

ASS. REC. BY:

REF:

HCA/2006078/K9

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cob

of _____

Insured: _____

Policy No. _____

Claims No. _____

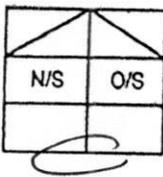
Sum Insured: _____ Excess: _____

(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: 03 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: SHG 56618 Yr Regn: 02, 21

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

Truck / Trailer or

Make: Toy Prius C.C. 1798

Colour M.P. White / Au A/C: Insured / Std / NI / NA

Sp. Reading 90292 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKCB3FU703093869

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15
R: _____

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

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 23/6/22

D.O.I. 27/6/2022

Survey held at _____

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

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

Date / Time Action / Instruction

1/7 \$4219.70 Cash (Red, \$6369.33, 60%)
The final fig should be \$4217.40 (Red \$6366.63, 60%)

Date/Time, File Pass to?

: Prell. Report

1) 27/10 Typist

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Fuel

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format : TP

Lump Sum / (L.B.I.) \$ ~~4219.70~~

4217.40

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	24/06/2022 16:09 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS SLE BEFORE TAMPINES AVE 10 EXIT LAMP POST 214
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5661Z
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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
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	RUDI HADI WINARNO @ LOW CHEW SENG
NRIC No	SXXXX700H
Date Of Birth	10/10/1963

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND8489J
Vehicle Manufacturer	Toyota
Vehicle Model	COROLLA ALTIS CLASSIC 1.6 CVT
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	CHIA CHENG HAN
NRIC No	SXXXX110B
Contact Number	(Phone) +65-98773771
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME6419G
Vehicle Manufacturer	Hyundai
Vehicle Model	I30 PDE 1.4 T-GDI DCT
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	ANG KHAI FONG, VINCENT
NRIC No	SXXXX968F
Contact Number	(Phone) +65-97986405
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	RUDI HADI WINARNO @ LOW CHEW SENG
Gender	Male
Phone No	(Phone) +65-92749808
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5661Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TANTI WINARNO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5661Z
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person	CHIA CHENG HAN
Gender	Male
Phone No	(Phone) +65-98773771
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SND8489J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 willful misrepresentation or withholding of material facts may allow insurance companies to **rescind 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 the 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.

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' law firm/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' law firm/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 law firm/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

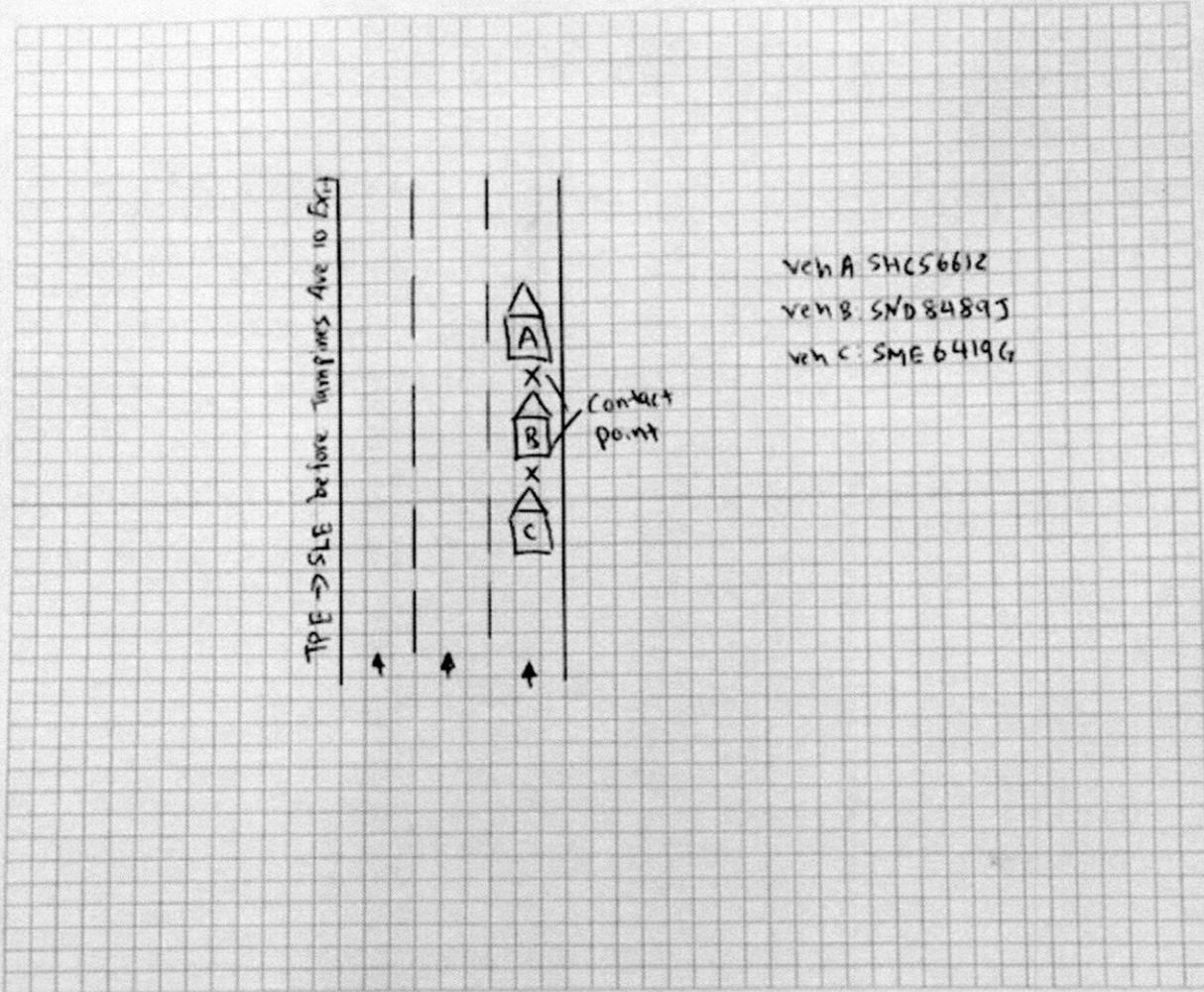
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer
Ang Qi Hao, Victor
Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM



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.:

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20220623/2100

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220623/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2022 19:12	Vide Report No.: G/20220623/0107	Station Diary No.: 86
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Informant's Particulars

Name of Informant: RUDI HADI WINARNO		Address: APT BLK 693 HOUGANG STREET 61 #02-120 SINGAPORE 530693	
ID Type / ID No.: NRIC NO / S1606700H		Contact No.: Home/Office: Mobile: 92749808	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 10/10/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/06/2022 17:20	Type of Location:
Location: TAMPINES EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHC5661Z	Taxi				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220623/2100

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220623/2100

CONTINUATION OF REPORT

Brief Details.

On 23/06/2022 at about 1720 hrs , I was driving at the 1st lane of the expressway and I saw a Lorry that drove in front of me had skidded. As such , I slowed down and almost to complete stop. However , after awhile i felt a bang behind my taxi. I alighted from my taxi and saw another 2 vehicles involved in the accident. The 2nd vehicle owner , SND8489J claimed that he had stopped in time but was hit by the vehicle behind him , SME6419G causing his vehicle to move forward and hit onto my taxi. Currently, I do not have any injury.

Traffic Police came and Ambulance also conveyed the 2nd driver to hospital. Traffic Police also took my In Car Camera sim card.



**SINGAPORE
POLICE FORCE**



T/20220623/2100

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3
Report No. T/20220623/2100

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.

Signature of Officer Recording The Report: F / Other WU WENHAO, DENIS	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROUZ BIN HUSSIEEN Contact No.: 65476206	

Signature Of Informant:	
Date/Time: 23/06/2022 19:12	
Classification Of Case:	

NP168

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1963

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Mak

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHC5661Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2J11626
Chassis No.:	JTDKB3FU703093869
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,879.00
Original Registration Date:	26 Feb 2021
First Registration Date:	26 Feb 2021
Transfer Count:	0
Actual ARF Paid:	\$7,131.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Feb 2029
PARF Rebate Amount:	\$5,348.00
Intended COE Rebate Details	
COE Expiry Date:	25 Feb 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$31,876.00
COE Rebate Amount:	\$25,500.00
Total Rebate Amount:	\$30,848.00
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 24 Jun 2022

OK

Not Authorised
Returning 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

4217.40

AAD2206-

SHC5661Z

Vehicle No.:
Chassis No.:
Co UEN:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration:

27 JUN 2022

SHC5661Z

JTDKB3FU703093869
200303878K
TOYOTA
PRIUS GEN 4
23/06/2022
SND8489J/HL
26/02/2021

- PART**
- 1 COVER, REAR BUMPER
 - 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
 - 1 GUARD, REAR BUMPER, CENTER
 - 1 SEAL, REAR BUMPER SIDE, LH
 - 1 SEAL, REAR BUMPER SIDE, RH
 - 1 RETAINER, REAR BUMPER SIDE, RH
 - 1 COVER, REAR BUMPER, LOWER
 - 1 COVER, DECK TRIM, REAR
 - 1 PANEL SUB-ASSY, BODY LOWER BACK
 - 1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2
 - 1 PLATE, BACK DOOR NAME, NO.1
 - 1 ORNAMENT SUB-ASSY, BACK DOOR
 - 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
 - 1 BOARD ASSY, BACK DOOR TRIM
 - 1 WEATHERSTRIP, BACK DOOR
 - 1 STAY ASSY, BACK DOOR, LH
 - 1 STAY ASSY, BACK DOOR, RH
 - 1 HINGE ASSY, BACK DOOR, LH
 - 1 HINGE ASSY, BACK DOOR, RH

	LIST		
\$	485.60	✓	
\$	332.70	✓	
\$	374.50	✓	
\$	118.30	X	
\$	118.30	X	
\$	132.60	X	
\$	22.00	✓	
\$	126.70	X	
\$	651.00	X	
\$	54.60	✓	
\$	54.60	✓	
\$	47.90	✓	
\$	913.60	✓	
\$	259.20	X	
\$	372.30	X	
\$	242.50	X	
\$	242.50	X	
\$	61.00	X	
\$	61.00	X	
TOTAL	\$ 4,670.90		
25%	\$ 1,167.73		
	\$ 3,503.18		

Special Nett

- 1 REAR BUMPER ~~SIDE~~ CLIP \$ 60.00 ✓
- 1 BOOT STICKER TRANSCAB \$ 100.00 30SN
- 1 BOOT STICKER TEL NO \$ 100.00 30SN
- 1SET PARKING AID \$ 700.00 220SN

Trans-cab Auto Services Pte Ltd

AAD2206-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5661Z

- 1SET REAR BUMPER CLIP
- 1 REAR BUMPER RETAINER CLIP

\$	<i>na</i> 85.00	X
\$	<i>na</i> 75.00	X
TOTAL	\$ 1,120.00	

TOTAL PARTS \$ 4,623.18

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	<i>na</i> 240.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</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>4001</i>
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	<i>na</i> 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	<i>6601</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>501</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>na</i> 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>201</i>
To check steering geometry and computer wheel alignment	\$	<i>na</i> 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	<i>na</i> 170.00	X
TOTAL	\$	5,100.00	
Over All Total	\$	9,723.18	

(PART-BY-PART) Repair 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:

20 Days

3 days

10584.03

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

SHC5661Z

AAD2206-

Vehicle No.:
Chassis No.:
Co UEN:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration:

SHC5661Z
JTDKB3FU703093869
200303878K
TOYOTA
PRIUS **GEN 4**
23/06/2022
SND8489J/HL
26/02/2021

SUPPLEMENTARY

PART

- 1 PANEL SUB-ASSY, BACK DOOR
- 1 COVER, REAR FLOOR (CTR)

	LIST		
\$	<i>B</i>	1,147.80	—
\$	<i>CM</i>	229.90	—
TOTAL	\$	1,147.80	
25%	\$	286.95	
	\$	860.85	