

ASS.

CHNO

From
Estim
OD
To
at
of
Ins
Pol
Cl
Su
N

ASS. REC. BY:

REF:

TV 1

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 No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S4C 52625

Yr Regn:

06, 20

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

Truck / Trailer or

Make:

Toy Priv

C.C

1798

Colour

MR. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

334523

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

J70KB3P U 1030 91177

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Wendi 195/65R15

Rearlands

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

6

mm

L/Bal.

9

mm

L/Bal.

6

mm

D.O.A.

25/7/24

D.O.I.

31/7/2024

Survey held at

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

Rec O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transport:

\$ - RS. \$

Others

Others

Report Format :

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

TOTAL

Not Authored
11/10/20

AAD2407-106

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

SHC5262S

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SHC5262S

JTDKB3FU103091177

200303878K

TOYOTA

PRIUS GEN 4

25/7/2024

SK 29419A/TH

30/6/2020

31 JUL 2024

PART

LIST

1	COVER, REAR BUMPER	\$	127	612.68	✓
1	GUARD, REAR BUMPER, CENTER	\$	67	472.19	✓
1	REFLECTOR ASSY, REFLEX, RH	\$	12	49.25	X
1	SEAL, REAR BUMPER SIDE, RH	\$	12	149.21	X
1	REAR BUMPER SIDE RETAINER RH	\$	12	167.48	X
1	PANEL SUB-ASSY, QUARTER, RH	\$	12	1,099.46	X
1	LINER, REAR WHEEL HOUSE, RH	\$	12	176.09	X
1	COVER, FLOOR UNDER, RH	\$	12	220.50	X
1	COVER, FLOOR UNDER, LH	\$	12	304.92	X
1	COVER, REAR FLOOR	\$	12	290.43	X
1	COVER, DECK TRIM, REAR	\$	12	159.39	X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	12	824.46	X
1	LENS & BODY, REAR COMBINATION LAMP, RH	\$	12	428.19	X
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	\$	12	329.49	X
1	COVER, REAR COMBINATION LAMP, RH	\$	12	88.41	X

TOTAL \$ 5,372.15

25% \$ 1,343.04

\$ 4,029.11

SPECIAL NETT

1SET	PARKING AID	\$	12	700.00	X
1	REAR BUMPER CLIP	\$	12	65.00	60.00
1	END PANEL INNER TRIM CLIP	\$	12	60.00	X
1	REAR BUMPER PROTECTOR	\$	12	180.00	X
2	WINDSCREEN SEALANT	\$	12	150.00	X
1	WINDSCREEN MOULDING	\$	12	200.00	X
1	WINDSCREEN INNER SPONGE SEAL	\$	12	130.00	X

TOTAL \$ 1,485.00

TOTAL PARTS \$ 5,514.11

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
SHC52625

AAD2407-

LABOUR

To rust-proofing of the affected areas.	\$	<i>nn</i> 600.00	X
Putty and spray painting of the affected portion.	\$	1,200.00	<i>22d</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	<i>20d</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>nn</i> 170.00	X
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>h</i> 170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>h</i> 380.00	X
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>h</i> 170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	<i>5d</i>
To check steering geometry and computer wheel alignment	\$	<i>h</i> 220.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>h</i> 170.00	X
TOTAL	\$	5,250.00	
OVERALL TOTAL	\$	10,764.11	

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:

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	29/07/2024 09:03 (SGT)
Reported by	Actual Driver
Date of Accident	26/07/2024 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GATEWAY DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5262S
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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	EVELYN TAN SEOK LENG
NRIC No	S2171950A
Date Of Birth	09/11/1958
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

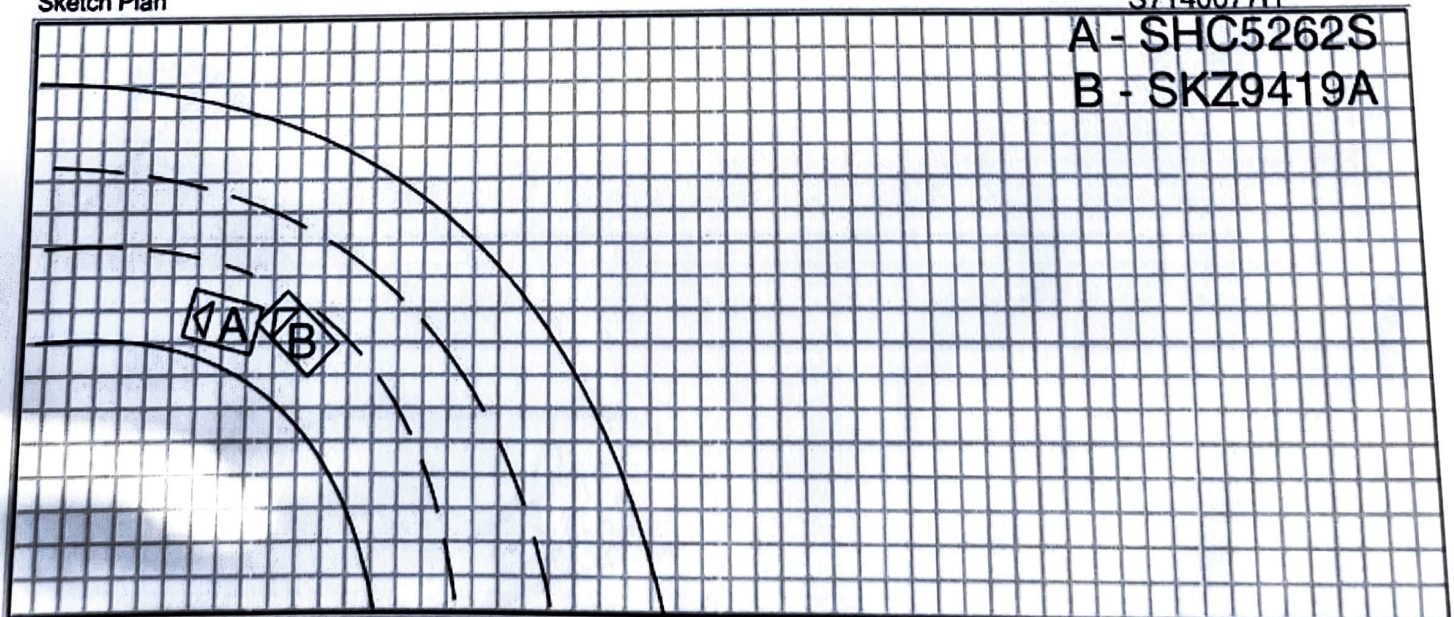
29/07/24

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Loo Han Ho

S7140077H

Sketch Plan



A - SHC5262S

B - SKZ9419A