

ASS. REC. BY:

REF: AGZ

## 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:

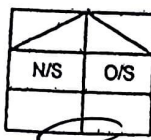
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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

Get BZ

Veh No:

S110 5185B

Yr Regn:

11.10

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

Truck / Trailer or

Make:

Toy Prit

C.C.

1788

Colour:

mp. White / Au

A/C:

Insured / Std / NI / NA

Sp. Reading

434858

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU003076325

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

Pailun195/65R15

R:

Wanli

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

23/7/24

D.O.I.

23/7/2024

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, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Transportation:

S + RS. \$

Fees

Others

Report Format:

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

TOTAL

Not Withheld  
C/Rmp &

**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

**SHD5185B**

**AAD2407-093**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**25 JUL 2024**

**SHD5185B**

JTDKB3FU003076525

200303878K

TOYOTA

PRIUS

23/7/2024

**SLM6699J/Auto General**

1/11/2018

**PART**

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 RETAINER, REAR BUMPER RH
- 1 FILLER, REAR BUMPER EXTENSION, RH
- 1 COVER, FLOOR UNDER, LH
- 1 COVER, FLOOR UNDER, NO.2 (RH)
- 1 COVER, REAR FLOOR
- 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
- 1 COVER, BACK DOOR TRIM
- 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

**LIST**

\$	Bulkm	558.39	✓
\$	nd/h	19.43	✓
\$	cm	726.92	✓
\$		419.90	?
\$	sn	148.58	X
\$	sn	155.72	X
\$	sn	304.92	X
\$	sn	220.50	X
\$	sn	290.43	X
\$	sn	1,171.38	X
\$	sn	68.88	—
\$	sn	68.88	—
\$	sn	90.30	—
\$	sn	31.50	X
\$	sn	824.46	X
\$	sn	81.48	X
\$	sn	634.73	X
\$	sn	570.15	X
\$	sn	1,099.46	X
\$	sn	176.09	X

**TOTAL \$ 7,662.07**

**25% \$ 1,915.52**

**\$ 5,746.55**

**Special Nett**

1SET PARKING AID

\$ nd 700.00 220sn

1 REAR BUMPER CLIP

\$ sn 65.00 60sn

**Trans-cab Auto Services Pte Ltd**

AAD2407-093

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD5185B**

1 FENDER LINER CLIP	\$	nn	65.00	X
1 BOOT STICKER TRANSCAB	\$	nn	100.00	30sn
1 BOOT STICKER TEL NO.	\$	nn	100.00	30sn
1 END PANEL INNER TRIM CLIP	\$	nn	60.00	X
2 WINDSCREEN SEALANT	\$	nn	150.00	X
1 WINDSCREEN MOULDING	\$	nn	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	nn	130.00	X

**TOTAL \$ 870.00****TOTAL PARTS \$ 8,543.40****LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn	250.00	X
Putty And Spray Painting Of The Affected Portion.	\$		2,800.00	400
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn	380.00	X
To transfer of tire, rim and on wheel balancing.	\$		170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	15/
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		6,000.00	200
To check steering geometry and computer wheel alignment	\$	nn	220.00	X
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	nn	170.00	X
<b>TOTAL</b>	<b>\$</b>		<b>10,160.00</b>	

**Over All Total \$ 24,449.95**

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 work(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by:

Signature:

**(PART-BY-PART) Repair Days****07 Days****2 days**



## 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	24/07/2024 15:34 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2024 22:20 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5185B
-----------------------------	----------

#### 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	YONG WAI CHONG
NRIC No	S1501295A
Date Of Birth	30/03/1961
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.

24072024 & 1600HRS

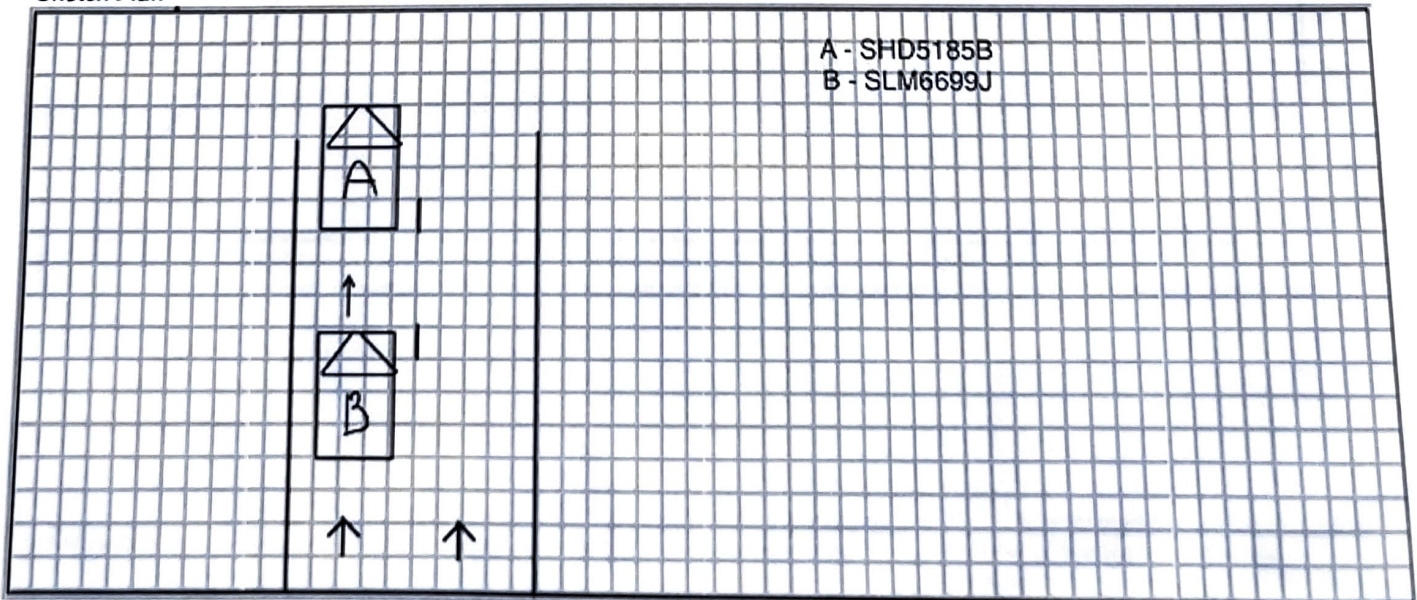
Mohammad Ikhsan Bin Abdul Aziz

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)

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20240724/7041

2 of 3

Report No. T/20240724/7041

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

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	YONG WAI CHONG		ID No. S1501295A
Related Vehicle	SHD5185B (Motor car)		Contact No. 96366062
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2024	Date Discharge	24/07/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
<b>Driver</b>			
Name	YONG WAI CHONG		ID No. S1501295A
Related Vehicle	SHD5185B (Motor car)		Contact No. 97696376
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time,  
I was driving Tran/cab taxi 5185 B traveling CTE toward Balestier at slip road, the slip have two lane, I stop my vehicle at extreme left give to Balestier main road,, suddenly a vehicle SLM 6699J collided onto my vehicle from rear .after the accident I felt unwell.

On 24/07/2024 I went to WY Teh family clinic and surgery consult doctor and was give 5 days MC.