

ASS. REC. BY:

REF:

CS/FCI24070215/Kvp3e2

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SHB 6270S

Policy No.

Claims No. D24005932MFCT

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

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

Date / Time

Action / Instruction

1 Got BT, battery flat

12/7 11 Pm @ 3150h Contn (red 12,818.68, 80%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Veh No:

SHB

7670P

Yr Regn:

08, 19

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

Truck / Trailer or

Make:

Toy Prius

C.C

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

508692

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31FU 003082681

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Sailun

195/65R15

R: Wanli

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

4/7/24

D.O.I.

11/7/2024

Survey held at

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

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

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

### Vehicle Details

Vehicle No.:	SHB7670P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Jul 2024
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C42877
Chassis No.:	JTDKB3FU003082681
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	16 Aug 2019
First Registration Date:	16 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Aug 2027
PARF Rebate Amount:	\$10,685.00

### Intended COE Rebate Details

COE Expiry Date:	15 Aug 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,463.00
COE Rebate Amount:	\$9,090.00
<b>Total Rebate Amount:</b>	<b>\$19,775.00</b>

### Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 09 Jul 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	10/07/2024 11:57 (SGT)
Reported by	Actual Driver
Date of Accident	04/07/2024 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVENUE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7670P
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	1798

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	GOH ENG TIONG
NRIC No	S1532976I
Date Of Birth	20/03/1962
Occupation	Outdoor

Driving Pass Date	31/08/1982
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94990342
Alt. Phone Number	-
Email Address	ANDREWGOH62@GMAIL.COM
Address	BLK 210 #08-170
Address complement	CHOA CHU KANG CENTRAL
Postcode	680210
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT.

#### 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	SHB6270S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	CB7426M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	GOH ENG TIONG
Gender	Male
Phone No	(Phone) +65-94990342
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND SPINE INJURY
Injured person in which vehicle?	SHB7670P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



**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:

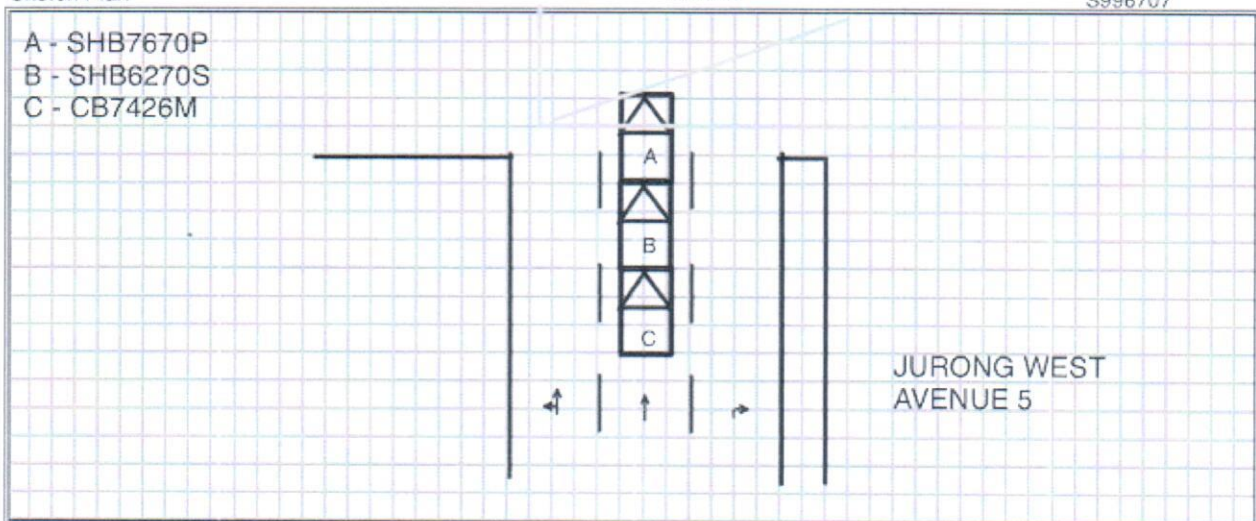
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the "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 &amp; Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
10/07/2024  
1130HRS

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
Tan Jie Xiong, Shaun  
S996707

Sketch Plan

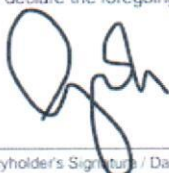


Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time

10/07/2024  
1130HRS

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



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

Tan Jie Xiong, Shaun 2  
S996707




**SINGAPORE  
POLICE FORCE**

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



T/20240705/7126

1 of 3

Report No. T/20240705/7126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2024 21:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH ENG TIONG			Address: 210 CHOA CHU KANG CENTRAL #08-170 SINGAPORE 680210		
ID Type / ID No.: NRIC NO / S15329761			Contact No.: Home/Office: Mobile: 94990342		
Nationality: SINGAPORE CITIZEN			Email: andrewgoh62@gmail.com		
Sex: Male	Age: 62	Date of Birth: 20/03/1962	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/07/2024 09:15	Type of Location: T-Junction
Location: JURONG WEST AVENUE 5				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7426M	Bus/Coach/Mini bus			White		0
SHB6270S	Motor car	TOYOTA	PRIUS	Blue		0
SHB7670P	Motor car					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**

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



T/20240705/7126

2 of 3

Report No. T/20240705/7126



No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**


T/20240705/7126

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

2 of 3

Report No. T/20240705/7126

## CONTINUATION OF REPORT

Driver			
Name	GOH ENG TIONG	ID No.	S15329761
Related Vehicle	SHB7670P (Motor car)	Contact No.	94990342
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/07/2024	Date Discharge	05/07/2024
No. of Days granted Medical Leave (MC)	44	Degree of Injury	Serious

**Brief Details.**

On the morning of 4th July 2024 at around 9 15am, I was driving and waiting for the traffic light at Jurong West Ave 5.

Suddenly, I felt a hard bang from behind and my vehicle was pushed forward toward the center of the traffic. The vehicle which was behind that banged me was a Comfort Taxi and he was also being banged by a mini bus which was being him.

So it was the Mini Bus which lost control and banged the Comfort Taxi and then I was being banged. Both the Comfort Taxi driver and I were injured and were sent to the nearest hospital by ambulance. I was being sent to NUH Emergency Unit.

This incident was attended by a traffic police.



**SINGAPORE  
POLICE FORCE**

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



T/20240705/7126

3 of 3

Report No. T/20240705/7126

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NORSIDDIQ BIN IBRAHIM  
Contact No.: 65476138

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
05/07/2024 21:56

Classification Of Case:



Not Authored  
 L1Rm @ 3150p  
 Mummy After Pain

**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

**SHB7670P**

AAD2407-037

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SHB7670P

JTDKB3FU003082681

200303878K

TOYOTA

PRIUS

4/7/2024

SHB 6270S / FCI

16/8/2019

11 JUL 2024

PART	LIST
1 COVER, REAR BUMPER	\$ CM 558.39 ✓
1 COVER, REAR BUMPER, LOWER	\$ mry 19.43 ✓
1 RETAINER, REAR BUMPER SIDE, RH	\$ R 148.58 X
1 RETAINER, REAR BUMPER SIDE, LH	\$ mry Lm 148.58 ✓
1 SEAL, REAR BUMPER SIDE, RH	\$ R 111.41 X
1 SEAL, REAR BUMPER SIDE, LH	\$ L 111.41 X
1 GUARD, REAR BUMPER, CENTER	\$ R 726.92 ✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$ R 419.90 ✓
1 FILLER, REAR BUMPER EXTENSION, RH	\$ R 155.72 X
1 FILLER, REAR BUMPER EXTENSION, LH	\$ mry R 155.72 X
1 COVER, FLOOR UNDER, RH	\$ L 220.50 X
1 COVER, FLOOR UNDER, LH	\$ DRY 304.92 ✓
1 COVER, REAR FLOOR	\$ mry 290.43 ✓
1 COVER, BACK DOOR TRIM	\$ R 31.50 X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$ R 824.46
1 LENS & BODY, REAR COMBINATION LAMP, LH (UPPER)	\$ L 559.13
1 LENS AND BODY, REAR LAMP, LH	\$ L 634.73
1 COVER, REAR COMBINATION LAMP, LH	\$ L 81.48
1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	\$ R 570.15
1 LENS AND BODY, REAR LAMP, RH	\$ L 634.73
1 COVER, REAR COMBINATION LAMP, RH	\$ L 81.48
1 PANEL SUB-ASSY, BACK DOOR	\$ R 1,443.86
1 BOARD ASSY, BACK DOOR TRIM	\$ R 326.76
1 PANEL ASSY, BACK DOOR TRIM, UPPER	\$ R 65.73
1 BOARD, BACK DOOR TRIM	\$ L 284.55
1 BOX, DECK FLOOR, REAR	\$ R 133.25
1 BOX, DECK FLOOR, RH	\$ L 395.12
1 BOX, DECK FLOOR, LH	\$ L 394.38
1 STAY ASSY, BACK DOOR, LH	\$ R 305.66
1 STAY ASSY, BACK DOOR, RH	\$ L 305.66

**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

**AAD2407-****SHB7670P**

1	HINGE ASSY, BACK DOOR, LH	\$	<i>12</i>	77.18	X
1	HINGE ASSY, BACK DOOR, RH	\$	<i>12</i>	77.18	X
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	<i>12</i>	1,171.38	X
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	<i>12</i>	68.88	—
1	PLATE, BACK DOOR NAME, NO.1	\$	<i>12</i>	68.88	—
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	<i>12</i>	90.30	—
<b>TOTAL</b>		\$		<b>11,998.25</b>	
25%		\$		<b>2,999.56</b>	
		\$		<b>8,998.68</b>	

**SPECIAL NETT**

1SET	PARKING AID	\$	<i>12</i>	700.00	<i>2200</i>
1	REAR BUMPER CLIP	\$	<i>12</i>	65.00	<i>600</i>
1	REAR RH BUMPER RETAINER CLIP	\$	<i>12</i>	65.00	X
1	REAR NUMBER PLATE	\$	<i>12</i>	180.00	X
1	FENDER LINER CLIP	\$	<i>12</i>	65.00	X
1	REAR TAIL LAMP CLIP	\$	<i>12</i>	65.00	X
1	END PANEL INNER TRIM CLIP	\$	<i>12</i>	60.00	X
1	BOOT STICKER TRANSCAB	\$	<i>12</i>	100.00	<i>300</i>
1	BOOT STICKER TEL NO	\$	<i>12</i>	100.00	<i>300</i>
1	REAR BUMPER PROTECTOR	\$	<i>12</i>	180.00	<i>400</i>
2	WINDSCREEN SEALANT	\$	<i>12</i>	150.00	X
1	WINDSCREEN MOULDING	\$	<i>12</i>	200.00	X
1	WINDSCREEN INNER SPONGE SEAL	\$	<i>12</i>	130.00	X
<b>TOTAL</b>		\$		<b>2,060.00</b>	
<b>TOTAL PARTS</b>		\$		<b>11,058.68</b>	

**LABOUR**

To rust-proofing of the affected areas.	\$	<i>12</i>	600.00	X
Putty and spray painting of the affected portion.	\$		1,200.00	<i>880</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		2,000.00	<i>500</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>12</i>	170.00	X



**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

**SHB7670P****AAD2407-**

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

\$ *nn* 380.00 *X*

To reinstall rear bumper parking sensor.

\$ 170.00 *501*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 *X*

To Transfer Of Fender Fittings, Attachments And Perform  
Water Seepage Test.

\$ *nn* 170.00 *X***TOTAL \$ 4,910.00****OVERALL TOTAL \$ 15,968.68***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: