

ASS. REG. BY:

REF:

EQ/ 22 008525/KC

Kenneth

## 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: \_\_\_\_\_

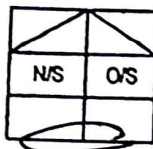
Excess: \_\_\_\_\_

(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 Report: \_\_\_\_\_

Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_

05 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: \_\_\_\_\_

PNG 16048

Yr Regn: 07 22

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Hyundai

Zonig

C.C.

1580

Colour: \_\_\_\_\_

Gray

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

11373

T/Radio: \_\_\_\_\_

Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

KMHC851CVNU 292616

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

195/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / TOHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. \_\_\_\_\_

9

mm

R/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

D.O.A. \_\_\_\_\_

26/8/22

D.O.I. \_\_\_\_\_

1/9/2022

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

1

Got B1

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: \_\_\_\_\_

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ - RS. SI

: Factors

: Others

TOTAL

Report Format :

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

Not Notch  
Primary 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

**SNG1604Z**

**LAD2208-024**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**01 SEP 2022**

**SNG1604Z**

KMHC851CVNU292616

201603575K

HYUNDAI

IONIQ HYBRID

26/08/2022

**YQ3442C/ EQ**

14/07/2022

**PART**

**LIST**

1	REAR BUMPER	\$	R	475.80	✓
1	REAR BUMPER CENTRE MOULDING ASSY	\$	R	216.50	✓
1	REAR LOWER BUMPER MOULDING	\$	DRY	47.50	✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	R	294.80	✓
1	REAR END PANEL	\$	R	532.00	✓
1	LAMP ASSY - REAR FOG	\$		201.50	?
1	LAMP ASSY - REAR COMBINATION INSIDE, LH	\$	GR	794.40	✓
1	LAMP ASSY - REAR COMBINATION INSIDE, RH	\$	GR	794.40	✓
1	LAMP ASSY - REAR COMBINATION OUTSIDE, LH	\$	R	263.10	X
1	LAMP ASSY - REAR COMBINATION OUTSIDE, RH	\$	R	263.10	X
1	PANEL ASSY - TAILGATE	\$	R	2,549.70	✓
1	HINGE ASSY - TAILGATE	\$	R	31.30	X
1	GLASS ASSY - TAILGATE, LOWER	\$	Shatter	384.90	✓
1	SPOILER - REAR	\$	GR	665.40	X
1	LIP ASSY - REAR SPOILER, LH	\$	na	8.00	X
1	LIP ASSY - REAR SPOILER CENTER	\$	na	15.20	X
1	LIP ASSY - REAR SPOILER, RH	\$	na	8.00	X
1	LAMP ASSY - HIGH MOUNT STOP	\$		171.90	?
1	EMBLEM - SYMBOL MARK	\$	na	29.90	✓
1	GARNISH - TAILGATE	\$	.	36.10	?
1	HANDLE ASSY - TAILGATE RELEASE	\$	DRY	47.90	✓
1	STRIP - TAILGATE GARNISH	\$		8.40	?
1	EMBLEM - HYBRID	\$	na	24.30	✓
1	EMBLEM-IONIQ	\$	na	31.30	✓
1	PANEL ASSY - REAR FLOOR, REAR	\$	R	292.50	X
<b>TOTAL</b>		\$		<b>8,187.90</b>	
<b>10%</b>		\$		<b>818.79</b>	

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CO./GST Reg. No. 201019626G

**SNG1604Z**

**LAD2208-**

**\$ 7,369.11**

**Special Nett**

- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL
- 1SET PARKING AID
- 1 REAR NUMBER PLATE
- 1SET REAR BUMPER CLIP
- 1 REAR BUMPER RETAINER CLIP

**TOTAL**

\$	nn	150.00	8000
\$	nn	200.00	✓
\$	nn	130.00	6000
\$	shot	700.00	22000
\$	As	180.00	4500
\$	nn	85.00	6000
\$	nn	75.00	X
<b>\$</b>		<b>1,520.00</b>	

**TOTAL PARTS \$ 8,889.11**

**LABOUR**

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

\$ 380.00 600

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ 300.00 1800

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 240.00 600

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

\$ Repair 380.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 1,600.00 6000

To transfer of rear end panel fittings, attachment to facilitate bodywork repair.

\$ nn 380.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,600.00 6600

To reinstall rear bumper parking sensor.

\$ 170.00 500

To transfer of tire, rim and on wheel balancing.

\$ nn 170.00 X

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**SNG1604Z**

**LAD2208-**

To Check Electrical Lighting Concerned. \$ 170.00 *20/*

To check steering geometry and computer wheel alignment \$ *22* 220.00 *X*

**TOTAL \$ 5,610.00**

**Over All Total \$ 14,499.11**

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

*5 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 Actual 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	31/08/2022 16:12 (SGT)
Reported by	Driver
Date of Accident	26/08/2022 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE MCE EXIT FILTER ONTO ALEXANDRA ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG1604Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	201603575K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	(Phone) +65-98002270
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5128626563

## DRIVER

Name of Driver	Lee Kay Hiang ( Li Jiaxian)
NRIC No	S7616238G
Date Of Birth	08/06/1976
Occupation	Outdoor

# 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

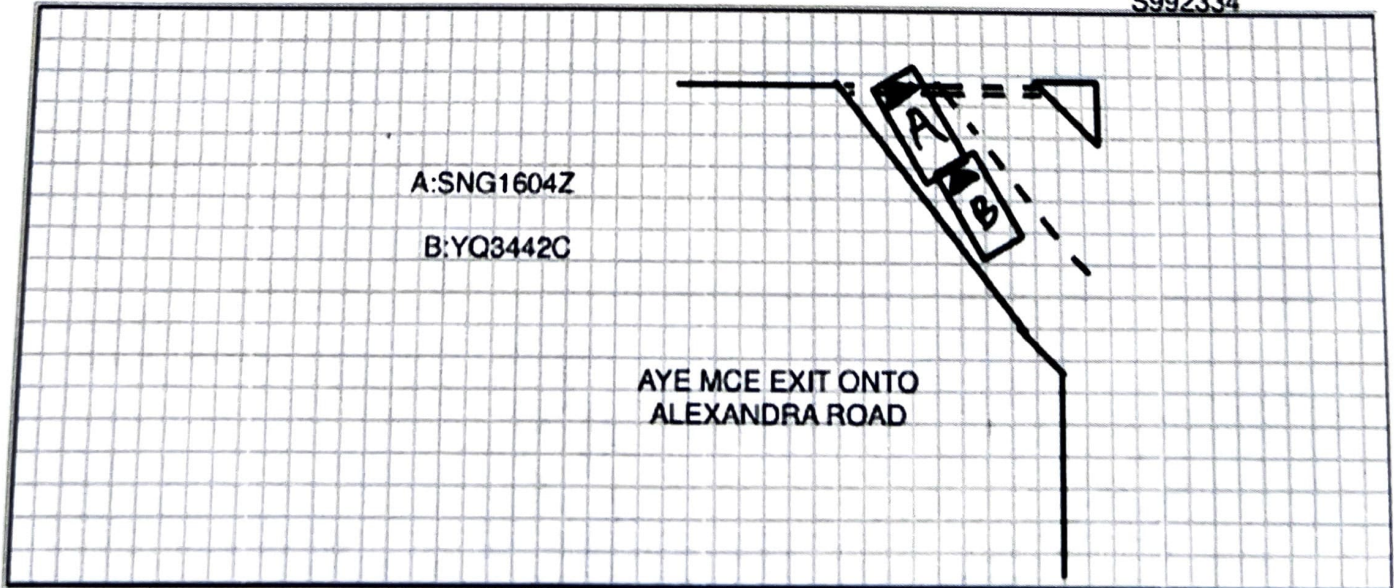
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
31/8/2022 1600

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) Tee Hong da  
S992334

## Sketch Plan





**SINGAPORE  
POLICE FORCE**



T/20220826/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. 1/20220826/7028

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE KAY HIANG	ID No.	S7616238G
Related Vehicle	SNG1604Z (Car)	Contact No.	98002270
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/08/2022	Date	26/08/2022
No. of Days granted Medical Leave	07	Degree of	Serious

**Brief Details.**

On 26th Aug 2022, at about 0740am  
I was driving on aye towards Alexander hospital. At the slip road i was turning left at the slip road exit to Alexander hospital. Suddenly veh b yq3442c hit onto my rear of my car, the impact was very big and i was feeling pain from my neck and back, my passenger call the 995 and i was convey to hospital.