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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

SHD9500Z

1 1 1
 Vehicle No.:
 SHD9500Z

 Chassis No.:
 JTDKB3FU403080996

 Co UEN:
 200303878K

Vehicle Make: TOYOTA
Vehicle Model: PRIUS

Date of Accident : 13/7/2024

Third Party Insurer :
Date of Registration:

	Date of Registration:	3	1/5/20	19
	PART			LIST
	1 COVER, FRONT BUMPER		\$	Bu 516.00
	1 REINFORCEMENT SUB-ASSY, FRONT BUMPER		\$	n 902.16 X
	1 FRONT BUMPER SIDE RETAINER RH		\$	D17 80.10 -
	1 JAR ASSY, WINDSHIELD WASHER		\$	~ 219.10 ★
	1 UNIT ASSY, HEADLAMP, RH		\$	2,637.60 7
1	LAMP ASSY, FOG, RH		\$	ar 1,200.78 —
1	FENDER SUB-ASSY, FRONT RH		\$	P 977.80 —
1	LINER, FRONT FENDER, RH		\$	5∽ 206.70 X
1	FRONT FENDER EMBLEM RH		\$	M 54.60
		TOTAL	\$	6,794.84
		25%	\$	1,698.71
		•	\$	5,096.13
	Special Nett			
1	FRT BUMPER CLIP		\$	Me 65.00 60sm
	FRT BUMPER SIDE RETAINER CLIP		\$	~~ 65.00 X
	FENDER LINER CLIP		\$	~~ 75.00 X
		TOTAL	\$	205.00

TOTAL PARTS \$

LABOUR

5,301.13

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

SHD9500Z

AAD2407-

2 days

(Lump Sum) Repair Days	;	04 Days	
Over All Total	\$	10,291.13	
TOTAL	\$	4,990.00	
To transfer of front fender panel fittings, attachment and perform water seepage test.	\$	170.00 /	ζ
To check steering geometry and computer wheel alignment	\$	~~ 220.00 X	•
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,000.00	tool
To Check Electrical Lighting Concerned.	\$	170.00 <i>2</i>	9
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	NN 380.00 X	
Putty And Spray Painting Of The Affected Portion.	\$	1,800.00 4	401

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

IMPORIANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding or material lacts may allow insurance companies.

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 15/07/2024 15:30 (SGT) Reported by **Actual Driver Date of Accident** 13/07/2024 10:30 (SGT) **Exact Location of Accident** Singapore **Additional Location Information** SELEGIE ROAD TOWARDS SERANGOON ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9500Z

INSURED/POLICYHOLDER

Is company? Yes TRANS-CAB SERVICES PTE. LTD. Name Of Registered Owner 200303878K Company Reg No CLAIMS@TRANSCAB.COM.SG **Email Address** (Phone) +65-65552222 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Prius Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Taxi Vehicle Category Auto **Transmission** 1800

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company 5140725663-01 Policy Number / Cover Note Number

DRIVER

CC

PANG HEE KIAT Name of Driver S1226674Z NRIC No 20/05/1957 Date Of Birth Indoor Occupation

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- 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.
- 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 15/07/24

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