ASS. REC. BY: Kenneth

REF: FCI / 22012683 / Kay3

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1:B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJB 9828P Yr Regn: 08, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Prius c.c 1798

Colour White / Red A/C: Insured / Std / NI / NA

Sp.Reading 194673 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 90309 1430

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Wanli 195/65R15

R: Sailun

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	17/12/22	D.O.I.	20/12/2022

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
/	May have BI
11/1	$280.00 Cash (Rec # 8295.90, 97/.)

Date/Time, File Pass to?

1) 13/1 [illegible]

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : TP

Lump Sum / I.B.I: ($ 280)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos: _____

Others: _____

TOTAL: _____

NOT Authorised
Returning B4 paint
@ 280/hr

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
SHB9926P

AAD2212-

20 DEC 2022

Vehicle No.:	**SHB9926P**
Chassis No.:	JTDKB3FU903091430
Co UEN:	200303878K
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS **GEN 4**
Date of Accident :	17/12/2022
Third Party Insurer :	**SMB3001M/** FCL
Date of Registration:	31/08/2020

	PART		**LIST**
1	COVER, REAR BUMPER	$	485.60
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	$	332.70
1	GUARD, REAR BUMPER, CENTER	$	374.50
1	SEAL, REAR BUMPER SIDE, LH	$	118.30
1	SEAL, REAR BUMPER SIDE, RH	$	118.30
1	RETAINER, REAR BUMPER SIDE, RH	$	132.60
1	RETAINER, REAR BUMPER SIDE, LH	$	132.60
1	COVER, REAR BUMPER, LOWER	$	22.00
1	COVER, DECK TRIM, REAR	$	126.70
1	COVER, FLOOR UNDER, NO.2 (RH)	$	241.90
1	COVER, FLOOR UNDER, NO.1 (LH)	$	175.10
1	COVER, REAR FLOOR (CTR)	$	229.90
1	PANEL SUB-ASSY, BODY LOWER BACK	$	651.00
	TOTAL	**$**	**3,141.20**
	25%	**$**	**785.30**
		$	**2,355.90**

	Special Nett		
1	REAR BUMPER SIDE CLIP	$	60.00
1SET	PARKING AID	$	700.00
1SET	REAR BUMPER CLIP	$	85.00
1	REAR BUMPER RETAINER CLIP	$	75.00
	TOTAL	**$**	**920.00**
	TOTAL PARTS	**$**	**3,275.90**

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	$	240.00

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

AAD2212-

SHB9926P

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,800.00	6a/
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	$	380.00	X
Putty And Spray Painting Of The Affected Portion.	$	1,600.00	22a/
To reinstall rear bumper parking sensor.	$	170.00	X
To transfer of tire, rim and on wheel balancing.	$	170.00	X
To Check Electrical Lighting Concerned.	$	170.00	X
To check steering geometry and computer wheel alignment	$	220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	$	170.00	X
TOTAL	**$**	**5,300.00**	
Over All Total	**$**	**8,575.90**	

(PART-BY-PART) Repair Days 01 **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:

SA1D22CJ0005 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 19/12/2022 16:51 (SGT)
SUBMITTED BY: Jun Keat
VERSION: 1 (19/12/2022 16:51 (SGT))

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 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	19/12/2022 16:51 (SGT)
Reported by	Driver
Date of Accident	17/12/2022 11:55 (SGT)
Exact Location of Accident	350 Orchard Rd, Shaw House, Singapore 238868
Additional Location Information	ORCHARD ROAD OUTSIDE ISETAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9926P

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	-
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	CHUA CHEOK CHUEN
NRIC No	SXXXX530A
Date Of Birth	07/03/1964
Occupation	Outdoor

Date Of Driving Pass	13/05/2016
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82239820
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	170 ANG MO KIO AVE 4
Address complement	#08-523
Postcode	560170
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)	2
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	-

PASSENGER 1

Name	P1
Gender	Female

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 17/12/2022 AT ABOUT 1155HOURS , I WAS TRAVELLING ALONG ORCHARD ROAD TOWARDS SOMERSET . WHEN I SLOWED MY VEHICLE AS IN FRONT WAS TRAFFIC HEAVY , 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	SMB3001M
Vehicle Manufacturer	Man

Vehicle Model	NL320F (A22)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	JIANG LI
NRIC No	SXXXX638H
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	CHUA CHEOK CHUEN
Gender	Male
Phone No	(Phone) +65-82239820
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB9926P
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 19/12/22	Witnessed By Reporting Officer Wong Jun Keat Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

SKETCH PLAN #2

Describe Circumstances of the Accident

ON 17/12/2022 AT ABOUT 1155HOURS , I WAS TRAVELLING ALONG ORCHARD ROAD TOWARDS SOMERSET . WHEN I SLOWED MY VEHICLE AS IN FRONT WAS TRAFFIC HEAVY , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

Declaration

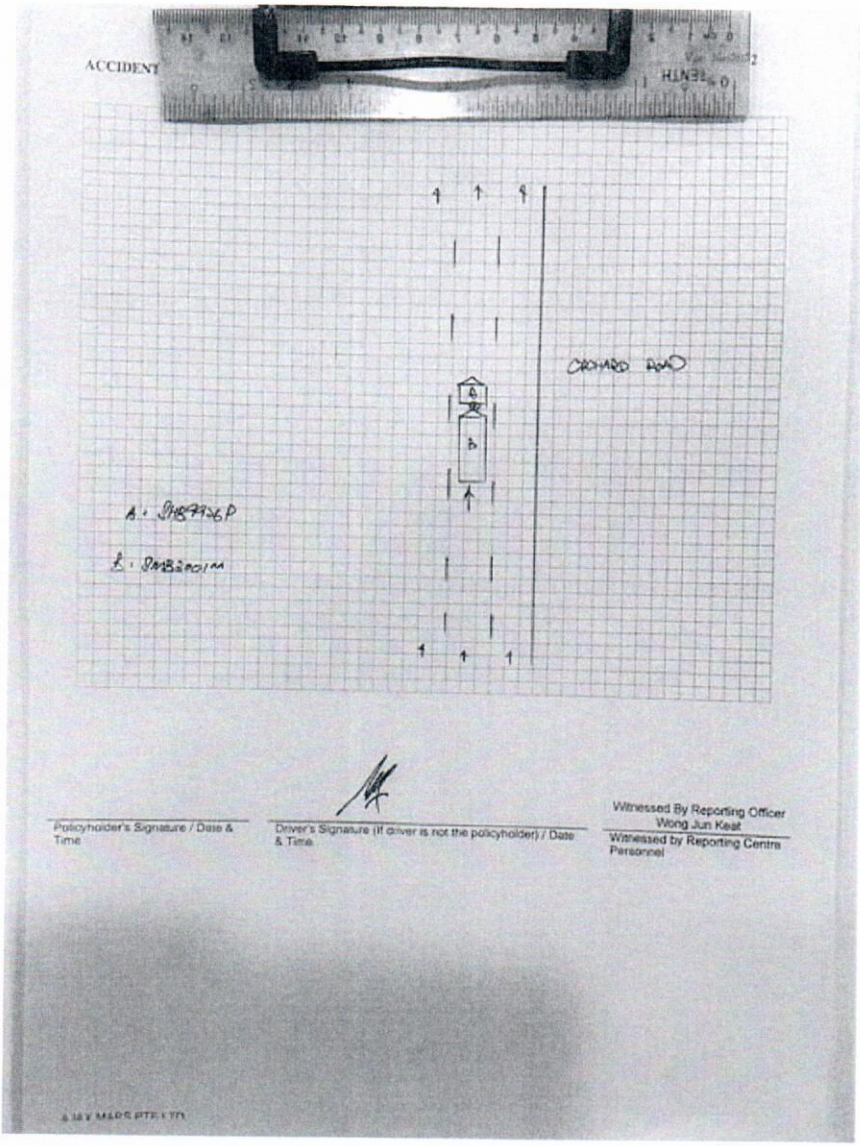
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 18/12/2022

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

SKETCH PLAN #3



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

Vehicle Details

Vehicle No.:	SHB9926P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Dec 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2G79977
Chassis No.:	JTDKB3FU903091430
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	$26,807.00
Original Registration Date:	31 Aug 2020
First Registration Date:	31 Aug 2020
Transfer Count:	0
Actual ARF Paid:	$14,530.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Aug 2028
PARF Rebate Amount:	$10,897.00

Intended COE Rebate Details

COE Expiry Date:	30 Aug 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$25,752.00
COE Rebate Amount:	$18,336.00
Total Rebate Amount:	**$29,233.00**

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 19 Dec 2022

OK