

ASS. REC. BY:

REF:

AGZ/ 22011904/KV

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

SME 7742R

Policy No.

Claims No.

C10018892/JT

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:

02 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:

SHF 630 E Yr Regn: 03, 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 / Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

126402

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 203092094

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Wanli

195/65R15

R: Pailun

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

Front

Rear

R/Bal.

6

mm

R/Bal.

9

mm

L/Bal.

6

mm

L/Bal.

9

mm

D.O.A.

22/11/22

D.O.I.

28/11/2022

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

29/11

81623.53 Cont'd

(red 6952.37, 81%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 12/12/22-typist

Report Format: TP

Lump Sum / I.B.I.: (\$ 1623.53)

Days Of Repair: 2

Resurvey No. of Trlp: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHF630E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2G97620
Chassis No.:	JTDKB3FU203092094
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	12 Mar 2021
First Registration Date:	12 Mar 2021
Transfer Count:	0
Actual ARF Paid:	\$7,030.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Mar 2029
PARF Rebate Amount:	\$5,272.00
Intended COE Rebate Details	
COE Expiry Date:	11 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,118.00
COE Rebate Amount:	\$26,057.00
Total Rebate Amount:	\$31,329.00
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 23 Nov 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	22/11/2022 13:55 (SGT)
Reported by	Driver
Date of Accident	22/11/2022 10:50 (SGT)
Exact Location of Accident	Near 680 Hougang Ave 8, Block 680, Singapore 530680
Additional Location Information	JUNCTION OF HOUGANG AVE 4 AND AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF630E
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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	-

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	NEO CHOON HUAT
NRIC No	SXXXX305G
Date Of Birth	29/10/1951
Occupation	Outdoor

Date Of Driving Pass	05/10/1978
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88363744
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	2 SPOONER ROAD
Address complement	#06-62
Postcode	168790
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 22/11/2022 AT ABOUT 1050HOURS , I WAS TRAVELLING ALONG HOUGANG AVE 4 TOWARDS AVE 8 . WHEN I STOPPED MY VEHICLE AT THE JUNCTION , 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME7742R
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car

Name of Driver	NA
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	NEO CHOON HUAT
Gender	Male
Phone No	(Phone) +65-88363744
Address	2 SPOONER ROAD
Address Complement	#06-62
Post Code	168790
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF630E
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 22/11/2022

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 22/11/2022 AT ABOUT 1050HOURS, I WAS TRAVELLING ALONG HOUGANG AVE 4 TOWARDS AVE 6. WHEN I STOPPED MY VEHICLE AT THE JUNCTION, 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 22/11/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

A. JAMES
 B. JAMES

Hollyway Ave. 4

Policyholder's Signature / Date & Time
 Driver's Signature (If driver is not the policyholder) / Date & Time
 Witnessed By Reporting Officer
 Witnessed by Reporting Centre Personnel

A 18V MARK DTE 1 TT

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

SHF630E*Not Withheld
Purvey Bypain***AAD2211-086***81623-53***28 NOV 2022**

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

SHF630E

JTDKB3FU203092094

200303878K

TOYOTA

PRIUS GEN 4

22/11/2022

SME7742R/ Auto & Gen

12/03/2021

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 | RETAINER, REAR BUMPER SIDE, LH |
| 1 | COVER, REAR BUMPER, LOWER |
| 1 | COVER, DECK TRIM, REAR |
| 1 | COVER, FLOOR UNDER, NO.2 (RH) |
| 1 | COVER, FLOOR UNDER, NO.1 (LH) |
| 1 | COVER, REAR FLOOR (CTR) |
| 1 | PANEL SUB-ASSY, BODY LOWER BACK |

LIST

\$	<i>Bu</i>	485.60	✓
\$	<i>Pr</i>	332.70	✓
\$	<i>Del/br</i>	374.50	✓
\$	<i>Pr</i>	118.30	X
\$	<i>Pr</i>	118.30	X
\$	<i>Pr</i>	132.60	X
\$	<i>Pr</i>	132.60	X
\$	<i>Pr</i>	22.00	✓
\$	<i>Pr</i>	126.70	X
\$	<i>Pr</i>	241.90	X
\$	<i>Pr</i>	175.10	X
\$	<i>mg cm</i>	229.90	✓
\$	<i>Pr</i>	651.00	X

TOTAL \$ 3,141.20**25% \$ 785.30****\$ 2,355.90****Special Nett**

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

\$	<i>Pr</i>	60.00	✓
\$	<i>Pr</i>	700.00	X
\$	<i>Pr</i>	85.00	X
\$	<i>Pr</i>	75.00	X

TOTAL \$ 920.00**TOTAL PARTS \$ 3,275.90****LABOUR**

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

\$ *Pr* 240.00 X

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:

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

AAD2211-086**SHF630E**

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

\$ 1,800.00 *2001*

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 *2201*

To reinstall rear bumper parking sensor.

\$ 170.00 *501*

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *101*

To check steering geometry and computer wheel alignment

\$ *7* 220.00 *X*

To remove and refit of rear fender fittings, attachment and perform water seepage test.

\$ *7* 170.00 *X***TOTAL** \$ 5,300.00**Over All Total** \$ 8,575.90**(PART-BY-PART) Repair Days***02* Days