

ASS. REC. BY:

REF:

C/AGZ24070400/K903

C

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. _____

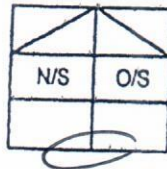
Sum Insured: _____ Excess: _____

(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: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S110 5185B Yr Regn: 11.18

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

Truck / Trailer or

Make: Toy Prit C.C. 1798Colour M.P. White / Red A/C: Insured / Std / NI / NASp. Reading 434858 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU003070325Gen. Cond: Good Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: Pailon 195/65R15R: Wanli

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 8 mmL/Bal. 9 mmL/Bal. 8 mmD.O.A. 23/7/24D.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

1 Got BZ

2/8 11:00 AM @ 1700L Cntr Ured \$ 2749.95, 93%.

Date/Time, File Pass to?

1) 06/8 11:00 AM

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final ReportDays Of Repair: 2

Resurvey No. of Trlp: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$) 1700

Not Withheld
C/Rmp @ 1700p

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

LIST

- 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

\$	Burton	558.39	✓
\$	nd/bn	19.43	✓
\$	cm	726.92	✓
\$	R	419.90	X
\$	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
\$	me	68.88	—
\$	me	68.88	—
\$	me	90.30	—
\$	sn	31.50	X
\$	sn	824.46	X
\$	sn	81.48	X
\$	sn	634.73	X
\$	sn	570.15	X
\$	R	1,099.46	X
\$	sn	176.09	X

TOTAL \$ 7,662.07
25% \$ 1,915.52
\$ 5,746.55

Special Nett

- 1SET PARKING AID
- 1 REAR BUMPER CLIP

\$ Ad 700.00 2205N
\$ me 65.00 605N

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	30mm
1 BOOT STICKER TEL NO.	\$	nn 100.00	30mm
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
TOTAL	\$	10,160.00	

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 must be resurveyed and is subject to final approval from Insurance Company

Knownledged 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
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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	YONG WAI CHONG
NRIC No	S1501295A
Date Of Birth	30/03/1961
Occupation	Outdoor

Driving Pass Date	04/08/1981
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96366062
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	BLK 931 #15-99
Address complement	HOUGANG STREET 91
Postcode	530931
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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	SLM6699J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YONG WAI CHONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5185B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

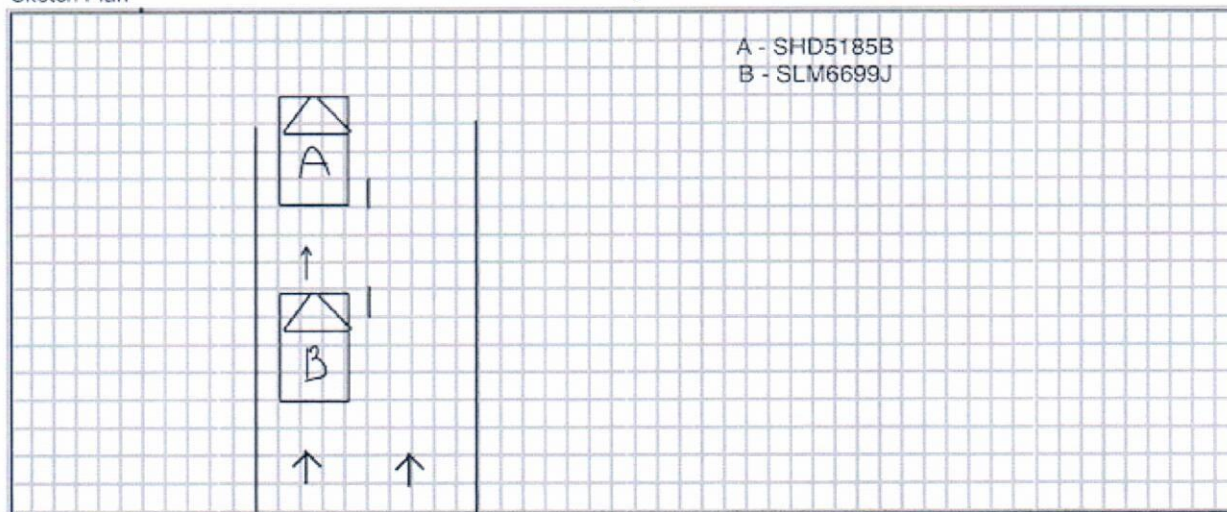
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

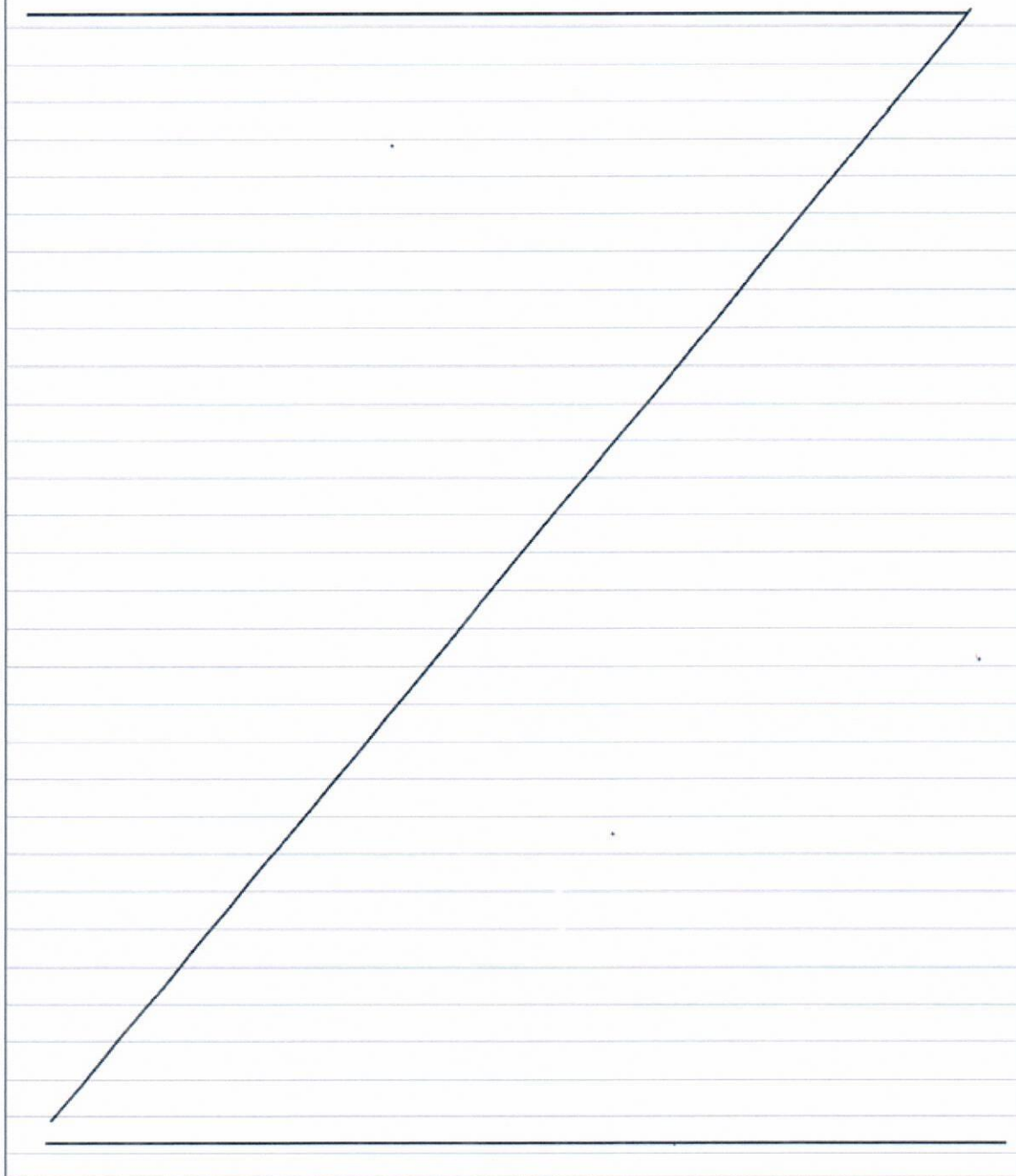
Driver's Signature (if driver is not the Policyholder) / Date & Time

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

Sketch Plan



Describe Circumstance of the Accident



Declaration

I/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



24072024 & 1600HRS



Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**

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



T/20240724/7041

3 of 3

Report No. T/20240724/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:
24/07/2024 11:54

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20240724/7041

2 of 3

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

Report No. T/20240724/7041

CONTINUATION OF REPORT

Driver			
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
Driver			
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.



**SINGAPORE
POLICE FORCE**



T/20240724/7041

1 of 3

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

Report No. T/20240724/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2024 11:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YONG WAI CHONG			Address: 931 HOUGANG STREET 91 #15-99 SINGAPORE 530931		
ID Type / ID No.: NRIC NO / S1501295A			Contact No.: Home/Office: Mobile: 96366062		
Nationality: SINGAPORE CITIZEN			Email: BEEYEN@OLAMNET.COM		
Sex: Male	Age: 63	Date of Birth: 30/03/1961	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2024 22:20	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5185B	Motor car					0
SLM6699J	Motor car			White		0

Details of Person Involved

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

[* > Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5185B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Jul 2024
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B71780
Chassis No.:	JTDKB3FU003076525
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	01 Nov 2018
First Registration Date:	01 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Oct 2026
PARF Rebate Amount:	\$9,972.00
Intended COE Rebate Details	
COE Expiry Date:	31 Oct 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,736.00
COE Rebate Amount:	\$6,731.00
Total Rebate Amount:	\$16,703.00
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 24 Jul 2024

OK