

ASS. REC. BY:

REF:

Tm1 / 22009279/Kg

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:

44,465/-

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 5725T

Yr Regn:

10, 18

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

Truck / Trailer or

Make:

Toy Prius

C.C.

1798

Colour

m.p. White / Red

A/C:

Insured / Std / Nil / NA

Sp. Reading

291981

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

JTDKB3FU703074891

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:

Wentli

195/65R15

R:

Pailun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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.

19/9/22

D.O.I.

20/9/2022

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

22/9 21 Sp @ 2500 Ckm used @ 13381.13, 84%

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

NER-TP

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

2500

Not Authorized
11 Sep @ 2500hr

Trans-cab Auto Services Pte Ltd

AAD2209-097

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD5725T

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

20 SEP 2022

SHD5725T

JTDKB3FU703074691

200303878K

TOYOTA

PRIUS

19/09/2022

SCJ2008C/TOKIO

26/10/2018

PART	
1	COVER, REAR BUMPER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	FILLER, REAR BUMPER EXTENSION, RH
1	COVER, REAR BUMPER, LOWER
1	GUARD, REAR BUMPER, CENTER
1	RETAINER, REAR BUMPER SIDE, LH
1	RETAINER, REAR BUMPER SIDE, RH
1	FILLER, REAR BUMPER EXTENSION, LH
1	PANEL SUB-ASSY, BACK DOOR
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
1	BOARD ASSY, BACK DOOR TRIM
1	WEATHERSTRIP, BACK DOOR
1	COVER, FLOOR UNDER, NO.1 LH
1	COVER, FLOOR UNDER, NO.2 RH
1	COVER, REAR FLOOR CTR
1	COVER, DECK TRIM, REAR
1	PANEL SUB-ASSY, BODY LOWER BACK
1	STAY ASSY, BACK DOOR, LH
1	STAY ASSY, BACK DOOR, RH
1	HINGE ASSY, BACK DOOR, LH
1	HINGE ASSY, BACK DOOR, RH
1	REAR TAILGATE TOYOTA LOGO
1	REAR TAILGATE WORDING 'PRIUS'
1	REAR TAILGATE WORDING 'HYBRID'

LIST	
\$	442.60 ✓
\$	332.70 ✓
\$	123.70 X
\$	15.40 ✓
\$	576.30 ✓
\$	116.50 X
\$	117.70 X
\$	123.70 X
\$	1,147.80 X
\$	925.60 ✓
\$	259.20
\$	372.30
\$	175.10 X
\$	241.90
\$	229.90 ✓
\$	126.70
\$	650.30
\$	242.50 X
\$	242.50
\$	61.00
\$	61.00
\$	47.90 ✓
\$	54.60 ✓
\$	54.60 ✓
TOTAL	\$ 6,741.50
25%	\$ 1,685.38
	\$ 5,056.13

Trans-cab Auto Services Pte Ltd**AAD2209-097**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD5725T**Special Nett**

1SET PARKING AID	\$	<i>DD</i> 700.00	<i>2205m</i>
1SET REAR BUMPER CLIP	\$	<i>me</i> 95.00	<i>605m</i>
2 WINDSCREEN SEALANT	\$	<i>nn</i> 150.00	<i>X</i>
1 WINDSCREEN MOULDING	\$	<i>nn</i> 200.00	<i>X</i>
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>nn</i> 130.00	<i>X</i>
1 REAR TAILGATE STICKER "Trans-Cab"	\$	<i>me</i> 80.00	<i>305m</i>
1 REAR TAILGATE STICKER "6555-3333"	\$	<i>me</i> 80.00	<i>305m</i>
1 REAR BUMPER PROTECTOR	\$	<i>nsp</i> 180.00	<i>X</i>
1SET REAR BUMPER RETAINER CLIP	\$	<i>nn</i> 85.00	<i>X</i>
1 REAR NUMBER PLATE WITH HOLDER	\$	<i>sh</i> 140.00	<i>X</i>
1 END PANEL TRIM CLIP	\$	<i>nn</i> 65.00	<i>X</i>

TOTAL \$ 1,905.00**TOTAL PARTS \$ 6,961.13****LABOUR**

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

\$ *nn* 300.00 *X*

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

\$ *nn* 380.00 *X*

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

\$ 2,200.00 *3001*

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*

Trans-cab Auto Services Pte Ltd**AAD2209-097**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD5725T

To transfer of Fender fittings, attachments and perform water seepage test.	\$	na 480.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	4 380.00	X
To check steering geometry and computer wheel alignment	\$	4 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	4 250.00	X
Towing Fees	\$	4 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	4401
To reinstall rear bumper parking sensor.	\$	170.00	501
To Check Electrical Lighting Concerned.	\$	170.00	151
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	na 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	4 220.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	4 380.00	X
TOTAL	\$	8,920.00	
Over All Total	\$	15,881.13	

(PART-BY-PART) Repair Days**25 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: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5725T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	20 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B57069
Chassis No.:	JTDKB3FU703074691
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	26 Oct 2018
First Registration Date:	26 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Oct 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	25 Oct 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,228.00
COE Rebate Amount:	\$12,407.00
Total Rebate Amount:	\$23,092.00
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 20 Sep 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 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	19/09/2022 22:25 (SGT)
Reported by	Driver
Date of Accident	19/09/2022 13:30 (SGT)
Exact Location of Accident	Near Blk 266, Singapore
Additional Location Information	JURONG EAST CENTRAL TOWARDS JURONG BEFORE TOH GUAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5725T
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	-

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	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	CHAN HWA HWEE
NRIC No	SXXXX415C
Date Of Birth	08/09/1959

Occupation	Outdoor
Date Of Driving Pass	15/01/1979
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96919061
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Tampines, 450E Tampines Street 42
Address complement	#09-406
Postcode	525450
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 19/9/2022 AT ABOUT 1330HOURS, I WAS TRAVELLING ALONG JURONG EAST CENTRAL TOWARDS JURONG. WHEN IN FRONT WAS TRAFFIC HEAVY, 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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCJ2008C
Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	CHAM AI NGEE
NRIC No	SXXXX827G
Contact Number	-
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	CHAN HWA HWEE
Gender	Male
Phone No	(Phone) +65-96919061
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5725T
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 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 19/9/2022

Witnessed By Reporting Officer
Wong Jun Keat
Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON 19/9/2022 AT ABOUT 1330HOURS, I WAS TRAVELLING ALONG JURONG EAST CENTRAL TOWARDS JURONG. WHEN IN FRONT WAS TRAFFIC HEAVY, 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 19/9/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

DURATION
EAST CENTRAL

A: SHD 9725T
B: SCT 2008C

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre Personnel

AJAX MARS PTE LTD