

ASS. REC. BY:

REF: C721

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Van 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 1/2 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 7347M Yr Regn: 05, 19

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 742385 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOK B3FV803081066

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/RIm / STD / A/RIm or

Tyre Size: 195/65R15

R: Wanli

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. 24/10/24

D.O.I. 29/10/2024

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

Prell. Report

Days Of Repair: _____

1)

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: Site Insp (\$

Transportation

Interview (\$

S - RS. SI

Tech Invs (\$

Fixes

Weekend (\$

Others

TOTAL

Report Format :

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

Not Withheld
L/Sy &

Trans-cab Auto Services Pte Ltd

AAD2410-096

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB7547M

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

29 OCT 2024

SHB7547M

JTDKB3FU803081066

200303878K

TOYOTA

PRIUS

24/10/24

GRK53938/China

31/5/2019

PART

LIST

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 FILLER, REAR BUMPER EXTENSION, LH
- 1 PANEL SUB-ASSY, QUARTER, LH
- 1 LINER, REAR WHEEL HOUSE, LH
- 1 COVER, FLOOR UNDER, NO.1 LH
- 1 COVER, REAR FLOOR
- 1 COVER, REAR COMBINATION LAMP, LH
- 1 LENS AND BODY, REAR LAMP, LH
- 1 LENS & BODY, REAR COMBINATION LAMP, LH
- 1 SEAL, REAR SPOILER
- 1 SPOILER SUB-ASSY, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 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

\$	Bu	558.39	✓
\$	Sn	19.43	X
\$	CM	726.92	✓
\$		419.90	?
\$	ng cm	155.72	✓
\$	R	1,099.46	} X
\$	Sn	176.09	
\$	Sn	220.50	
\$	Sn	290.43	
\$	Sn	81.48	
\$	Sn	634.73	
\$	Sn	559.13	
\$	Sn	21.32	
\$	Sn	1,986.92	
\$	R	824.46	
\$	ng cm	1,171.38	✓
\$	Rs	68.88	—
\$	Rs	68.88	—
\$	Rs	90.30	✓

TOTAL \$ 9,174.28
25% \$ 2,293.57
\$ 6,880.71

Special Nett

1 REAR BUMPER CLIP

\$ Rs 65.00 60sm

Trans-cab Auto Services Pte Ltd

AAD2410-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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CO./GST Reg. No. 201019626G

SHB7547M

1 BOOT STICKER TRANSCAB	\$	<i>Na</i>	100.00	<i>30sn</i>
1 BOOT STICKER TEL NO	\$	<i>Na</i>	100.00	<i>30sn</i>
1 FENDER LINER CLIP	\$	<i>na</i>	65.00	X
1 REAR TAIL LAMP CLIP	\$	<i>na</i>	65.00	X
TOTAL	\$		395.00	
<hr/>				
TOTAL PARTS	\$		8,543.40	

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$		250.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,800.00	<i>44d</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</i>	380.00	X
To Check Electrical Lighting Concerned.	\$		170.00	<i>15L</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		3,000.00	<i>20d</i>
To check steering geometry and computer wheel alignment	\$	<i>na</i>	220.00	X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	<i>na</i>	170.00	X
TOTAL	\$		5,990.00	
<hr/>				
Over All Total	\$		21,414.11	

(PART-BY-PART) Repair Days

06 Days

2 1/2 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before and after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to quotation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary item(s) may be resurveyed and is subject to final approval from Insurers 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	25/10/2024 15:16 (SGT)
Reported by	Actual Driver
Date of Accident	24/10/2024 03:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE EXIT TO BEDOK AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7547M

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	-
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5393B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

25/10/2024
1515HRS

FAIZ ABDUL RAHIM

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

PIE EXIT TO BEDOK AVENUE 3

A - SHB7547M
B - GBK5393B

