

ASS. REC. BY:

REF:

ICS / 22003388/Kg43

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

2 days

Res.: Yes or No

Lum Sum:

1. B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S1HC 5135B

Yr Regn:

10, 20

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

Truck / Trailer or

Make:

Toy Pro

c.c

1790

Colour

M.P White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

145114

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 203092239

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

195/65R15

R:

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

Dunlop

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

11/4/22

D.O.I.

13/4/2022

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1 Got B1, Battery flat

19/4 @ 1441.10 Carbon CRed #8766.98, 867.7

11/5/22 @ 4.14pm advised to Tan Y. Kwang via Messenger.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐

Prel. Report

☐

Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. \$

Fines

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Report Format:

MER-R

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

1441.10

TOTAL

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

SHC5135B*Not Notified***AAD2204-***Primary B4 paint**\$ 1441.10*

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

13 APR 2022**SHC5135B**

JTDKB3FU203092239

200303878K

TOYOTA

PRIUS GEN 4

11/04/2022

SJD7641P/ECICS

16/10/2020

PART

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK

LIST

\$	<i>Bx</i>	485.60	✓
\$	<i>B1</i>	332.70	✓
\$	<i>nu</i>	22.00	✓
\$	<i>R1</i>	374.50	✓
\$	<i>NSP</i>	132.60	X
\$	<i>Sn</i>	39.00	X
\$	<i>Sn</i>	126.70	X
\$	<i>R Rn</i>	651.00	X

TOTAL \$ 2,164.10**25% \$ 541.03****\$ 1,623.08****Special Nett**

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
 - 1 REAR SPOILER CLIP
 - 1 REAR BUMPER PROTECTOR
- 1SET REAR BUMPER RETAINER CLIP
 - 1 END PANEL TRIM CLIP

\$	<i>Sn</i>	700.00	X
\$	<i>nu</i>	95.00	<i>COIN</i>
\$	<i>nu</i>	70.00	X
\$	<i>NSP</i>	180.00	X
\$	<i>nu</i>	85.00	X
\$	<i>nu</i>	65.00	X

TOTAL \$ 1,195.00**TOTAL PARTS \$ 2,818.08****LABOUR**

To remove and refit interior fittings, trimmings, garnish, fittings and other, to enable repair.

\$ *nu* 380.00 X

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

SHC5135B**AAD2204-**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	2001
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	nn 180.00	X
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	nn 480.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn 250.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	2201
To reinstall rear bumper parking sensor.	\$	170.00	51
To Check Electrical Lighting Concerned.	\$	nn 170.00	X
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	nn 380.00	X
TOTAL	\$	7,390.00	
Over All Total	\$	10,208.08	

**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:

(PART-BY-PART) Repair Days

25 DAYS
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 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	11/04/2022 13:32 (SGT)
Date of Accident	11/04/2022 06:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF ANG MO KIO AVE 9 TURNING RIGHT TO AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5135B
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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) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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	1767

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	NA

DRIVER

Name of Driver	CHEN VOON SIN
NRIC No	SXXXX970J

Date Of Birth	04/07/1970
Occupation	Outdoor
Date Of Driving Pass	17/04/1998
Driving experience	24 YEARS
Gender	Male
Mobile Number	(Phone) +65-93624718
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Jurong West, 662B Jurong West Street 64 #02-316
Address complement	-
Postcode	642662
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	P1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220411/2028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD7641P
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Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MUHAMAD KHAIRUDDIN BIN ABDULLAH
NRIC No	SXXXX844B
Contact Number	(Phone) +65-90265579
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEN VOON SIN
Gender	Male
Phone No	(Phone) +65-93624718
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5135B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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:

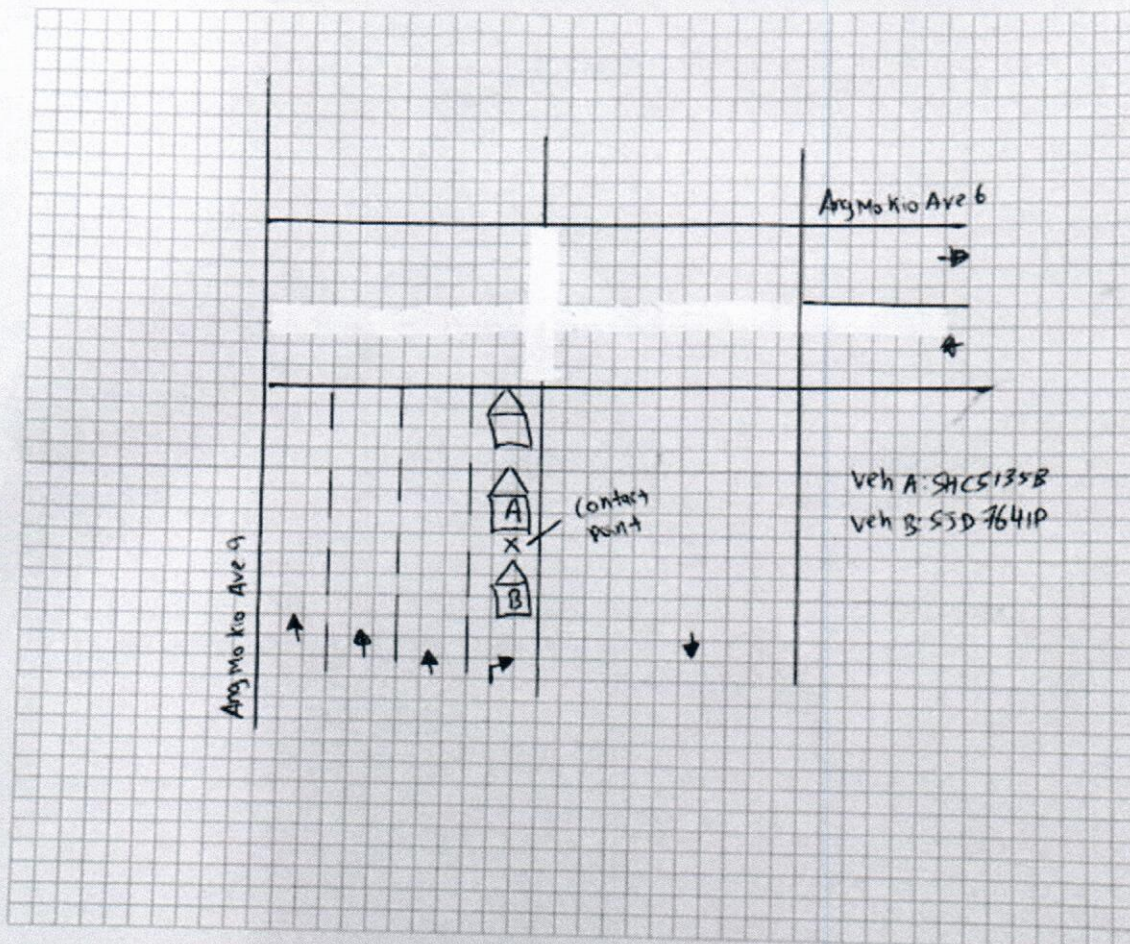
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

Ver. 30042021

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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


**SINGAPORE
POLICE FORCE**


T/20220411/2028

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3
Report No: T/20220411/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2022 12:37 Vide Report No.: Station Diary No.: 68

Informant's Particulars

Name of Informant: CHEN VOON SIN		Address: APT BLK 662B JURONG WEST STREET 64 #02-316 SINGAPORE 642862	
ID Type / ID No.: NRIC NO / S7021970J		Contact No.: Home/Office: Mobile: 93624718	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 04/07/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2022 06:45	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5135B	Car	TOYOTA	PRIUS	Red	Slightly Damaged	1
SJD7641P	Car	HONDA	CIVIC	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T:20220411/2028

2 of 3

Report No. T:20220411/2028

CONTINUATION OF REPORT

Driver			
Name	CHEN VOON SIN	ID No.	S7021970J
Related Vehicle	SHC5135B (Car)	Contact No.	93624718
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	11/04/2022	Date Discharge	11/04/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	MUHAMMAD KHAIRUDDIN BIN ABDULLAH	ID No.	S9516844B
Related Vehicle	SJD7641P (Car)	Contact No.	90265579
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Brief Details.

On 11/04/2022 at about 0645hrs, I was driving my taxi (Red Toyota Prius, SHC5135B) along Ang Mo Kio Avenue 9. There was a passenger in my taxi. As I approached the cross junction and wanted to turn right, I stopped my taxi as it was a red light.

Out of a sudden, I felt an impact that a car had collided into the rear of my taxi, causing it to move forward. The impact caused my knees to hit the dashboard area, as well as sprained my neck and waist. I immediately alighted to make a check, and observed that another car (SJD7641P, White Honda Civic) did not manage to stop in time and had collided into me.

I asked my passenger to help call the ambulance. Subsequently, ambulance and TP came to scene. I refused conveyance to hospital as the wait will be long. Hence later that day, I went to a clinic to see a doctor. The doctor gave me 7 days of MC.

My car suffered some dents and scratches at the rear bumper. The right rear bumper had also been dislodged slightly. I wish to state that I was following traffic rules and my car was stationary when the incident happened.

 SINGAPORE POLICE FORCE		
Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999		T/20220411/2028 1 of 3 Report No. T/20220411/2028
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.</p>		
Signature of Officer Recording The Report: J / SGT 2 JASPER TEIW KAI JIE	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2022 12:37	
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:	
NP168		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 878K

Vehicle Details

Vehicle No.: SHC5135B

Vehicle to be Exported: Yes

Intended Deregistration Date: 11 Apr 2022

Vehicle Make: TOYOTA

Vehicle Model: PRIUS 5DR HATCHBACK (AUTO)

Primary Colour: Red

Manufacturing Year: 2020

Engine No.: 2ZR2H02481

Chassis No.: JTDKB3FU203092239

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$26,807.00

Original Registration Date: 16 Oct 2020

First Registration Date: 16 Oct 2020

Transfer Count: 0

Actual ARF Paid: \$14,530.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 15 Oct 2028

PARF Rebate Amount: \$10,897.00

Intended COE Rebate Details

COE Expiry Date: 15 Oct 2028

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$28,160.00

COE Rebate Amount: \$22,528.00

Total Rebate Amount: \$33,425.00

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 11 Apr 2022

OK