ASS. REG. BY:	
Kennerh	ASSIGNMENT
From: Date:	
Estimated Cost:	Veh No: S110 5 158 Eyr Regn: 12, 18 Type: M.Gar/M Cycle / Pyr Way 1
OD TP WS / TP RES / OD RES / EVA / INV / MV	- Lony / Jax / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s Trans Cab	Make: Toy Pris c.c 1798
of	Colour M. P. white IRes AC: Insured / Std / NI / NA
Insured:	Sp.Reading 152793 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: JTDK B31=4103078574
Sum Insured: Excess:	_ Cond. Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingree / Jammed / Leaked / Burnt or
	Modi: NII / S/RIm / STDA/Bim or
(Policy Condition)	Tyre Size: F: 195/65R15
Remark: The veh had commenced its	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO or Sostum
	Fron! Rear
THE COUNTY : T CO OF MO	R/Bal. S mm R/Bal. S mm
Consistent . les or no	UBal. 9 mm L/Bal 2
- J cays 1.cos Tes or No	D.O.A. 14/4/20 D.O.I. 16/4/2020
J val., 16s or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	- Mea 0/1
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
/ New Misudeum	and the common to the common t
Aug.	
Date/Time, File Pass to? Prell. Report Date	ys Of Repair:
: Final Report	
Oute/Fine, File Return to?	
Add Fee:	: Site Insp (\$) S.ES SI
· F	/
Report Format:	: Interview (\$) Fix 45
Lump Sum / I.B.I: (S	Tech Invs (\$) Others
	Weekend (\$
	TOTAL

Not Northonsel Resurry B4 paint

AAD2004-063

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

SHD 5158E

	Vehicle No.:	SHD 51	58E
	Chassis No.: 1 & APR 2020	JTDKB3F	U103078574
	Vehicle Make:	TOYOTA	4
	Vehicle Model:	PRIUS	
	Date of Accident :	14.4.202	20
	Third Party Insurer:	FCIL	
	Date of Registration:	19/12/2	018
	PART		LIST
1	REAR BUMPER	\$	Bu 442.60
1	REAR BUMPER RE-INFORCEMENT	\$	By 332.70 —
1	REAR BUMPER TOWING COVER	\$	Des 15.40 -
1	GUARD, REAR BUMPER, CENTER	\$	CM 576.30
1	REAR BUMPER SIDE RETAINER LH	\$	116.50 X
1	REAR BUMPER SIDE RETAINER RH	\$	Ory 117.70
1	ANTENNA, ELECTRICAL KEY	\$	1 72.00 X
1	REAR TAILGATE	\$	1 ,147.80 ★
1	REAR TAILGATE OUTER GARNISH	\$	925.60 X
1	REAR TAILGATE WEATHERSTRIP	\$	€ 372.30 X
1	LOCK ASSY, BACK DOOR, W/COURTESY LAMP SWITCH	\$	∫_ 467.00 X
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	650.30 X
1	TAILLAMP LOWER RH	\$	CM 502.00
1	TAILLAMP UPPER RH	\$	5h 451.80 x
1	REAR BUMPER SIDE RH	\$	75 cm 123.70 —
1	REAR BUMPER SIDE LH	\$	123.70 X
1	TAILLAMP LOWER LH	\$	502.00 x
1	TAILLAMP UPPER LH	\$	√ 443.30 ×
1	COVER, DECK TRIM, REAR	\$	126.70 ⊀
1	COVER, FLOOR UNDER, NO 1	\$	5h 175.10 ⊀
1	COVER, FLOOR UNDER, NO 2	\$	ام _{241.90} ا
1	COVER, REAR FLOOR	\$	Diy 229.90
1	PANEL SUB-ASSY, QUARTER, RH	\$	N 871.50 ★
1	REAR FENDER LINER	\$	∫ 139.80 ×
1	DUCT ASSY, QUARTER VENT, RH	\$	67.00 €
1	SEAL, REAR BUMPER SIDE, RH	\$	∞ 88.50 X

Trans-cab Auto Services Pte Ltd

TYRE 195/65/15

AAD2004-063

Tran	s-cab Auto Services Pte Ltd		AAD2004-063	
No. 2	2 Ang Mo Kio Street 63 Singapore 569111			
Tel N	lo.: 6287 6666 Fax No.: 6257 1330			
CO./0	GST Reg. No. 201019626G			
SHD	5158E			
1	WHEEL RIM COVER	¢	Sa 211.50 →	
1	REAR RH BUMPER RETAINER CLIP	\$	~~ 38.00	
1	REAR LH BUMPER RETAINER CLIP	\$	~ 38.00 √~ 38.00	
(0.000)	TAILLAMP LOWER CLIP	\$	かん 35.00	
	TAILLAMP UPPER CLIP	\$	مر 35.00	
2	REAR WINDSCREEN SEALANT	\$	140 100 00	
1	WINDSCREEN MOULDING	\$ \$	~ 180.00 /	X
1	REAR WINDSCREEN INNER SPONGE SEAL	\$ \$	~~ 120.00	
_	REAR FENDER LINER CLIP	\$	120.00 120.00	
2	REAR END PANEL SEAM SEALANT	\$	170.00	
	EXHAUST BOLT, SPRING AND NUTS	¢	35.00	
1361	TOTAL	\$	4,448.30	
	TOTAL	4	4,440.30	
	TOTAL PARTS	\$	20,211.28	
	LABOUR			
	To transfer of Tailgate fittings, attachments and perform			
	water seepage test.	\$	NN 170.00 X	(
				87
	To transfer of Rear Bumper fittings, attachments and			
	perform water seepage test.	\$	ر 170.00 ¢	K
	To dismantle and refit rear undercarriage parts, final			
	checking and testing.	\$	5 380.00 X	X
	To transfer of rear end panel fittings, attachment and			
	perform water seepage test.	\$	5 170.00 X	(
	Labour charge to mount and dismount vehicle on jig bench,			
	to facilitate repair.	\$	5 380.00 2	X
	To check steering geometry and computer wheel alignment	\$	ζ 220.00 χ	(
	To Rust-Proofing Of The Affected Areas.	\$	5 170.00 X	

Trans-cab Auto Services Pte Ltd

AAD2004-063

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No.: 6287 6666 Fax No.: 6257 1330 CO./GST Reg. No. 201019626G

SHD 5158E

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$ NN	380.00	X
To dismantle and refit rear axle assy, remove and renewal of parts, final checking and testing.	\$ nn	380.00	X
To check ABS and brake efficiency, final checking and testing.	\$ 4	380.00	X
Putty And Spray Painting Of The Affected Portion.	\$ 7	,500.00	6001
To reinstall rear bumper parking sensor.	\$	170.00	501
To transfer of tire, rim and on wheel balancing.	\$ 4	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To supply and re-do rear luggage floor panel insulation padding.	\$ nn	380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$ 7	7,500.00	400
To transfer of Rear Fender fittings, attachments and perform water seepage test.	\$ nn	170.00	X
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$ د	170.00	X
Towing Fees	\$ 4	150.00	X
To transfer of Rear Luggage Floor Panel fittings, attachments and perform water seepage test.	\$ 4	380.00	Х

Trans-cab Auto Services Pte Ltd

AAD2004-063

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No.: 6287 6666 Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHD 5158E

	3 days	
(PART-BY-PART) Repair Days	25 Days	
Over All Total	\$ 40,871.28	
TOTAL	\$ 20,660.00	
To perform a comprehensive vehicle diagnostic test and reset vehicle warning indicators.	\$ ~~ _{380.00}	X
To pull and jack out vehicle body panel and correct it to symmetrical position with the aid of hydraulic pneumatic jack.	\$ N ≈ 380.00	X
To repair and realign rear exhaust pipe.	\$ 170.00	7601
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$ 170.00 7 170.00 7) _

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 Authorised Driver.
- 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 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.

dioresaid,	
	ACCIDENT STATEMENT
Date Of Report	15/04/2020 11:36
Date Of Accident	14/04/2020 20:10
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD5158E
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	

Driver

EMail Address

Driver	
Name of Driver	NGEOW KHOI NEN
NRIC No	SXXXX695B
Date Of Birth	03/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93957298
Fax Number	
Contact Number	

NOEMAIL

Page 1 of 14

BLK 163C RIVERVALE CRESCENT Address

#07-266 543163

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - RELIEF

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes, Please state which Police Station

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-4849999 - FAX NO: 62181399 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20200415/2012

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB4776M

Vehicle Make/Model/Colour

COMFORT TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

98382392

Address

Postcode

Insurance Company Name

Page 2 of 14

Sketch Plan #2 Pg. 1

SKETCH PLAN			
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ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
	OU Em	and police Repor	
	-		
		The second of	40.00
		•	
LADATION			
CLARATION			
e declare the foregoing part	iculars are true in every respect.		
	(1)	(Cigly
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yholder's Signature	Driver's Signature	Reporting Centre	Personnel's Signature
& Time:	(If driver is not the policy	older) Name:	
1000 000 CE CE CE CE CE	Date & Time:	NRIC/FIN No.:	

GIARMC SketchPlanForm_V3

NRIC/FIN No.:

POLICE REPORT Pg. 1





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 1 of 3 Report No. T/20200415/2012

. Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2020 11:16		Made:	Vide Report No.:	Station Diary No. 18	
dinforma.	rie Ferrie	o a constant			
	Informant: KHOI NEN		Address: APT BLK 163C RIVERVA SINGAPORE 543163	LE CRESCENT #07-266	
Nationali) / S114569 ty:		Contact No.: Home/Office: Mobile: 93957298 Email:		
	ORE CITIZ	1			
Sex: Male	Age: 64	Date of Birth: 03/07/1955	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name;		
Occupation: Taxi driver		Driving Licence Information Class: 3	n: Date of Expiry:		

	Tell transmit			• • • • • • • • • • • • • • • • • • • •		
Gornal Informa		(C)		E Electrical Control		
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 14/04/2020 20:	10	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROA	. α					
After Lor 13 Gey	lang Road					
Weather:		Road	Surface:		Roa	d Speed Limit:
Clear	Labora 1	Dry			1	- opood Ziiiii.
Traffic Flow: One Way			c Control: c Light - Wo	rking	100000000000000000000000000000000000000	fic Volume: erate
Type of Collision Moving Vehicle A		Vehicle				one conveyed by ulance:

MINISTERNATION OF THE PERSON O	VHINE	WINGSIE DE	Calor	Confirer	THE G. BUSSELLED
Car				Seriously Damaged	2
Car					1
	,				Damaged

Details of Person Involved	MATERIA MARIA PARENTE PER LE PER LE SERVICIO DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DELIGIA DE LA CONTRA DE LA CONTRA DE LA CONTRA DELIGIA DEL CONTRA DELIGIA DE LA CONTRA DELIGIA D
Any Pedestrian Involved: No	Silver (1 to 1
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1





2 of 3

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Report No. T/20200415/2012

Tel No: 1800-4849999

CONTINUATION OF REPORT

Dinver			No.	Wades.		
Name	NGEOW KHOI NEN			ID No.		S1145695B
Related Vehicle	SHD5158E (Car)			Contact No.		93957298
Hospital/Clinic	Chung & Ee Medical Clinic		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	15/04/2020		Date Discharge NIL		NIL	
No. of Days granted Medical Leave 05		Degree of Injury S		Sligh	t	

Brief Details.

I was travelling in my taxi (SHD5158E) along Geylang Rd, after Lor 13, I saw a passenger waving at me so I slowed down in the first lane and turned on my hazard light to pick up the passenger. Before the passenger got into my taxi, another taxi (SHB4776M) drove and hit the back of my taxi. The front of his taxi was severely damaged and there was a passenger inside, but the passenger left as soon as he was involved the accident. I felt pain at the back of my neck, lower back and giddiness, so I went to Chung & EE medical clinic and was given 5 days MC. I am here to lodge a police report for the traffic police to investigate into this matter.

> Back to OneMotoring

Vehicle Owner Particulars					
Owner ID Type:	Company				
Owner ID: Vehicle Details	878K				
Vehicle No.:	SHD5158E				
Vehicle to be Exported:	Yes				
Intended Deregistration Date:	15 Apr 2020				
Vehicle Make:	TOYOTA				
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)				
The state of the s	Red				
Primary Colour:	2018				
Manufacturing Year:	2ZR2B92468				
Engine No.:	JTDKB3FU103078574				
Chassis No.:	90.0 kW (120 bhp)				
Maximum Power Output:	\$26,605.00				
Open Market Value:	19 Dec 2018				
Original Registration Date:	19 Dec 2018				
First Registration Date:					
Transfer Count:	0				
Actual ARF Paid: Intended PARF Rebate Details	\$14,247.00				
PARF Eligibility:	Yes				
PARF Eligibility Expiry Date:	18 Dec 2026				
PARF Rebate Amount: Intended COE Rebate Details	\$10,685.00				
COE Expiry Date:	18 Dec 2026				
COE Category:	A - Car up to 1600cc & 97kW (130bhp)				
COE Period(Years):	8				
PQP Paid:	\$22,057.00				
COE Rebate Amount:	\$17,645.00				
otal Rebate Amount: Message	\$28,330.00				

vehicle reaches its statutory lifespan (if applicable), whichever is earlier. The information contained herein is correct as at 15 Apr 2020