

ASS. REC. BY:

REF: FC21Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tan Cab

of _____

Insured: _____

Policy No. _____

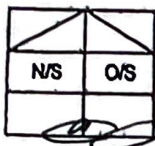
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

i. Est. Repairs: 04 days Res.: Yes or Noi. Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 7763E Yr Regn: 03, 19

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

Truck / Trailer or _____

Make: Toy Prius C.C. 1798Colour M.P. White / Red A/C: Insured / Std / NI / NA

Sp. Reading _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDK B3FU503079646Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD / R/Rim orTyre Size: F: Washi 195/65R15R: Sailun

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 8 mmL/Bal. 9 mm L/Bal. 8 mmD.O.A. 24/3/24 D.O.I. 2/7/2024

Survey held at _____

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

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

Date / Time Action / Instruction

Bottom Plot

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

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 \$ _____

Fees \$ _____

Others \$ _____

TOTAL

Report Format :

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

Not Attached
11 Sep 8

Trans-cab Auto Services Pte Ltd

AAD2403-104

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB7763E

Vehicle No.:

02 JUL 2024

Chassis No.:

SHB7763E

Co UEN:

JTDKB3FU503079646

Vehicle Make:

200303878K

Vehicle Model:

TOYOTA

Date of Accident :

PRIUS

Third Party Insurer :

24/3/2024

Date of Registration:

SHB3818H/FCI

29/3/2019

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, RH
- 1 COVER, FLOOR UNDER, LH
- 1 COVER, FLOOR UNDER, NO.2 (RH)
- 1 COVER, REAR FLOOR
- 1 WHEEL, DISC
- 1 CAP, WHEEL
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 COVER, REAR COMBINATION LAMP, RH
- 1 LENS AND BODY, REAR LAMP, RH (LOWER)
- 1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)
- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 LINER, REAR WHEEL HOUSE, RH

\$	Per	558.39	X
\$	1m	19.43	X
\$	not det	126.92	—
\$	1m	419.90	X
\$	1m	155.72	X
\$	1m	304.92	X
\$	1m	220.50	X
\$	1m	290.43	X
\$	1m	2,554.70	X
\$	1m	266.91	X
\$	1m	824.46	X
\$	1m	81.48	X
\$	CM 1m	634.73	—
\$	CM 1m	570.15	—
\$	Per	1,099.46	—
\$	CM	176.09	—

TOTAL \$ 8,728.07

25% \$ 2,182.02

\$ 6,546.05

Special Nett

1SET PARKING AID

\$ 1m 700.00 X

1 REAR BUMPER CLIP

\$ 1m 65.00 65.00

1 FENDER LINER CLIP

\$ 1m 65.00 X

1 TYRE

\$ 1m 300.00 X

1 END PANEL INNER TRIM CLIP

\$ 1m 60.00 X

2 WINDSCREEN SEALANT

\$ 1m 150.00 X

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

CO./GST Reg. No. 201019626G

AAD2403-104

SHB7763E

- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	200.00	X
\$	130.00	λ
TOTAL	\$	970.00

TOTAL PARTS	\$	8,543.40
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LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	30%
Putty And Spray Painting Of The Affected Portion.	\$	1,800.00	440%
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	100%
To Check Electrical Lighting Concerned.	\$	170.00	20%
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	600%
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	170.00	X

TOTAL	\$	5,990.00
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Over All Total	\$	21,079.45
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(PART-BY-PART) Repair Days**87 Days****4 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:

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	25/03/2024 10:55 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2024 13:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG GRANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7763E
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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	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140725663-01

DRIVER

Name of Driver	TAN LIOK PHENG
NRIC No	S1195262C
Date Of Birth	24/06/1956
Occupation	Outdoor

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.
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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

25/03/2024, 1100

Ignatius Lim

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

Sketch Plan

A: SHB7763E
B: SHB3818H

