

ASS. REC. BY:

REF:

1051

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:

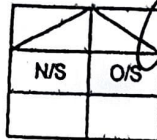
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

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 B2

Veh No:

SHC 5301M

Yr Regn:

07.20

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

Truck / Trailer or

Make:

Toyota Prius

C.C.

1798

Colour

mp white / R

A/C:

Insured / Std / NI / NA

Sp. Reading

29444

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J70K B3FU 903091198

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

Wanli

195/65R15

R:

Granland

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

9

mm

L/Bal.

6

mm

L/Bal.

9

mm

D.O.A.

28/7/24

D.O.I.

31/7/2024

Survey held at

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

C/S Rm

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

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

FIDARS

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

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

TOTAL

Not Authorised
1/1 Aug 8

Trans-cab Auto Services Pte Ltd

AAD2407- III

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5301M

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHC5301M

JTDKB3FU903091198

200303878K

TOYOTA

PRIUS GEN 4

28/7/2024

GBH9087A/ECICS

14/7/2020

30 JUL 2024

PART

- 1 COVER, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 SUPPORT, FRONT BUMPER SIDE, RH
- 1 MOULDING, FRONT BUMPER SIDE, RH
- 1 COVER, FRONT BUMPER HOLE, RH
- 1 GRILLE SUB-ASSY, RADIATOR
- 1 GRILLE, RADIATOR, LOWER NO.1
- 1 JAR ASSY, WINDSHIELD WASHER
- 1 WHEEL, DISC
- 1 FENDER SUB-ASSY, FRONT RH
- 1 LINER, FRONT FENDER, RH
- 1 EMBLEM, SIDE PANEL, RH
- 1 UNIT ASSY, HEADLAMP, RH

LIST

\$	Bulldo	653.31	✓
\$	h	100.91	X
\$	R	902.16	X
\$	dit	100.49	✓
\$	h	120.86	✓
\$	hri	38.22	✓
\$	h	532.88	X
\$	h	224.70	X
\$	h	276.15	X
\$	h	2,554.70	X
\$	R	1,236.69	X
\$	h	255.36	X
\$	h	68.88	✓
\$	h	3,325.56	✓

TOTAL \$ 10,390.87
25% \$ 2,597.72
\$ 7,793.15

Special Nett

- 1 FRT BUMPER CLIP
- 1 FENDER LINER CLIP
- 1 FRT BUMPER SIDE RETAINER CLIP

\$	h	65.00	65.00
\$	h	65.00	X
\$	h	65.00	X

TOTAL \$ 195.00

TOTAL PARTS \$ 7,988.15

LABOUR

Trans-cab Auto Services Pte Ltd

AAD2407-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5301M

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>nn</i> 250.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	1,800.00	<i>4401</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>201</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,000.00	<i>2301</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	<i>X</i>
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	<i>X</i>
TOTAL	\$	4,990.00	
Over All Total	\$	12,978.15	

(PART-BY-PART) Repair Days**~~07~~ Days***2 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	29/07/2024 14:46 (SGT)
Reported by	Actual Driver
Date of Accident	28/07/2024 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STADIUM CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5301M
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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	OTHERS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	JACOB CHANDRA
NRIC No	S7084634I
Date Of Birth	18/10/1970
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
29/07/2024
15:00

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

Sketch Plan