

ASS. REC. BY:

REF:

CTZ

Kenneth

## ASSIGNMENT

Smx 3268A

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Trans Cob

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:

B

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1.21 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

01.21

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M-Red

A/C: Insured / Std / NI / NA

Sp. Reading

155687

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31FU903092514

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F: Warrli 195/65R15

R: F10179

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

6

mm

L/Bal.

8

mm

L/Bal.

6

mm

D.O.A.

15/12/22

D.O.I.

19/12/2022

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

13-December-2022

Date:

Date:

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  
**SMX3266A**

*Not Withheld*  
*Primary B4 paint*

LAD2212-004

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

**19 DEC 2022**

**SMX3266A**  
 JTDKB3FU903092514  
 200303878K  
 TOYOTA  
 PRIUS GEN 4  
 15/12/2022  
**SMH3887S/CHINA**  
 07/01/2021

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

	LIST
\$	<i>PC</i> 485.60 <i>X</i>
\$	<i>PC</i> 332.70 <i>X</i>
\$	<i>Paint</i> 374.50 <i>—</i>
\$	<i>PC</i> 118.30 <i>X</i>
\$	<i>PC</i> 118.30 <i>X</i>
\$	<i>PC</i> 132.60 <i>X</i>
\$	<i>PC</i> 132.60 <i>X</i>
\$	<i>PC</i> 22.00 <i>X</i>
\$	<i>PC</i> 241.90 <i>X</i>
\$	<i>PC</i> 175.10 <i>X</i>
\$	<i>PC</i> 229.90 <i>X</i>
\$	<i>PC</i> 126.70 <i>X</i>
\$	<i>PC</i> 651.00 <i>X</i>
<b>TOTAL</b>	<b>\$ 3,141.20</b>
<b>25%</b>	<b>\$ 785.30</b>
	<b>\$ 2,355.90</b>

### Special Nett

1	REAR BUMPER SIDE CLIP	\$	<i>na</i> 60.00 <i>X</i>
1SET	PARKING AID	\$	<i>PC</i> 700.00 <i>X</i>
1SET	REAR BUMPER CLIP	\$	<i>na</i> 85.00 <i>X</i>
1	REAR BUMPER RETAINER CLIP	\$	<i>na</i> 75.00 <i>X</i>
<b>TOTAL</b>		<b>\$</b>	<b>920.00</b>

**TOTAL PARTS \$ 3,275.90**

### LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas. \$ *na* 240.00 *X*

**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

**LAD2212-004****SMX3266A**

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	\$	1,800.00 801
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.	\$	nn 170.00 X
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00 X
To Check Electrical Lighting Concerned.	\$	nn 170.00 X
To check steering geometry and computer wheel alignment	\$	nn 220.00 X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	nn 170.00 X
<b>TOTAL</b>	<b>\$</b>	<b>5,300.00</b>
<b>Over All Total</b>	<b>\$</b>	<b>8,575.90</b>

**(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:



# 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	15/12/2022 14:54 (SGT)
Reported by	Driver
Date of Accident	15/12/2022 07:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST AVE BEFORE FERNVALE LINK JUNCTION.
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3266A
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	201603575K
Email Address	Claims@transcab.com.sag
Mobile Phone No	(Phone) +65-62867777
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	Private hire
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128626563

### DRIVER

Name of Driver	GOH CHO HUAT
NRIC No	S6928790E
Date Of Birth	13/08/1969
Occupation	Outdoor

Date Of Driving Pass	13/10/1989
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96611993
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	BLK 466 ANG MO KIO AVE 10 #13-1046
Address complement	-
Postcode	560466
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	Raining
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
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

REFER TO SKETCH PLAN.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Will provide the video to insurance when required.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH3887S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN



# 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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

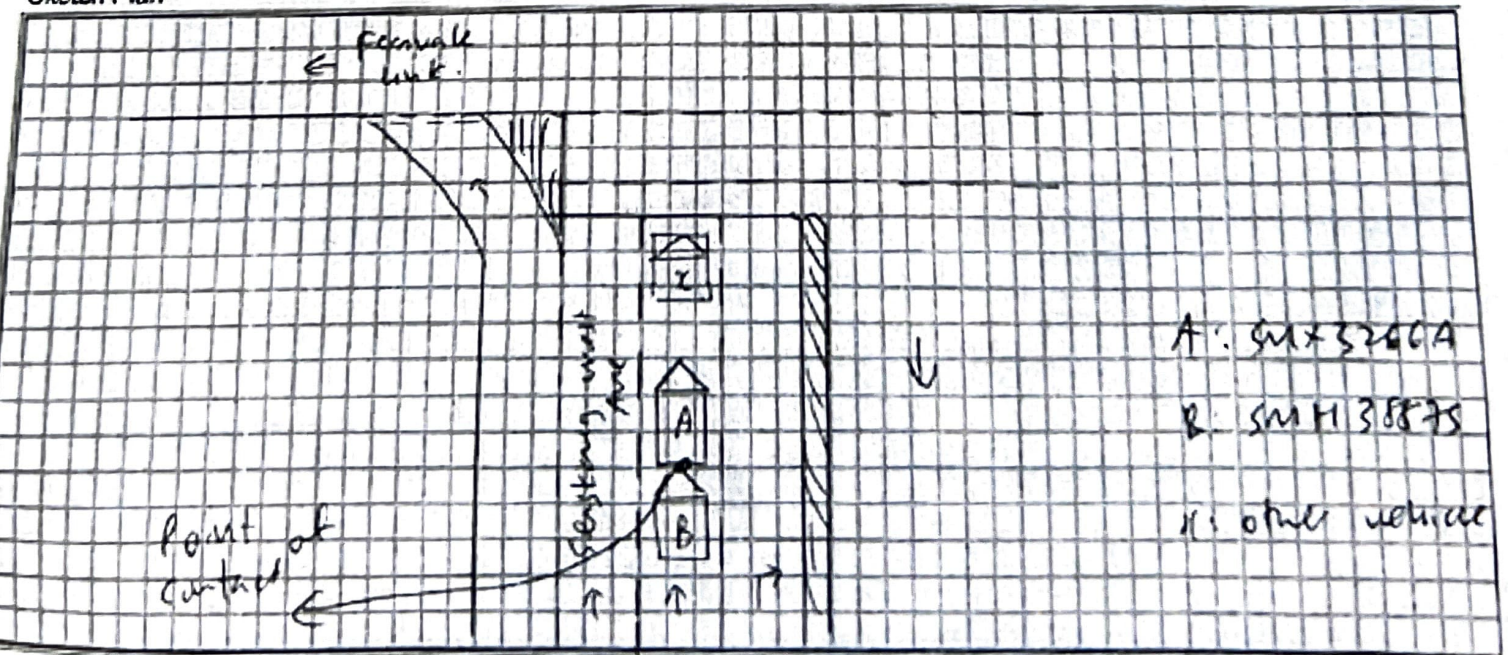
*[Signature]*

15/12/2022  
E1430hrs

*[Signature]*

Muhammad Nizar  
B. Arif

599805





Describe Circumstance of the Accident

On the 15/12/2022 at about 7:10am, I was driving car SMX3266A along Cengkang West Ave. As I was approaching the junction of Fernvale Link, the traffic light was red. So I slowed down and eventually came to a stop.

Shortly after, the rear of my car SMX3266A was hit by the front side of car SMH3887S.

We then took some photos and we left. It was raining and road was wet.

That is all.

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

5993305