

ASS. REC. BY:

REF: IVKenneth

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. _____

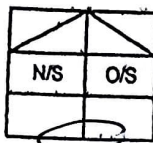
Sum Insured: _____

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: _____

1 1/2 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: SHD 5431RYr Regn: 11, 18

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

Truck / Trailer or _____

Make: ToyotaC.C. 1798Colour M.P. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading 587628

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD KB3FU 403076768Gen. Condt: 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: 195/65R15R: Wanli

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 2 mmR/Bal. 6 mmL/Bal. 2 mmL/Bal. 6 mmD.O.A. 22/7/24D.O.I. 25/7/2024

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

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: _____

Add Fee: ☐

: Site Insp (\$ _____)

) \$ + RS. \$ _____



: Interview (\$ _____)

) F.P.A.S _____



: Tech Invs (\$ _____)

) Others _____



: Weekend (\$ _____)

) _____

Report Format :

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

TOTAL

NOT AUTHORIZED
C/Rep &

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
SHD5431R

AAD2407-088

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

25 JUL 2024

SHD5431R
JTDKB3FU403076768
200303878K
TOYOTA
PRIUS
22/7/2024
GBF5606P/ III
15/11/2018

PART

LIST

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 GUARD, REAR BUMPER, CENTER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 FILLER, REAR BUMPER EXTENSION, RH
- 1 FILLER, REAR BUMPER EXTENSION, LH
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, FLOOR UNDER, LH
- 1 COVER, REAR FLOOR
- 1 COVER, BACK DOOR TRIM
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)
- 1 LENS AND BODY, REAR LAMP, RH
- 1 COVER, REAR COMBINATION LAMP, 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

| | | | |
|----|--------|----------|---|
| \$ | sur | 558.39 | X |
| \$ | su | 19.43 | X |
| \$ | su | 148.58 | X |
| \$ | su | 148.58 | X |
| \$ | su | 111.41 | X |
| \$ | su | 111.41 | X |
| \$ | not up | 726.92 | |
| \$ | | 419.90 | 7 |
| \$ | su | 155.72 | X |
| \$ | su | 155.72 | |
| \$ | su | 220.50 | |
| \$ | su | 304.92 | |
| \$ | su | 290.43 | |
| \$ | su | 31.50 | |
| \$ | su | 824.46 | |
| \$ | su | 570.15 | |
| \$ | su | 634.73 | |
| \$ | su | 81.48 | |
| \$ | su | 1,171.38 | |
| \$ | na | 68.88 | |
| \$ | na | 68.88 | |
| \$ | na | 90.30 | |

| | | |
|-------|----|-----------------|
| TOTAL | \$ | 6,913.62 |
| 25% | \$ | 1,728.41 |
| | \$ | <u>5,185.22</u> |

SPECIAL NETT

- 1SET PARKING AID
- 1 REAR BUMPER CLIP

| | | | |
|----|----|--------|---|
| \$ | su | 700.00 | X |
| \$ | na | 65.00 | X |

Trans-cab Auto Services Pte Ltd**AAD2407-088**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD5431R

| | | | | | |
|--------------------|------------------------------|----|----|-----------------|------|
| 1 | REAR RH BUMPER RETAINER CLIP | \$ | nn | 65.00 | X |
| 1 | REAR TAIL LAMP CLIP | \$ | nn | 65.00 | X |
| 1 | END PANEL INNER TRIM CLIP | \$ | nn | 60.00 | X |
| 1 | BOOT STICKER TRANSCAB | \$ | nn | 100.00 | X |
| 1 | BOOT STICKER TEL NO | \$ | nn | 100.00 | X |
| 1 | REAR BUMPER PROTECTOR | \$ | nn | 180.00 | 401n |
| 2 | WINDSCREEN SEALANT | \$ | nn | 150.00 | X |
| 1 | WINDSCREEN MOULDING | \$ | nn | 200.00 | X |
| 1 | WINDSCREEN INNER SPONGE SEAL | \$ | nn | 130.00 | X |
| TOTAL | | \$ | | 1,815.00 | |
| TOTAL PARTS | | \$ | | 7,000.22 | |

LABOUR

| | | | | |
|---|----|----|----------|-----|
| To rust-proofing of the affected areas. | \$ | nn | 600.00 | X |
| Putty and spray painting of the affected portion. | \$ | | 1,200.00 | 22d |
| Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same | \$ | | 2,000.00 | 15d |
| To transfer of tailgate fittings and conduct water seepage test. | \$ | nn | 170.00 | X |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | \$ | h | 380.00 | X |
| To reinstall rear bumper parking sensor. | \$ | h | 170.00 | X |
| To check steering geometry and computer wheel alignment | \$ | h | 220.00 | X |
| To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test. | \$ | h | 170.00 | X |

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:

TOTAL \$ 4,910.00**OVERALL TOTAL \$ 11,910.22***1/10/07*

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 | 22/07/2024 11:44 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 22/07/2024 08:35 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG LOYANG WAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5431R

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 | LEONG KAM HENG |
| NRIC No | S1691236J |
| Date Of Birth | 14/05/1965 |
| Occupation | Indoor |

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 - SHD5431R

B - GBF5606P

The sketch plan is a grid-based diagram. On the left side, there is a vertical line. To its right, there is a horizontal line. In the center, there is a box containing the letters 'B' and 'A'. To the right of this box, there are four horizontal arrows pointing to the right. Below these arrows, there is a single horizontal arrow pointing to the left.