

ASS. REC. BY:

REF:

7670P
1502

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.

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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Date / Time

Action / Instruction

1. Get BT, bottom Plat.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

Fixes

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

Veh No: _____

7670P
S11B 5504

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: _____

J7OKB31FU 003082681

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / R/Rim or

Tyre Size: _____

F: Saurin

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.

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

AAD2407-037

Not Authored
L/Sy &
Merry After Paint

Vehicle No.:
Chassis No.:
Co UEN.:
Vehicle Make:
Vehicle Model:
Date of Accident:
Third Party Insurer:
Date of Registration:

11 JUL 2024

SHB7670P
JTDKB3FU003082681
200303878K
TOYOTA
PRIUS
4/7/2024
SHB 62705 / FCI
16/8/2019

PART

LIST

1	COVER, REAR BUMPER	\$	CM	558.39	—
1	COVER, REAR BUMPER, LOWER	\$	MT	19.43	—
1	RETAINER, REAR BUMPER SIDE, RH	\$	Ln	148.58	X
1	RETAINER, REAR BUMPER SIDE, LH	\$	MT	148.58	—
1	SEAL, REAR BUMPER SIDE, RH	\$	Ln	111.41	X
1	SEAL, REAR BUMPER SIDE, LH	\$	Ln	111.41	X
1	GUARD, REAR BUMPER, CENTER	\$	Rn	726.92	—
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	Rn	419.90	—
1	FILLER, REAR BUMPER EXTENSION, RH	\$	Ln	155.72	X
1	FILLER, REAR BUMPER EXTENSION, LH	\$	MT	620	X
1	COVER, FLOOR UNDER, RH	\$	Ln	220.50	X
1	COVER, FLOOR UNDER, LH	\$	MT	304.92	—
1	COVER, REAR FLOOR	\$	MT	290.43	—
1	COVER, BACK DOOR TRIM	\$	Ln	31.50	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	Rn	824.46	X
1	LENS & BODY, REAR COMBINATION LAMP, LH (UPPER)	\$	Ln	559.13	
1	LENS AND BODY, REAR LAMP, LH	\$	Ln	634.73	
1	COVER, REAR COMBINATION LAMP, LH	\$	Ln	81.48	
1	LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	\$	Ln	570.15	
1	LENS AND BODY, REAR LAMP, RH	\$	Ln	634.73	
1	COVER, REAR COMBINATION LAMP, RH	\$	Ln	81.48	
1	PANEL SUB-ASSY, BACK DOOR	\$	Rn	1,443.86	
1	BOARD ASSY, BACK DOOR TRIM	\$	Ln	326.76	
1	PANEL ASSY, BACK DOOR TRIM, UPPER	\$	Rn	65.73	
1	BOARD, BACK DOOR TRIM	\$	Ln	284.55	
1	BOX, DECK FLOOR, REAR	\$	Rn	133.25	
1	BOX, DECK FLOOR, RH	\$	Ln	395.12	
1	BOX, DECK FLOOR, LH	\$	Ln	394.38	
1	STAY ASSY, BACK DOOR, LH	\$	Ln	305.66	
1	STAY ASSY, BACK DOOR, RH	\$	Ln	305.66	

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SHB7670P

- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH
- 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

AAD2407-

\$	<i>R</i>	77.18	X
\$	<i>R</i>	77.18	X
\$	<i>R</i>	1,171.38	X
\$	<i>M</i>	68.88	—
\$	<i>M</i>	68.88	—
\$	<i>M</i>	90.30	—
TOTAL		\$ 11,998.25	
25%	\$	2,999.56	
	\$	8,998.68	

SPECIAL NETT**1SET PARKING AID**

- 1 REAR BUMPER CLIP
- 1 REAR RH BUMPER RETAINER CLIP
- 1 REAR NUMBER PLATE
- 1 FENDER LINER CLIP
- 1 REAR TAIL LAMP CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 BOOT STICKER TRANSCAB
- 1 BOOT STICKER TEL NO
- 1 REAR BUMPER PROTECTOR
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	<i>Del</i>	700.00	<i>2201N</i>
\$	<i>M</i>	65.00	<i>601N</i>
\$	<i>N</i>	65.00	X
\$	<i>R</i>	180.00	X
\$	<i>N</i>	65.00	X
\$	<i>N</i>	65.00	X
\$	<i>N</i>	60.00	X
\$	<i>M</i>	100.00	<i>301N</i>
\$	<i>M</i>	100.00	<i>301N</i>
\$	<i>R</i>	180.00	<i>401N</i>
\$	<i>N</i>	150.00	X
\$	<i>N</i>	200.00	X
\$	<i>N</i>	130.00	X
TOTAL		\$ 2,060.00	
TOTAL PARTS		\$ 11,058.68	

LABOUR

To rust-proofing of the affected areas.

\$ *N* 600.00 X

Putty and spray painting of the affected portion.

\$ 1,200.00 *8801*

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 2,000.00 *5001*

To transfer of tailgate fittings and conduct water seepage test.

\$ *N* 170.00 X

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AAD2407-

To remove and refit interior fittings, trimings, 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:

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
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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	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	S15329761
Date Of Birth	20/03/1962
Occupation	Outdoor

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

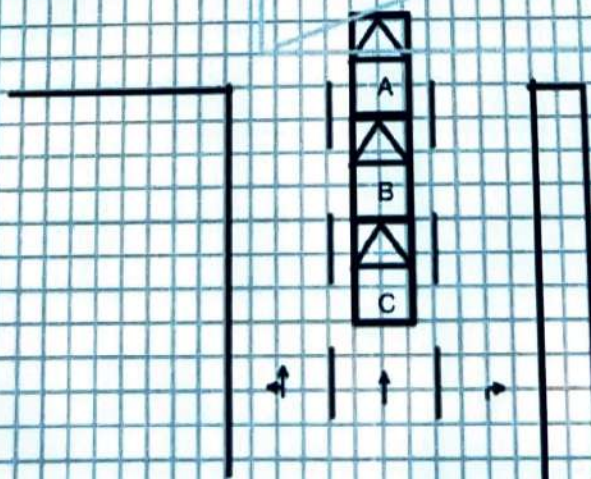
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Tan Jie Xiong, Shaun
S996707

Sketch Plan

A - SHB7670P
B - SHB6270S
C - CB7426M



JURONG WEST
AVENUE 5

**SINGAPORE
POLICE FORCE**

T/20240705/7128

2 of 3

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

Report No. T/20240705/7128

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.