01P

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SMY579L**

JTDKB3FUX03091601

201603575K

TOYOTA

PRIUS GEN 4

23/6/2024

SAH 4475D / Ecics

10/2/2021

**PART**

**LIST**

|              |                                      |    |     |                  |   |
|--------------|--------------------------------------|----|-----|------------------|---|
| 1            | COVER, FRONT BUMPER                  | \$ | Ta  | 653.31           | ✓ |
| 1            | ABSORBER, FRONT BUMPER ENERGY        | \$ | CM  | 100.91           | ✓ |
| 1            | REINFORCEMENT SUB-ASSY, FRONT BUMPER | \$ | Ry  | 902.16           | ✓ |
| 1            | SUPPORT, FRONT BUMPER SIDE, RH       | \$ | Dir | 100.49           | ✓ |
| 1            | MOULDING, FRONT BUMPER SIDE, RH      | \$ | miy | 120.86           | ✓ |
| 1            | COVER, FRONT BUMPER HOLE, RH         | \$ | miy | 38.22            | ✓ |
| 1            | COVER SUB-ASSY, ENGINE UNDER, NO.2   | \$ | CM  | 304.92           | ✓ |
| 1            | GRILLE SUB-ASSY, RADIATOR            | \$ | Dir | 532.88           | ✓ |
| 1            | GRILLE, RADIATOR, LOWER NO.1         | \$ | CM  | 224.70           | ✓ |
| 1            | SUPPORT, RADIATOR, UPPER RH          | \$ | Bu  | 99.33            | ✓ |
| 1            | SUPPORT SUB-ASSY, RADIATOR, UPPER    | \$ |     | 476.28           | ? |
| 1            | SUPPORT SUB-ASSY, RADIATOR, RH       | \$ |     | 308.91           | ? |
| 1            | CLEANER ASSY, AIR                    | \$ | su  | 1,448.06         | X |
| 1            | CONDENSER ASSY, <del>COOLER</del>    | \$ | pu  | 2,247.95         | ✓ |
| 1            | JAR ASSY, WINDSHIELD WASHER          | \$ | pu  | 276.15           | ✓ |
| 1            | GLASS, WINDSHIELD                    | \$ | CM  | 1,993.53         | ✓ |
| 1            | HOOD SUB-ASSY                        | \$ | Ry  | 1,243.20         | ✓ |
| 1            | HINGE ASSY, HOOD, LH                 | \$ |     | 74.34            | ? |
| 1            | HINGE ASSY, HOOD, RH                 | \$ | Dir | 74.34            | ✓ |
| 1            | COVER SUB-ASSY, FRONT PILLAR, UPR RH | \$ | miy | 126.74           | ✓ |
| 1            | FENDER SUB-ASSY, FRONT RH            | \$ | Ry  | 1,236.69         | ✓ |
| 1            | LINER, FRONT FENDER, RH              | \$ | CM  | 255.36           | ✓ |
| 1            | EMBLEM, SIDE PANEL, RH               | \$ | m   | 68.88            | ✓ |
| 1            | UNIT ASSY, HEADLAMP, RH              | \$ | CM  | 3,325.56         | ✓ |
| <b>TOTAL</b> |                                      | \$ |     | <b>16,233.77</b> |   |
| <b>25%</b>   |                                      | \$ |     | <b>4,058.44</b>  |   |



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No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SMY579L

LAD2406-

**Special Nett**

- 1 FRT BUMPER CLIP
- 1 FENDER LINER CLIP
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL
- 1 FRT BUMPER SIDE RETAINER CLIP

|                    |    |                  |
|--------------------|----|------------------|
|                    | \$ | 12,175.32        |
|                    | \$ | nn 65.00 60sn    |
|                    | \$ | nn 65.00 60sn    |
|                    | \$ | nn 150.00 40sn   |
|                    | \$ | nn 200.00        |
|                    | \$ | nn 130.00 30sn   |
|                    | \$ | nn 65.00 X       |
| <b>TOTAL</b>       | \$ | <b>675.00</b>    |
| <b>TOTAL PARTS</b> | \$ | <b>12,850.32</b> |

**LABOUR**

|   |    |                 |
|---|----|-----------------|
| To Rust-Proofing and apply undercoat Of The Affected Areas.   | \$ | 1,200.00 90l    |
| Putty And Spray Painting Of The Affected Portion.   | \$ | 1,800.00 1100l  |
| 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 20l      |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | 2,000.00 700l   |
| To check steering geometry and computer wheel alignment   | \$ | 220.00 60l      |
| To transfer of rear fender panel fittings, attachment and perform water seepage test.                                     | \$ | nn 170.00 X     |
| <b>TOTAL</b>  | \$ | <b>5,940.00</b> |

**Over All Total \$ 18,790.32****(PART-BY-PART) Repair Days****07 Days****5 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 surveys on a "Without Prejudice" basis
- No illegal modification allowed
- Supplementary items to be surveyed 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        | 25/06/2024 10:33 (SGT)          |
| Reported by                     | Actual Driver                   |
| Date of Accident                | 23/06/2024 04:00 (SGT)          |
| Exact Location of Accident      | Singapore                       |
| Additional Location Information | Moulmein road towards Balestier |
| Country/State of Loss           | Singapore                       |

## DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SMY579L |
|-----------------------------|---------|

## 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                      |

## INSURANCE COMPANY

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Insurance Company         | Income Insurance Limited |
| Policy Number / Cover Note Number | 5128626563-01            |

## DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | ANG PEK SENG |
| NRIC No        | S6820182I    |
| Date Of Birth  | 01/06/1968   |
| Occupation     | Outdoor      |



## IMPORTANT NOTICE

## SKETCH PLAN

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

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

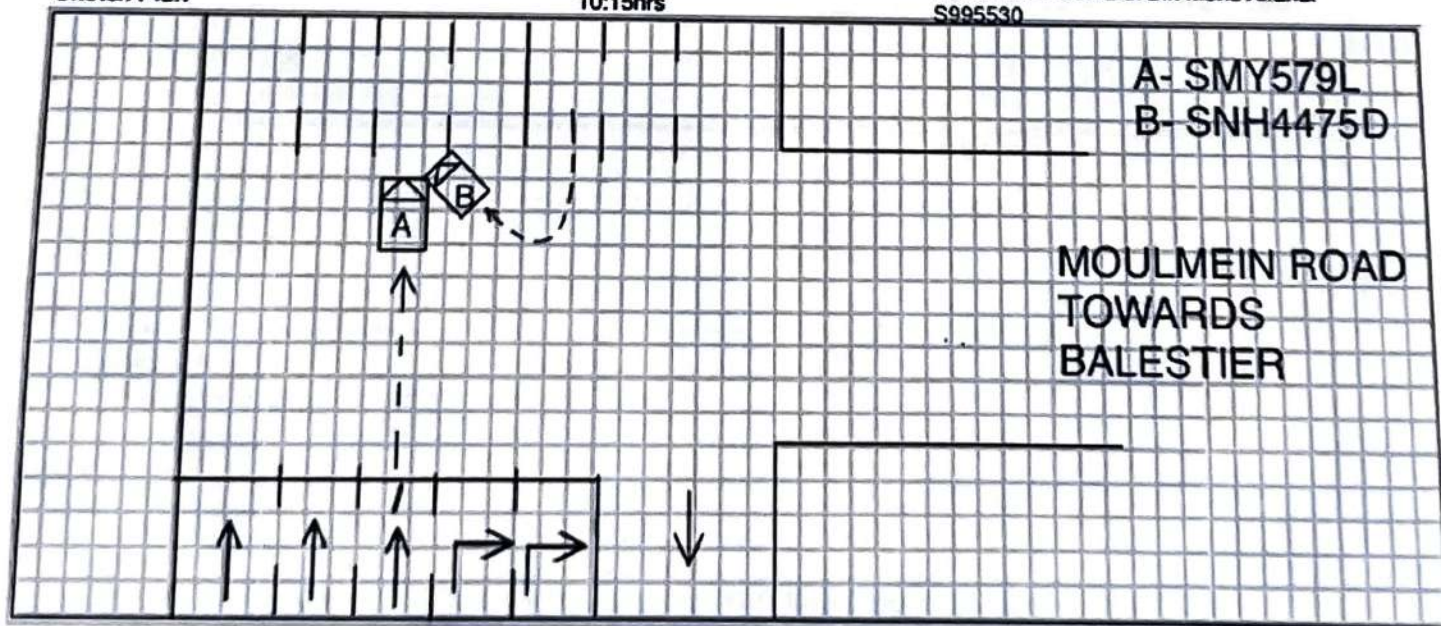
Muhammad Sumardi Bin Mohd Affandi  
S995530

Sketch Plan

25/06/2024  
10:15hrs

A- SMY579L  
B- SNH4475D

MOULMEIN ROAD  
TOWARDS  
BALESTIER





**SINGAPORE  
POLICE FORCE**

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



T/20240623/2054

2 of 3

Report No. T/20240623/2054

**CONTINUATION OF REPORT**

|                                   |                                       |                |                                   |                                       |
|-----------------------------------|---------------------------------------|----------------|-----------------------------------|---------------------------------------|
| <b>Driver</b>                     |                                       |                |                                   |                                       |
| Name                              | ANG PEK SENG                          |                | ID No.                            | S68201821                             |
| Related Vehicle                   | SMY579L (Motor car)                   |                | Contact No.                       | 91058485                              |
| Hospital/Clinic                   | OUR FAMILY PHYSICIAN CLINIC & SURGERY |                | Class of Driving Licence & Expiry | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | 23/06/2024                            | Date Discharge | 23/06/2024                        |                                       |
| No. of Days granted Medical Leave | 05                                    | Degree of      | Slight                            |                                       |

**Brief Details.**

On the 23/06/2024 at about 0400hrs, I was driving along the third lane of Moulmein Road towards Balestier in my car bearing SMY579L with one passenger inside. As I was approaching the traffic light, it was green in colour however I noticed there was one veh SNH4475D whom beat the red light, approaching from my right side. I tried to swerve to avoid collision however I was unable to and the other car collided with my right side and drove off. The other car kept going faster as I was chasing him. He then beat another red light at Lavender Street. I stopped my chase over there and called for police.

I had suffer some pain on my back and neck thus I seek medical treatment and were issued with 5 days MC. My car was towed to the workshop.