

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

SHD5688S**AAD2404-042**

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

Steve (LKK) *Steve chen@lkkauto.com*
+6 919-9429541

9/7/24, 4.17pm

W R

L/S

M R Sy

3 days

SHD5688S

JTDKB3FU503079341

200303878K

TOYOTA

PRIUS

8/4/2024

SHD2663H/

17/1/2019

PART**LIST**

1	PANEL SUB-ASSY, FRONT DOOR, LH / ON	\$	1,641.36
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, LH X	\$	243.81
1	HANDLE ASSY, FRONT DOOR OUTSIDE, LH X	\$	493.40
1	WEATHERSTRIP, FRONT DOOR, LH X	\$	292.32
1	HINGE ASSY, FRONT DOOR, LOWER LH X	\$	139.86
1	HINGE ASSY, FRONT DOOR, UPPER LH X	\$	123.06
1	TAPE, BLACK OUT, NO.1 FRT LH / R	\$	16.91
1	TAPE, BLACK OUT, NO.2 FRT LH / R	\$	55.02
1	TAPE, BLACK OUT, NO.3 FRT LH / R	\$	33.29
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT LH X	\$	1,161.83
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH X	\$	300.62
1	PANEL SUB-ASSY, REAR DOOR, LH X R	\$	1,634.33
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, LH X	\$	243.81
1	HANDLE ASSY, REAR DOOR OUTSIDE, LH X	\$	123.06
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, LH X	\$	369.60
1	HINGE ASSY, REAR DOOR, LOWER LH X	\$	109.62
1	HINGE ASSY, REAR DOOR, UPPER LH X	\$	124.74
1	TAPE, BLACK OUT, NO.1 REAR LH X	\$	27.62
1	TAPE, BLACK OUT, NO.2 REAR LH X	\$	44.00
1	TAPE, BLACK OUT, NO.3 REAR LH X	\$	19.43
1	COVER, REAR BUMPER X	\$	612.68
1	REAR BUMPER SIDE RETAINER LH X	\$	167.48
1	SEAL, REAR BUMPER SIDE, LH X	\$	149.21
1	PANEL SUB-ASSY, QUARTER, LH X	\$	1,099.46
1	LINER, REAR WHEEL HOUSE, LH X	\$	176.09

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1	MOULDING ASSY, BODY ROCKER PANEL, LH X R	\$	624.54
TOTAL		\$	10,027.14
25%		\$	2,506.79
		\$	7,520.36

Special Nett

2SET	DOOR TRIM CLIP X	\$	70.00	
2SET	DOOR WEATHERSTRIP CLIP X	\$	130.00	
1	DOOR STICKER TRANSCAB / NR	\$	100.00	80
1	DOOR STICKER TEL NO. / NR	\$	100.00	80
1	TYRE X	\$	350.00	
1SET	CLIP, ROCKER PANEL MOULDING X	\$	65.00	
1SET	FENDER CLIP X	\$	130.00	
1	FENDER LINER CLIP X	\$	65.00	
TOTAL		\$	1,010.00	
TOTAL PARTS		\$	2,300.00	

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	20
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	50
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	250
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	600
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	30

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To check steering geometry and computer wheel alignment \$ 220.00 X

To remove and refit of rear fender fittings, attachment and perform water seepage test. \$ 170.00 X

TOTAL \$ 4,550.00

Over All Total \$ 14,370.36

(PART-BY-PART) Repair Days 08 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	08/04/2024 15:43 (SGT)
Reported by	Actual Driver
Date of Accident	08/04/2024 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TIONG BAHRU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5688S
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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	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	Taxi
Transmission	Auto
CC	1800

INSURANCE COMPANY

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

DRIVER

Name of Driver	LIM PENG YAM
NRIC No	S1704692F
Date Of Birth	16/10/1965
Occupation	Indoor

Driving Pass Date	20/08/1987
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97666898
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	BLK 603 SENJA ROAD #11-63
Address complement	-
Postcode	670603
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	Collision - Change/cross lane
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)	1
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	-

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 WAS DRIVING ALONG THE MAIN ROAD WHEN I HEARD A COLLISION SOUND AND REALISED THE OTHER PARTY HIT MY LEFT SIDE.

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	SHD2663H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
08/04/2024

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) Loo Han Ho
S7140077H2

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) Loo Han Ho

S7140077H

Sketch Plan

A - SHD5688S
B - SHD2663H