

ASS. REC. BY:

CC3/  
REF:

Tm/ 210002731KV d3

C

## 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:

days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

R: Dun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

The U/C / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal.

L/Bal.

D.O.I.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 13/1/21-Typist

Days Of Repair: 3

Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format : Merimen

Lump Sum / I.B.I: (\$ 2533.03

[> Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHC5020Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2G79750
Chassis No.:	JTDKB3FU003091400
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	28 Aug 2020
First Registration Date:	28 Aug 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Aug 2028
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	27 Aug 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,752.00
COE Rebate Amount:	\$20,601.00
<b>Total Rebate Amount:</b>	<b>\$31,498.00</b>
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 29 Dec 2020

OK

## 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 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 Submission	27/12/2020 02:45 (SGT)
Date of Accident	26/12/2020 16:40 (SGT)
Exact Location of Accident	Punggol, Singapore
Additional Location Information	623a punggol spectra
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5020Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

#### 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

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2348706
Cover Note Number	-

#### DRIVER

Name of Driver	LEE GIN CHONG
NRIC No	SXXXX346A
Date Of Birth	29/04/1974
Occupation	Outdoor



Date Of Driving Pass	22/03/2004
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87820054
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	NA
Address complement	-
Postcode	-
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 on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER 1
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I was driving straight on my lane. Vehicle b was reversing. While i was driving pass veh b, veh b accelerate forward and collided with car. My right rear portion and rims was damaged. No injury involved

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ7565X
Vehicle Manufacturer	Toyota
Vehicle Model	ALLION 1.5 A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident report SA0A20CQ000A

SKETCH PLAN #2

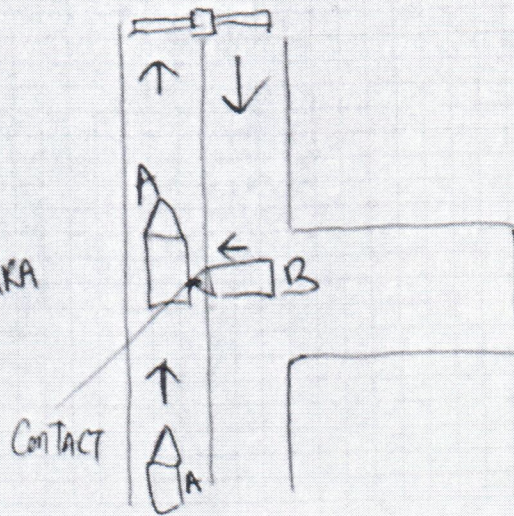


SKETCH PLAN

A-SHCS020Z

B-SLS756SX

623A  
Punggol Spectra  
RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

VERIFY BY AJAX MARS (ARC)



**ACCIDENT STATEMENT (2000 characters)**

I was driving straight on my lane. Vehicle b was reversing.  
While i was driving pass veh b, veh b accelerate forward and collided with car. My right rear portion and rims was damaged. No injury involved

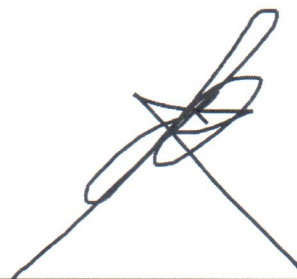
Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 December 2020 at 9:10 PM

Date/Time:

26 December 2020 at 9:10 PM

**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

**SHC5020Z****AAD2012-182***Not Notarised**Recovery B4 paint**\$ 2533.03*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**05 JAN 2021****SHC5020Z**

JTDKB3FU003091400

TOYOTA

PRIUS GEN 4

26/12/2020

**TOKIO**

28/08/2020

PART		LIST	
1	COVER, REAR BUMPER	\$	<i>R</i> 485.60 <i>X</i>
1	GUARD, REAR BUMPER, CENTER	\$	<i>Sn</i> 374.50 <i>X</i>
1	SEAL, REAR BUMPER SIDE, RH	\$	<i>Sn</i> 118.30 <i>X</i>
1	RETAINER, REAR BUMPER SIDE, RH	\$	<i>Sn</i> 132.60 <i>X</i>
1	LENS & BODY, REAR COMBINATION LAMP, RH	\$	<i>Sn</i> 339.60 <i>X</i>
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	\$	<i>Sn</i> 261.00 <i>X</i>
1	REFLECTOR ASSY, REFLEX, RH	\$	<i>Sn</i> 39.00 <i>X</i>
1	MOULDING ASSY, BODY ROCKER PANEL, RH	\$	<i>R</i> 594.80 <i>X</i>
1	PANEL SUB-ASSY, QUARTER, RH	\$	<i>R</i> 871.50 <i>X</i>
1	LINER, REAR WHEEL HOUSE, RH	\$	<i>Sn</i> 139.80 <i>X</i>
1	PANEL SUB-ASSY, REAR DOOR, RH	\$	<i>R</i> 1,294.90 <i>✓</i>
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	\$	<i>Sn</i> 206.70 <i>X</i>
1	TAPE, BLACK OUT, NO.1 REAR RH	\$	<i>Sn</i> 21.90 <i>—</i>
1	TAPE, BLACK OUT, NO.2 REAR RH	\$	<i>Sn</i> 34.90 <i>—</i>
1	TAPE, BLACK OUT, NO.3 REAR RH	\$	<i>Sn</i> 15.40 <i>—</i>
<b>TOTAL</b>		<b>\$</b>	<b>4,930.50</b>
<b>25%</b>		<b>\$</b>	<b>1,232.63</b>
		<b>\$</b>	<b>3,697.88</b>

**Special Nett**

1	REAR BUMPER SIDE CLIP	\$	<i>Sn</i> 60.00 <i>X</i>
1	REAR FENDER LINER CLIP	\$	<i>Sn</i> 65.00 <i>X</i>
1	TYRE	\$	<i>Sn</i> 300.00 <i>X</i>
1	RIM	\$	<i>Sn</i> 1,879.40 <i>X</i>
1	RIM COVER	\$	<i>Sn</i> 211.50 <i>✓</i>

*177.70*



**Trans-cab Auto Services Pte Ltd****AAD2012-182**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC5020Z**

1 TAIL LAMP CLIP	\$	<i>nn</i>	70.00	X
1SET PARKING AID	\$	<i>nn</i>	700.00	X
1SET REAR BUMPER CLIP	\$	<i>nn</i>	85.00	X
1 REAR BUMPER RETAINER CLIP	\$	<i>nn</i>	75.00	X
<b>TOTAL</b>	<b>\$</b>		<b>3,445.90</b>	
<b>TOTAL PARTS</b>	<b>\$</b>		<b>7,143.78</b>	

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$		240.00	<i>3cl</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i>	380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,600.00	<i>4cl</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>nn</i>	380.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,600.00	<i>8cl</i>
To reinstall rear bumper parking sensor.	\$	<i>nn</i>	170.00	X
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i>	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	<i>2cl</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i>	220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i>	170.00	X

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**SHC5020Z****AAD2012-182**

<b>TOTAL</b>	<b>\$</b>	<b>5,100.00</b>
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<b>Over All Total</b>	<b>\$</b>	<b>12,243.78</b>
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**(PART-BY-PART) Repair Days**~~10~~ Days

3 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: