

ASS. REC. BY:

REF:

AG2/ CS/ AGI 2410509 / Kvp3

C

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:

SMZ 9059G

Policy No.

Claims No.

C10032110/CH

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:

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:

SMZ 65982

Yr Regn:

05, 21

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

Truck / Trailer or

Make:

Toy Priu

c.c

1798

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

34278

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3FU 303092914

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Goodride

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/10/24

D.O.I.

25/11/2024

Survey held at

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

O/S Rm

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

Date / Time

Action / Instruction

26/11

21 Rmp @ 1300k. Calm

(red 9206.29,87%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trlp:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	575K
<b>Vehicle Details</b>	
Vehicle No.:	SMZ6598L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	04 Oct 2024
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	2ZR2H26334
Chassis No.:	JTDKB3FU303092914
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	11 May 2021
First Registration Date:	11 May 2021
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 May 2031
PARF Rebate Amount:	\$10,897.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	10 May 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$60,001.00
COE Rebate Amount:	\$39,597.00
<b>Total Rebate Amount:</b>	<b>\$50,494.00</b>
<b>Message</b>	
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 04 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	04/10/2024 13:46 (SGT)
Reported by	Actual Driver
Date of Accident	03/10/2024 18:40 (SGT)
Exact Location of Accident	23 Dalhousie Ln, Singapore 209688
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ6598L
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#### 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	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	5147264458

#### DRIVER

Name of Driver	FOO HUAT BENG
NRIC No	S1441348J
Date Of Birth	02/11/1960
Occupation	Outdoor
Driving Pass Date	05/12/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97557727
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	460A BUKIT BATOK WEST AVENUE 9
Address complement	#16-27
Postcode	651460
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	Collided into Parked Vehicle
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)	2
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	-

#### PASSENGER 1

Name	ADULT
Gender	Male

#### 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 STOPPED AND PARKED MY VEHICLE ON THE LEFT SIDE OF THE ROAD TO ALIGHT PASSENGER, AS THE PASSENGER WAS ALIGHTING, VEHICLE B FRONT LEFT COLLIDED INTO MY RIGHT REAR.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ9059G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



2 of 2

Describe Circumstance of the Accident

Declaration

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

Policyholder's Signature / Date & Time

04102024/1430HRS

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

Muhammad Zaki bin Supian

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

04102024/1430HRS

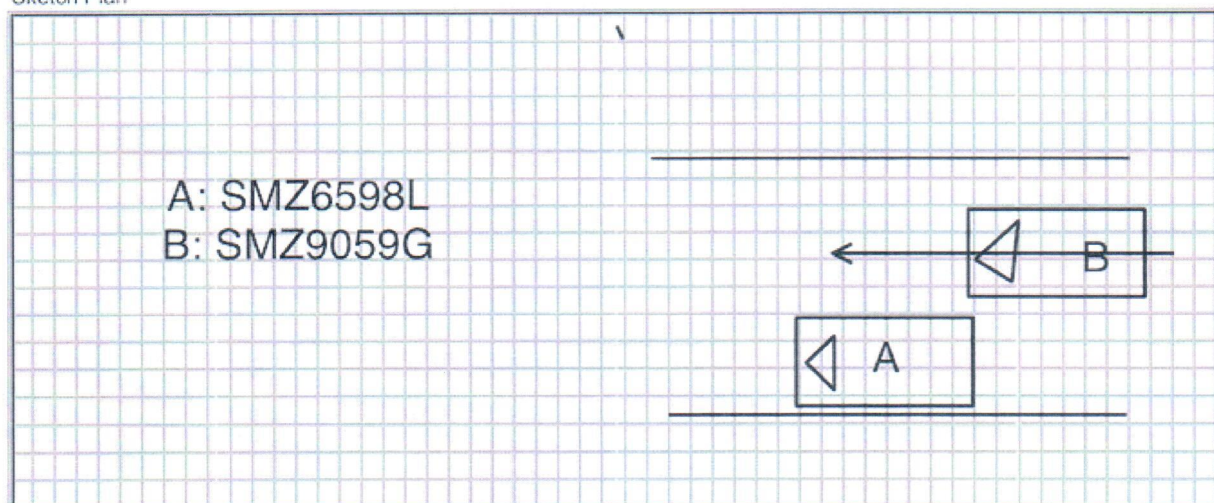
Policyholder's Signature / Date & Time

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

MUHAMMAD ZAKI BIN SUPIAN

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

**Sketch Plan**



Not Authenical  
C/Rep & 1300h

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No. : 62571330

CO./ GST Reg. No. 201019626G

**SMZ6598L**

**LAD2410-005**

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SMZ6598L

JTDKB3FU303092914

200303878K

TOYOTA

PRIUS GEN 4

3/10/2024

SMZ9059G/AUTO GEN

11/5/2021

**25 NOV 2024**

**PART**

**LIST**

- 1 COVER, REAR BUMPER
- 1 GUARD, REAR BUMPER, CENTER
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 REAR BUMPER SIDE RETAINER RH
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, FLOOR UNDER, NO.2 CTR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS & BODY, REAR COMBINATION LAMP, RH
- 1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH
- 1 COVER, REAR COMBINATION LAMP, RH
- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 LINER, REAR WHEEL HOUSE, RH

Bar / cm	612.68	✓
\$	472.19	X
\$	49.25	X
\$	149.21	X
\$	167.48	✓
\$	220.50	X
\$	304.92	X
\$	159.39	X
\$	824.46	X
\$	428.19	X
\$	329.49	X
\$	88.41	X
\$	1,099.46	X
\$	176.09	X

TOTAL \$ **5,081.72**  
25% \$ **1,270.43**  
**\$ 3,811.29**

**SPECIAL NETT**

- 1SET PARKING AID
- 1 REAR BUMPER CLIP
- 1 REAR LH BUMPER RETAINER CLIP
- 1 REAR RH BUMPER RETAINER CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 REAR BUMPER PROTECTOR
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	700.00	X
\$	65.00	60.00
\$	65.00	X
\$	65.00	X
\$	60.00	X
\$	180.00	X
\$	150.00	X
\$	200.00	X
\$	130.00	X
TOTAL \$	<b>1,615.00</b>	



**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

**SMZ6598L****LAD2410-005****TOTAL PARTS** \$ 5,426.29**LABOUR**

To rust-proofing of the affected areas.	\$	na	600.00	X
Putty and spray painting of the affected portion.	\$		1,200.00	4401
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		2,000.00	4001
To transfer of tailgate fittings and conduct water seepage test.	\$	na	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$		380.00	801
To transfer of tailgate fittings and conduct water seepage test.	\$	na	170.00	X
To reinstall rear bumper parking sensor.	\$		170.00	501
To check steering geometry and computer wheel alignment	\$	na	220.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	na	170.00	X

**TOTAL** \$ 5,080.00**OVERALL TOTAL** \$ 10,506.29*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: