

ASS. REC. BY:

REF:

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.

N/S	O/S

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 No

Lum Sum:

18.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 AM BZ

Veh No:

SHC5591S

Yr Regn:

08, 22

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

Truck / Trailer or

Make:

Toy Prius

C.C

1798

Colour

MR White / Red

A/C:

Insured / Std / NI / NA

Sp.Reading

348241

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JDOKB3FU703095993

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Wanli

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

19/11/24

D.O.I.

22/11/2024

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Excess

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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

Not Authorized
Resurvey B4 paint

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

SHC5591S

AAD2411-076

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

22 NOV 2024

SHC5591S

JTDKB3FU703095993

200303878K

TOYOTA

PRIUS GEN 4

19/11/24

SHA24322 / FCI

31/8/2022

PART

LIST

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 REFLECTOR ASSY, REFLEX, LH
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 COVER, FLOOR UNDER, NO.1 LH
- 1 COVER, FLOOR UNDER, NO.2 RH
- 1 COVER, REAR FLOOR CTR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 PANEL SUB-ASSY, BACK DOOR
- 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

<i>Del/mz cm</i>	612.68	—
\$	419.90	?
\$ <i>nd</i>	27.93	✓
\$ <i>nd / 65</i>	472.19	✓
\$ <i>Sm</i>	167.48	X
\$ <i>Sm</i>	167.48	X
\$ <i>Sm</i>	49.25	X
\$ <i>Sm</i>	49.25	X
\$ <i>Sm</i>	220.50	X
\$ <i>Sm</i>	304.92	X
\$ <i>Sm</i>	290.43	X
\$ <i>Sm</i>	159.39	X
\$ <i>M</i>	824.46	X
\$ <i>M</i>	1,443.86	X
\$ <i>Sm</i>	1,156.89	X
\$ <i>nn</i>	68.88	X
\$ <i>nn</i>	68.88	X
\$ <i>nn</i>	90.30	X
TOTAL \$	6,594.67	
25% \$	1,648.67	
\$	4,946.00	

Special Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING

\$ <i>Sm</i>	700.00	X
\$ <i>nn</i>	95.00	<i>born</i>
\$ <i>nn</i>	150.00	X
\$ <i>nn</i>	200.00	X

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AAD2411-

SHC5591S

- 1 WINDSCREEN INNER SPONGE SEAL
- 1 REAR TAILGATE STICKER "Trans-Cab"
- 1 REAR TAILGATE STICKER "6555-3333"
- 1 REAR NO. PLATE
- 1 REAR BUMPER PROTECTOR
- 2 SEAM SEALANT
- 1SET REAR BUMPER RETAINER CLIP
- 1 END PANEL TRIM CLIP

\$	nn	130.00	X
\$	nn	80.00	X
\$	nn	80.00	X
\$	nn	180.00	X
\$	nn	180.00	3ain
\$	nn	250.00	X
\$	nn	85.00	X
\$	nn	65.00	X

TOTAL \$ 2,195.00**TOTAL PARTS \$ 7,141.00****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ nn 300.00 X

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ nn 380.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 1,600.00 200l

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ nn 380.00 X

To transfer of Tailgate fittings, attachments and perform water seepage test.

\$ 4 180.00 X

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 4 250.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 220l

To reinstall rear bumper parking sensor.

\$ 170.00 50l

To Check Electrical Lighting Concerned.

\$ 170.00 10l

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

TOTAL \$ 5,030.00

Acknowledged by Repairer

Signature:

Date:

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

SHC5591S

AAD2411-

Over All Total	\$	<u>12,171.00</u>
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(PART-BY-PART) Repair Days

~~8~~ DAYS

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	20/11/2024 13:06 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 07:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON TURNING LEFT TO SERANGOON CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5591S
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

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

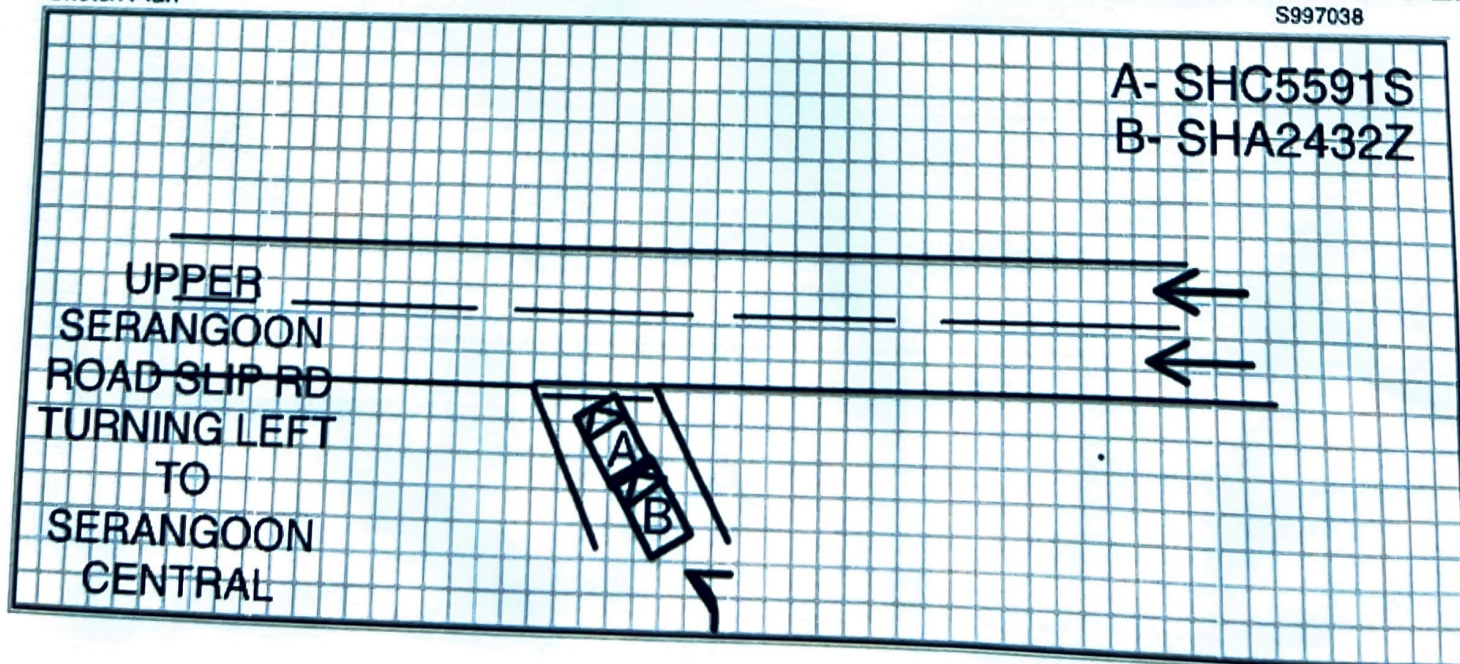
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Muhammad Farhan Bin Ghazali
S997038

Sketch Plan

20/11/24



A- SHC5591S
B- SHA2432Z



**SINGAPORE
POLICE FORCE**



T/20241120/7022

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241120/7022

CONTINUATION OF REPORT

Driver			
Name	TAN CHOON KIAT	ID No.	S1456348B
Related Vehicle	SHC5591S (Motor car)	Contact No.	91509655
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/11/2024	Date Discharge	20/11/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details

On 19/11/2024 at about 1910Hrs, i was driving my taxi SHC5591S along Upp Serangoon Road Slip Road towards Serangoon central. At the point of time, i was stationary at the give way line giving way to the main Traffic. Few second later, suddenly i felt a great impact from behind. I alighted my taxi and discover that a taxi SHA2432Z cannot stop on time and rear ended my taxi rear portion.

My neck and back pain due to the impact of the accident so i consult doctor and was given 5 days MC.