	22012451/Kgp3
1/	Veh No: SHC 5285 Y Yr Regn: () 1 20 Type: M.Car / M.Cycle / Bus / Van / Lorry Fax / Prime Mover / Truck / Trailler or  Make: Top Priv C.c. 1788  Colour MR White / R. / A/C: Insured / Std / NI / NA  Sp.Reading 2689 T T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: TOKB 3/F U 4030 9 267 f  Gen. Cond: Good Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: NII / S/RIm / STD ARITH or  Tyre Size: Finlande / 195/65R15  R: Wan/i  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  Fron! Rear  R/Bal. 9 mm L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm  L/Bal. 9 mm
CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction	Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Rec O/S  The U/C / Chassis frame / Body Structure affected due to collision.
Dato/Time, File Pass to?	(BOBS.OF, QP)
1)	Survey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ ) _ \$ + RS _ SI  Interview (\$ ) Finds  Tech Invs (\$ ) Others  Weekend (\$ )

Not Authorital
Behany Bepaing AAD2211-116
8/003.65

### 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

SHC5295Y

	Vehicle No.:	SHC5295Y	
	Chassis No.:	JTDKB3FU4	03092677
	Co UEN: 1 2 DEC 2022	200303878	<
	Vehicle Make:	TOYOTA	
	Vehicle Model:	PRIUS GEN	4
	Date of Accident :	25/11/2022	
	Third Party Insurer :	SLM7624T	/TOKIO
	Date of Registration:	13/11/2020	
	PART	L	.IST
1	COVER, REAR BUMPER	\$	R 485.60
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	7 332.70 X
1	GUARD, REAR BUMPER, CENTER	\$	In 374.50 X
1	SEAL, REAR BUMPER SIDE, RH	\$	118.30 x
1	RETAINER, REAR BUMPER SIDE, RH	\$	01/132.60
1	COVER, REAR BUMPER, LOWER	\$	22.00 X
1	COVER, DECK TRIM, REAR	\$	126.70 x
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	7 651.00
1	REFLECTOR ASSY, REFLEX, RH	\$	39.00
1	COVER, FLOOR UNDER, NO.2 (RH)	\$	241.90 X
1	COVER, FLOOR UNDER, NO.1 (LH)	\$	1/5.10
1	COVER, REAR FLOOR (CTR)	\$	Sa 229.90
1	LENS & BODY, REAR COMBINATION LAMP, RH (Upper)	\$	Ph 339.60
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH (Lower)	\$	Ph 261.00
1	COVER, REAR COMBINATION LAMP, RH	\$	su 69.90 J
	TOTAL	L \$	6,386.30
	25%	\$	1,596.58
		\$	4,789.73

#### **Special Nett**

		TOTAL PARTS	\$ 5,909.73
		TOTAL	\$ 1,120.00
1	REAR BUMPER RETAINER CLIP		\$ 1 75.00 X
1SET	REAR BUMPER CLIP		\$ nn 85.00 ⊀
1SET	PARKING AID		\$ 5h 700.00 X
1	REAR BUMPER SIDE CLIP		\$ Ma 60.00

**LABOUR** 

#### Trans-cab Auto Services Pte Ltd

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CO./GST Reg. No. 201019626G

SHC5295Y

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.	\$	~~ 380.00	Χ
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	2001
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	No 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.	\$	No. 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	101
To check steering geometry and computer wheel alignment	\$	na 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	170.00	X
TOTAL	\$	5,100.00	-
Over All Total	\$	11,009.73	=
(PART-BY-PART) Repair Days	02	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

AAD2211-116

- 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

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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/11/2022 21:11 (SGT) Driver 25/11/2022 05:00 (SGT) Singapore JALAN TOA PAYOH FILTER PIE/CHANGI Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC5295Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No.

Alternative Phone No

Yes TRANS-CAB SERVICES PTE LTD 2XXXXX878K claims@transcab.com.sg (Phone) +65-62876666

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Toyota Prius

Private hire

No - Reporting only

Taxi Auto 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHUA KIM CHYE SXXXX598C 17/09/1954 Outdoor

Date Of Driving Pass
Driving experience

Gender Mobile Number

Alt. Phone Number

Email Address

Address
Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name
Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

FILTERING TOWARDS PIE/CHANGI. I ALREADY SLOWED DOWN AND STOPPED TO LOOK OUT FOR ON COMING VEHICLE. SUDDENLY I FELT AN IMPACT FROM BEHIND. SAW A VEHICLE HAS ALREADY HOT INTO MY VEHICLE REAR PORTION.

20/11/1976

46 YEARS

(Phone) +65-90885925

claims@transcab.com.sg

Collision - Head to Rear

Male

Blk 425 #03-221

550425

No

No

Hirer

Clear

Dry

No

No

Yes

2

No

Passenger 1

Female

No

No

2

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model SLM7624T Toyota Prius

Accident report SA1D22BP000B

Page 2 of 15

Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	ONG WILLIE
NRIC No	SXXXX901C
Contact Number	(m)
Address	-
Address complement	***
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

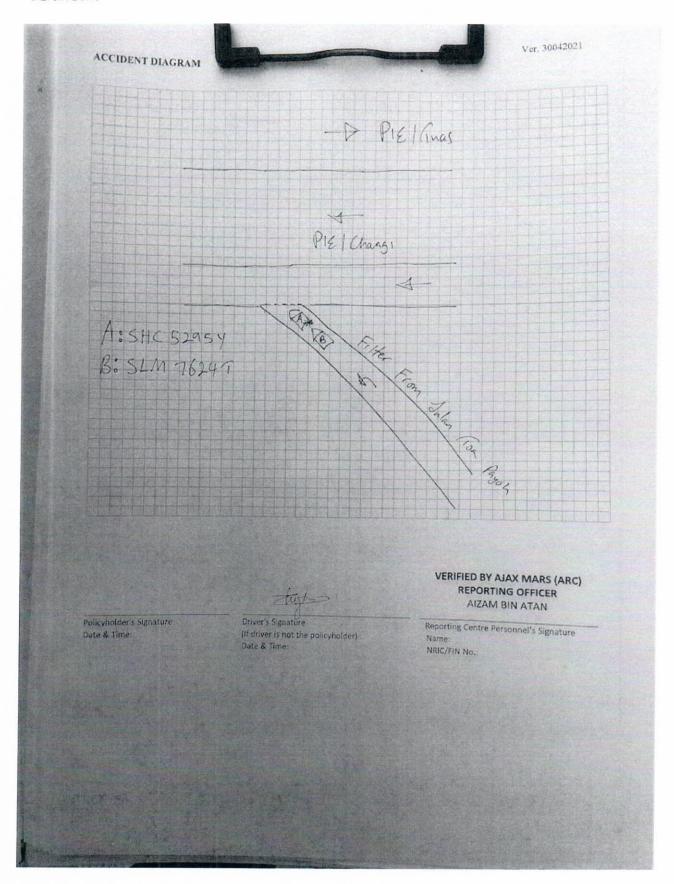
#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the addident to speed up the daims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and securate as possible</u>. Any wilful misrepresentation of withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 forw arded by the lineurers of the GIA Records Management Centre established by the General insurance Association of Engapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the longement 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)
- lunderstand, 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 vehible(s) involved in this accident (all insurer(s) who have have disclosed in this accident shall be collectively referred to as the "insurers"), the insurers law yers/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 applient and/or my claims;
- (III) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my dialins (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as wiell 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 addident and the insurers law yers/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 roan be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (Including their law yershaw firms), which may be stied outside of Singapore, for one or more of the above Purposes.

	The state of the s	Witnessed By Reporting Office Aizam Bin Atan
Policyholder's Signature / Date & Time	Oriver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
REFER TO ATTACHE	ED ACCIDENT DIAGRAM	

# Describe Circumstances of the Accident FILTERING TOWARDS PIE/CHANGI. I ALREADY SLOWED DOWN AND STOPPED TO LOOK OUT FOR ON COMING VEHICLE, SUDDENLY I FELT AN IMPACT FROM BEHIND, SAW A VEHICLE HAS ALREADY HOT INTO MY VEHICLE REAR PORTION. Declaration I'We declare the foregoing particulars are true in every respect Witnessed By Reporting Officer Aizam Bin Atan Witnessed by Reporting Centre Policyholder's Signature / Date & Time Oriver's Signature (if driver is not the policyholder). Date 8 Time



# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	878K	
Vehicle No.:	SHC5295Y	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	28 Nov 2022	
Vehicle Make:	TOYOTA	
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)	
Primary Colour:	Red	
Manufacturing Year:	2020	
Engine No.:	2ZR2H17497	
Chassis No.:	JTDKB3FU403092677	
Maximum Power Output:	90.0 kW (120 bhp)	
Open Market Value:	\$26,807.00	
Original Registration Date:	13 Nov 2020	
First Registration Date:	13 Nov 2020	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$14,530.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	12 Nov 2028	
PARF Rebate Amount: Intended COE Rebate Details	\$10,897.00	
COE Expiry Date:	12 Nov 2028	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	8	
PQP Paid:	\$29,180.00	
COE Rebate Amount:	\$21,732.00	
Total Rebate Amount:	\$32,629.00	

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 28 Nov 2022

OK