

ASS. REC. BY:

REF:

H/A/ 220043681kgz3

C

Kenneth

## ASSIGNMENT

SHC 5497G

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.

MPC03394/LJ

Sum Insured:

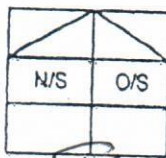
Excess:

(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:

1 1/2 days

Res.: Yes or No

Lum Sum:

1.1B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 5497G

Yr Regn:

03, 21

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

Truck / Trailer or

Make:

Toy Pro

c.c

1798

Colour

M.F. White / R

A/C:

Insured / Std / NI / NA

Sp. Reading

40349

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B31FU 403092114

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

Lanvigata 195/65R15

R: Dun

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

Front

Rear

R/Bal.

d

mm

R/Bal.

3

mm

L/Bal.

p

mm

L/Bal.

3

mm

D.O.A.

7/5/22

D.O.I.

10/5/2022

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.

Date / Time

Action / Instruction

11/5

2580.88

Cash

Red 4714.82, 9327

Date/Time, File Pass to?



: Prel. Report

1) 14/06 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

1 1/2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

TP

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

580.88

Not Notified  
Pruning B4 paint

**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

**SHC5497G**

8586.88

AAD2205- 043

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SHC5497G**

JTDKB3FU403092114

200303878K

TOYOTA

PRIUS GEN 4

07/05/2022.

SLS5918C/ HL

31/03/2021

10 MAY 2022

PART	
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	GUARD, REAR BUMPER, CENTER
1	SEAL, REAR BUMPER SIDE, RH
1	RETAINER, REAR BUMPER SIDE, RH
1	SEAL, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, LH
1	COVER, REAR BUMPER, LOWER
1	PANEL SUB-ASSY, BODY LOWER BACK

LIST	
\$	nn 485.60 X
\$	nn 332.70 X
\$	ndl 374.50 ✓
\$	nn 118.30 X
\$	nn 132.60 X
\$	nn 118.30 X
\$	nn 132.60 X
\$	nn 22.00 X
\$	nn 651.00 X
<b>TOTAL</b>	<b>\$ 2,367.60</b>
<b>25%</b>	<b>\$ 591.90</b>
	<b>\$ 1,775.70</b>

**Special Nett**

1	REAR BUMPER SIDE CLIP
1SET	PARKING AID
1SET	REAR BUMPER CLIP
1	REAR BUMPER RETAINER CLIP

\$	nn 60.00 X
\$	nn 700.00 X
\$	nn 85.00 X
\$	nn 75.00 X
<b>TOTAL</b>	<b>\$ 920.00</b>

**TOTAL PARTS \$ 2,695.70**

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	nn 240.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn 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

**SHC5497G****AAD2205-**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	801
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	380.00	nn X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	2201
To reinstall rear bumper parking sensor.	\$	170.00	nn X
To transfer of tire, rim and on wheel balancing.	\$	170.00	5 X
To Check Electrical Lighting Concerned.	\$	170.00	7 X
To check steering geometry and computer wheel alignment	\$	220.00	5 X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	170.00	5 X
<b>TOTAL</b>	<b>\$</b>	<b>5,100.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>7,795.70</b>	

**(PART-BY-PART) Repair Days****20 Days**

1 1/2 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:



## 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	09/05/2022 12:40 (SGT)
Date of Accident	07/05/2022 17:45 (SGT)
Exact Location of Accident	Near 60 Kheam Hock Rd, Singapore 298824
Additional Location Information	PIE TOWARDS TUAS BEFORE ADAM EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5497G
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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	-
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	AHMAD ILZAM BIN ADNAN
NRIC No	SXXXX098I

Date Of Birth	22/10/1962
Occupation	Outdoor
Date Of Driving Pass	24/06/1983
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89393500
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	506C YISHUN AVE 4
Address complement	#09-120
Postcode	763506
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	Raining
Road Surface	Wet

#### 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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	HAIREE YACOB 97369430
Gender	Male

#### PASSENGER 2

Name	P2
Gender	Female

#### PASSENGER 3

Name	P3
Gender	Male

#### PASSENGER 4

Name	P4
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

ON 07/05/2022 AT ABOUT 1745HOURS , I WAS TRAVELLING ALONG PIE TOWARDS TUAS . WHEN I SAW VEHICLE IN FRONT OF ME JAMMED BRAKE , I APPLIED MY BRAKE AND STOPPED IN TIME . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

#### 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	SLS5918C
Vehicle Manufacturer	Perodua
Vehicle Model	Bezza
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SNG
Contact Number	(Phone) +65-98213539
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	AHMAD ILZAM BIN ADNAN
Gender	Male
Phone No	(Phone) +65-89393500
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5497G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### WITNESS DETAILS

##### WITNESS 1

Name	HAIREE YACOB
Phone	(Phone) +65-97369430
Email	-



**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:

9/5/2022

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT**

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

ACCIDENT REPORT

Ver. 10/04/2023

1 1 1

A: 31054930

B: 31054930

PIE

1 1 1

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT

Policyholder's Signature  
Date & Time:

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

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



**SKETCH PLAN**

**REFER TO ATTACHED ACCIDENT DIAGRAM**

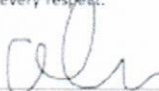
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON 07/05/2022 AT ABOUT 1745HOURS , I WAS TRAVELLING ALONG PIE TOWARDS TUAS . WHEN I SAW VEHICLE IN FRONT OF ME JAMMED BRAKE , I APPLIED MY BRAKE AND STOPPED IN TIME . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

**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: 9/5/2022

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**WONG JUN KEAT**

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

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

### Vehicle Details

Vehicle No.:	SHC5497G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 May 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2G98249
Chassis No.:	JTDKB3FU403092114
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	31 Mar 2021
First Registration Date:	31 Mar 2021
Transfer Count:	0
Actual ARF Paid:	\$7,030.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2029
PARF Rebate Amount:	\$5,272.00

### Intended COE Rebate Details

COE Expiry Date:	30 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,118.00
COE Rebate Amount:	\$26,494.00
<b>Total Rebate Amount:</b>	<b>\$31,766.00</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 09 May 2022

OK