

ASS. REC. BY:

REF:

AG21 22 00 3572/kv y3

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: SMR 405S

Policy No.

Claims No. C10014775/JM

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:

03

days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/4D 9889C

Yr Regn:

09, 20

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

Truck / Trailer or

Make:

Toy Prius

c.c

1788

Colour

m.p. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

107051

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 00 3091476

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 A/Rim or

Tyre Size:

F: Firenz 195/65R15

R: Sailun

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

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

3

mm

L/Bal.

6

mm

D.O.A.

18/4/22

D.O.I.

19/4/2022

Survey held at

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

FR N/S

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

Date / Time

Action / Instruction

1

Got BZ

3065.48

2019

8 4883.30 Cash

9/5/20

Re-confirmed \$ 5053.45 (Red 8305.55, 60h)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 9/5 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fines

Others

TOTAL

Report Format :

TP

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

5035.45

5053.45

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 878K

Vehicle Details

Vehicle No.: SHD9889C

Vehicle to be Exported: Yes

Intended Deregistration Date: 18 Apr 2022

Vehicle Make: TOYOTA

Vehicle Model: PRIUS 5DR HATCHBACK (AUTO)

Primary Colour: Red

Manufacturing Year: 2020

Engine No.: 2ZR2G80410

Chassis No.: JTDKB3FU003091476

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$26,807.00

Original Registration Date: 11 Sep 2020

First Registration Date: 11 Sep 2020

Transfer Count: 0

Actual ARF Paid: \$14,530.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 10 Sep 2028

PARF Rebate Amount: \$10,897.00

Intended COE Rebate Details

COE Expiry Date: 10 Sep 2028

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

COE Period(Years): 8

PQP Paid: \$26,512.00

COE Rebate Amount: \$21,196.00

Total Rebate Amount: \$32,093.00

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 18 Apr 2022

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	18/04/2022 19:03 (SGT)
Date of Accident	16/04/2022 19:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG STEVENS ROAD BEFORE JUNCTION OF DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9889C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5 DR HATCHBACK (AUTO)
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	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	-

DRIVER

Name of Driver	TAN SIEW ANG (CHEN SHOUHONG)
----------------	------------------------------

NRIC No	SXXXX700A
Date Of Birth	09/07/1974
Occupation	Outdoor
Date Of Driving Pass	05/04/1995
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-88583350
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Fernvale Lodge, 447B Jalan Kayu.
Address complement	#03-350
Postcode	(S)792447
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 - Change/cross lane
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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:T/20220418/2094 LODGED AT ANG MO KIO NORTH N P C

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	SMR405S
Vehicle Manufacturer	BMW
Vehicle Model	216I GRAN TOURER HALOGEN LIGHT
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	HAMZAH FANSURI BIN KARMIN
NRIC No	SXXXX926G
Contact Number	-
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	TAN SIEW ANG (CHEN SHOUHONG)
Gender	Male
Phone No	(Phone) +65-88583350
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9889C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MALE PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9889C
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.

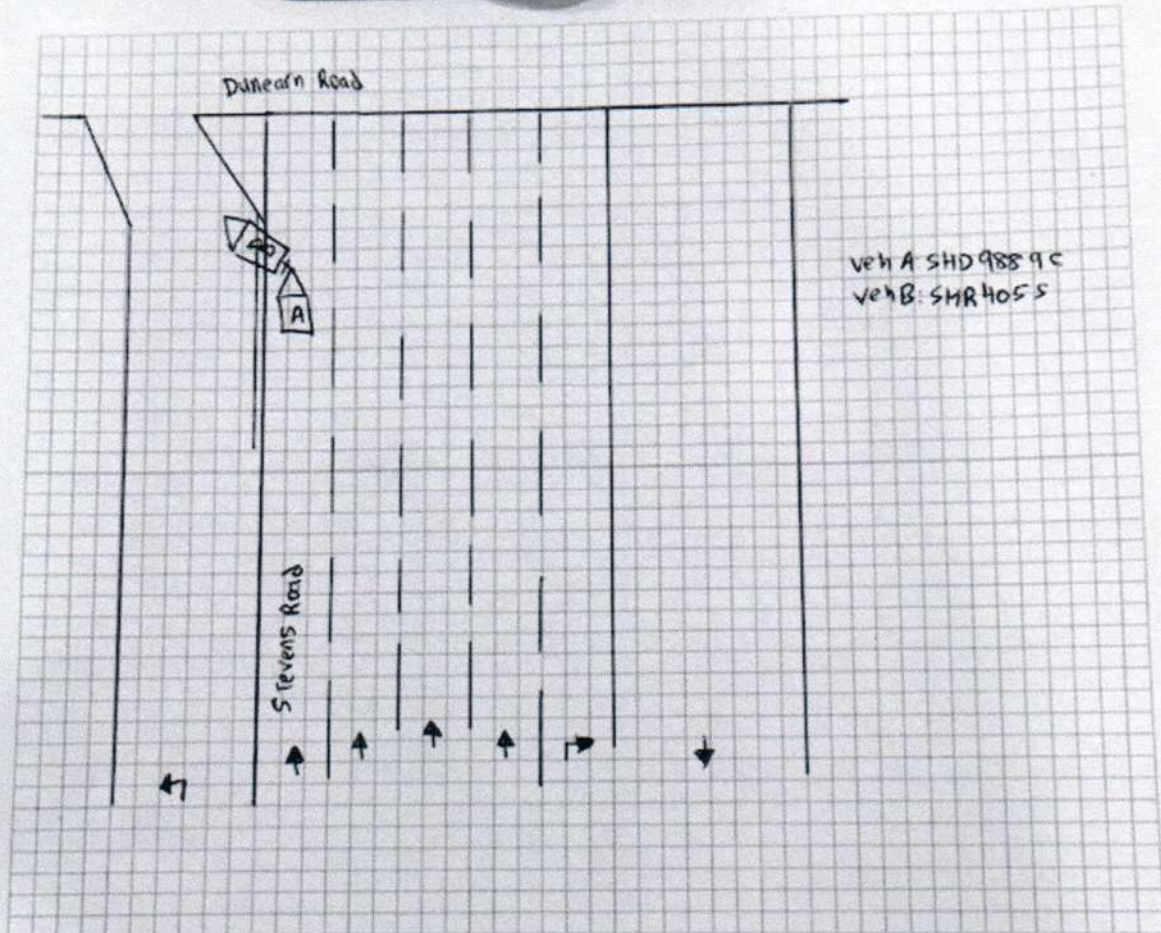
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR**

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.:

ACCIDENT DIAGRAM



veh A SHD 988 9 C
veh B: SHR 405 S

[Signature]

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

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.:

SKETCH PLAN #3

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2


**SINGAPORE
POLICE FORCE**


T/20220418/2094

1 of 3

Report No. T/20220418/2094

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2022 18:05	Vide Report No.:	Station Diary No.: 110
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Informant's Particulars

Name of Informant: TAN SIEW ANG		Address: APT BLK 447B JALAN KAYU #03-350 SINGAPORE 792447	
ID Type / ID No.: NRIC NO / S7421700A		Contact No.: Home/Office: Mobile: 85583350	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 09/07/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2022 19:05	Type of Location: Straight Road
Location: STEVENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SHD9859C	Car				Seriously Damaged	1
SMR405S	Car				Slightly Damaged	1

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20220418/2094

2 of 3

Report No. T/20220418/2094

CONTINUATION OF REPORT

Driver			
Name	TAN SIEW ANG	ID No.	S7421700A
Related Vehicle	SHD9889C (Car)	Contact No.	88583350
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	18/04/2022	Date Discharge	18/04/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	HAMZAH FANSURI BIN KARMIN	ID No.	S9703926G
Related Vehicle	SMR405S (Car)	Contact No.	91834519
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/04/2022 at about 1902hrs, I was driving Transcab taxi bearing registration number SHD9889C along Stevens Rd towards Orchard Residences. I was driving on the fourth lane heading straight. I saw a white car bearing registration number SMR405S driving on the third lane. Out of a sudden, the white car swerved into my lane and jammed brakes which caused me to perform emergency brake. I could not brake in time and collided with the vehicle. We then exchanged particulars and continued with our journey.

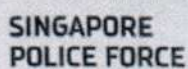
Before my passenger alighted, I asked my passenger to inform his parents if he is feeling unwell.

On 18/04/2022, I also seek medical treatment and was given 5 days MC. I wish to inform that I have in-car camera footage.

I am lodging this report for insurance claim purposes.

**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9
569784
Tel No: 1800-4849999

Sketch
Int



T/20220418/2092

2483

Report No. T/20220418/2004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 report number as reference.

Ali

Signature Of Informant:

4

Signature Of Interpreter:
Not applicable

Date/Time:
18/04/2022 18:05

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168

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

SHD9889C*Not Authored
Recovery B4 paint***AAD2204-***8,5065.48*

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

19 APR 2022**SHD9889C**

JTDKB3FU003091476

200303878K

TOYOTA

PRIUS GEN 4

*16/04/2022**SMR 4055 / Auto & General.*

11/09/2020

PART

- 1 COVER, FRONT BUMPER
- 1 COVER, FRONT BUMPER HOLE, LH
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 MOULDING, FRONT BUMPER SIDE, LH
- 1 BRACKET, FRONT BUMPER SIDE, LH
- 1 HOOD SUB-ASSY
- 1 HINGE ASSY, HOOD, LH
- 1 HINGE ASSY, HOOD, RH
- 1 GRILLE SUB-ASSY, RADIATOR
- 1 GRILLE, RADIATOR, LOWER NO.1
- 1 EMBLEM ASSY, RADIATOR GRILLE
- 1 LINER, FRONT FENDER, LH
- 1 FENDER SUB-ASSY, FRONT LH
- 1 FRONT FENDER EMBLEM LH
- 1 UNIT ASSY, HEADLAMP, LH
- 1 RIM

LIST

\$	<i>R</i>	521.00	✓
\$	<i>nd</i>	30.20	✓
\$	<i>CMF</i>	80.20	✓
\$	<i>R</i>	716.60	X
\$	<i>my dir</i>	95.60	X
\$	<i>dir</i>	59.30	✓
\$	<i>R</i>	983.10	X
\$	<i>R</i>	58.90	X
\$	<i>R</i>	58.90	X
\$	<i>dir</i>	422.50	✓
\$	<i>Pr</i>	178.60	X
\$	<i>nn</i>	105.80	✓
\$	<i>Pr</i>	210.30	X
\$	<i>Bu</i>	977.80	✓
\$	<i>nn</i>	54.60	✓
\$	<i>my cm</i>	2,637.60	✓
\$	<i>Pr</i>	1,900.10	X

TOTAL \$ 9,091.10**25% \$ 2,828.00****\$ 8,484.00****Special Nett**

- 1 FRT FENDER CLIP
- 1 BONNET INSULATOR CLIP
- 1 FRONT NUMBER PLATE WITH HOLDER
- 1SET FRONT FENDER LINER CLIP
- 1SET FRONT BUMPER CLIP

\$	<i>nn</i>	65.00	X
\$	<i>nn</i>	65.00	X
\$	<i>B</i>	200.00	455A
\$	<i>nn</i>	75.00	X
\$	<i>nn</i>	90.00	605A

Trans-cab Auto Services Pte Ltd

AAD2204-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD9889C

TOTAL	\$	495.00
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TOTAL PARTS	\$	9,530.50
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LABOUR

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	1,600.00	500
	\$	380.00	nn X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	30
To check steering geometry and computer wheel alignment	\$	220.00	nn X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	660
To transfer of tire, rim and on wheel balancing.	\$	170.00	nn X
To Check Electrical Lighting Concerned.	\$	170.00	20

TOTAL	\$	4,380.00
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Over All Total	\$	13,359.00
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(PART-BY-PART) Repair Days

20 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: