ASS DES DV	
ASS. REC. BY: Henneth	
	ASSIGNMENT
From: Date:	Veh No: SIAF 6216 Yr Regn: 03, 21
OD (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No:	Truck / Trailer or
the state of the s	Make: Tuy Prius c.c 1798
at Workshop m/s Trans Cab	100 model of the management of
Insured:	Sp.Reading 2911.30 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: <u>TTDKB31=U20309"2063</u> Gen. Cohd: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modi: NII / S/Rim / STD A/Rim or
	Tyre Size: F: Wanl; 195/65R15
(Policy Condition)	R: Jailun
	DIS BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front () Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm 'R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. / mm L/Bal. 6 mm
Est. Repairs: 02 days Res.: Yes or No	D.O.A. 21/10/24 D.O.I. 21/11/202
i. Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
V To The Transition of the	Des, of Damages : Frt Likear 7 O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN /	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	2
	A STATE OF THE PARTY OF THE PAR
	The second secon
	The second secon
Calco/Time, File Pass to? : Preil. Report	Days Of Repair:
Tall Nopel	
: Final Report	Resurvey No. of Trip: Survey Fee:
uta/lime, File Return to?	Transportation
Add F	ee: : Site insp (\$) _s-Rssi
The second secon	Annual Control of the
,	: Interview (\$), Finals
port Format :	Tech Invs (\$) Others
mp Sum / I.B.I: (\$	Weekend (\$)
and the second of the second of the second of	The state of the s

Not Northorisa

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

SHF621G

Ns

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SHF621G

JTDKB3FU203092063

AAD2410-075

200303878K

TOYOTA

PRIUS GEN 4

21/10/2024

SKT6407K/_TM

12/3/2021

	PART			LIST
1 1 1 1 1	COVER, REAR BUMPER REINFORCEMENT SUB-ASSY, REAR BUMPER COVER, REAR BUMPER, LOWER GUARD, REAR BUMPER, CENTER RETAINER, REAR BUMPER SIDE, LH RETAINER, REAR BUMPER SIDE, RH		\$ \$ \$ <i>Des</i> \$	Bu 612.68 419.90 7 101 27.93 101 472.19 101 167.48 X 101 167.48 X
1	REFLECTOR ASSY, REFLEX, LH		\$	49.25
1	REFLECTOR ASSY, REFLEX, RH		\$	49.25
1	COVER, FLOOR UNDER, NO.1 LH		\$	220.50 🗶
1	COVER, FLOOR UNDER, NO.2 RH		\$	が 304.92 犬
1	COVER, REAR FLOOR CTR		\$	Ju 290.43 x
1	COVER, DECK TRIM, REAR		\$	In 159.39 L
1	PANEL SUB-ASSY, BODY LOWER BACK	_	\$	n 824.46 K
	7	TOTAL	\$	3,765.86
		25%	\$	941.47
			\$	2,824.40

2 i NOV 2027

Special Nett

1SET PARKING AID	\$ 700.00 X
1SET REAR BUMPER CLIP	\$ na 95.00 60se
2 WINDSCREEN SEALANT	\$ ~~ 150.00 X
1 WINDSCREEN MOULDING	\$ 200.00 %
1 WINDSCREEN INNER SPONGE SEAL	\$ 130.00 X
1 REAR NO. PLATE	\$ 180.00
1 REAR BUMPER PROTECTOR	
2 SEAM SEALANT	\$ Ma 180.00 3014
1SET REAR BUMPER RETAINER CLIP	\$ 250.00 X
EN NETAINER CLIP	\$ ~~ 85.00 X

Trans-cab Auto Services Pte Ltd No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No.: 6287 6666 Fax No.: 6257 1330		AAD2410-075
CO./GST Reg. No. 201019626G		
SHF621G		
1 END PANEL TRIM CLIP	\$	NN 65.00 X
тот	AL \$	2,035.00
TOTAL PAR	TS \$	4,859.40
LABOUR		
To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00 ★
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00 <i>200</i> 1
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	≈ 380.00 X
To transfer of Tailgate fittings, attachments and perform water seepagestest.	ge \$	~
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	~~ 250.00 ⊀
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00 220(
To reinstall rear bumper parking sensor.	\$	170.00 <i>501</i>
To Check Electrical Lighting Concerned.	\$	170.00 /01
LKK Auto Consult	AL \$	5,030.00
LKK Auto Consultants hence notify the Repairer of the following: Over All Tot		
to resulvey before/after encourant at	tal \$	9,889.40
o display damaged pad(s) during		
	ys	D4 DAYS
Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed		2 day
• Supplementany item (s) is allowed		Uday,
is subject to final approval from Insurance Company	4	~
Acknowledged by D		
Acknowledged by Repairer Signature:		
Date:		
Dute.		

Cost: WS/I ct Vehk

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© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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k:

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies of policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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 17:32 (SGT) Reported by **Actual Driver** 21/10/2024 15:55 (SGT) Date of Accident **Exact Location of Accident** Singapore SLIP ROAD ENTRANCE INTO PIE FROM TOA PAYOH LOR 2 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF621G

INSURED/POLICYHOLDER

Is company? Yes TRANS-CAB SERVICES PTE. LTD Name Of Registered Owner 200303878K Company Reg No CLAIMS@TRANSCAB.COM.SG **Email Address** (Phone) +65-65552222 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer **OTHERS** Model Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi **Transmission** Auto CC 1798 Vehicle Fuel Petrol First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5140725663-01

DRIVER



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) YUNOS S099951

Sketch Plan

17:30

A - SHF621G B - SKT6407K SLIP ROAD ENTRANCE INTO PIE(TUAS)