ASS. REC. BY:	23 00 2198 //cay3 C
Kennerh	SSIGNMENT
From; Date:	SHO SHE
Estimated Cost:	Veh No: SHD 9885 MYr Regn: 09, 20 Type: M.Car / M.Cycle / Bus / Van / Lors / P. 20
OD TTP WS I TP RES I OD RES I EVA I INV I MV	Type: M.Car / M.Cycle / Bus / Van / Lorry (Pax) Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	1 (4)
at Workshop m/s Trans Cab	- CC / FY
of	Colour MP. White / Rev A/C: Insured/Std/NI/NA
Insured:	Sp.Reading 171318 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: JTOKB 3F4 X 03 09 1534
Sum Insured: Excess:	Gen. Cono: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inerder / Jammed / Leaked / Burnt or
7.5	Modi: Nil / S/RIm / STD A/Rim or
(Policy Condition)	Tyre Size: F. Want; 195/85R15
Remark: The veh had commenced its N/S 0/S	Restande
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	1 TOYOTYOKO or
IDAC Accident Rport: Consistent? : Yes or No	Eron! P. Rear
GIA / PR Seen: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 9 mm
Est. Repairs: O2 days Res.: Yes or No	L/Bal. 9 mm L/Bal. 9 mm D.O.A. 28/2/23 D.O.I. 1/3/2013
Lum Sum: 1.B/ % 3 Val.: Yes or No	Survey held at D.O.I. 1/3/2023
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	0/3 /7/
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
2/2 00000	
3/3 8 2962.18 Cold Clad &	8357-50, 74%)
/:	
Se:	
W.I	
Oato/Tirro, File Pass to?	
16/2 hasen Prell. Report Da	ys Of Repair: 2
Oute/Time, File Return to?	survey No. of Trip: Survey Fee:
2)	Transportation
Add Fee:	: Site Insp (\$)s - Rssi
Report Format :	: Interview (\$) For the
ump Sum / I.B.I: (S 2962, 18	Tech Invs (\$) Others
1962/10	Weekend (\$
	It is the constitution of the particular and the constitution of t
	CAL .

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Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No.: 62571330 CO./ GST Reg. No. 201019626G

SHD9885M

JTDKB3FUX03091534

AAD2302- & 2962.18

SHD9885M Vehicle No.: Chassis No.: 200303878K Co UEN .: 0 1 MAR 2023 TOYOTA Vehicle Make: Vehicle Model: PRIUS GEN 4 28/2/2023 Date of Accident: GBE7029Y/ EQ Third Party Insurer: Date of Registriation: 24/9/2020

PART		LIST	
		By	
1 FENDER SUB-ASSY, FRONT RH	\$	1,236.69	
1 LINER, FRONT FENDER, RH	\$	D11 255.36	
1 EMBLEM, SIDE PANEL, RH	\$	M 68.88	
1 HUB CAP	\$	nd 222.08	-
1 RIM	\$	/ 1,995.11	X
1 COVER, FRONT BUMPER	\$	Bu 659.40	~
1 SUPPORT, FRONT BUMPER SIDE, RH	\$	DTY 100.49	
1 STAY SUB-ASSY, FRONT BUMPER, RH	\$	59.85	X
1 UNIT ASSY, HEADLAMP, RH	\$	In 3,325.56	×
1 JAR ASSY, WINDSHIELD WASHER	\$	In 276.15	X
TO	TAL \$	8,199.57	
2	5% \$	2,049.89	
	\$	6,149.68	

SPECIAL NETT

1	FRT BUMPER CLIP		\$	Me 65.00 C	Sosa
7	FENDER LINER CLIP		¢	Ma 65.00	
2			<u>ې</u>		
1	TYRE		\$	Ja 300.00	1
		TOTAL	\$	430.00	
		TOTAL PARTS	\$	6,579.68	

LABOUR

To rust-proofing of the affected areas.	\$ 600.00	301
Putty and spray painting of the affected portion.	\$ 7001 1,200.00	4401

Trans-cab Auto Services Pte Ltd

AAD2302-

\$

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD9885M

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

Sod 2,000.00 4001

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

\$ ~~ 380.00 X

To transfer of tire, rim and on wheel balancing.

170.00 X

To check steering geometry and computer wheel alignment \$

220.00 601

To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.

OVERALL TOTAL \$ 11,319.68

2day,

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 modifica ¬n(s) is allowed.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SA1D232S0006 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 28/02/2023 15:57 (SGT) SUBMITTED BY: Jun Keat VERSION: 1 (28/02/2023 15:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

28/02/2023 15:57 (SGT) Driver 28/02/2023 12:15 (SGT) Joo Seng Rd & Upper Aljunied Rd, Singapore JUNCTION OF JOO SENG ROAD AND UPPER ALJUNIED ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD9885M

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 - Claiming third party

Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

HSBC Life (Singapore) Pte. Ltd

VFX/P2413997

DRIVER

Name of Driver NRIC No

Date Of Birth

Occupation

Accident report SA1D232S0006

YONG WEE LEK SXXXX210E 07/05/1962 Outdoor

Page 1 of 16

01/02/1980 Date Of Driving Pass 43 YEARS Driving experience Gender Male (Phone) +65-97792158 Mobile Number Alt. Phone Number claims@transcab.com.sg **Email Address** 861 TAMPINES AVE 5 Address Address complement #11-577 Postcode 520861 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 Side Swipe
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? 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 SUSAN LIMBU 97819460 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 28/2/2023 AT ABOUT 1215HOURS , I WAS TRAVELLING ALONG UPPER ALJUNIED ROAD TOWARDS BIDADARI PARK DR . WHEN I DRIVING AT MOST LEFT LANE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE .

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

WILL UPLOAD INTO TRANSCAB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE7029Y

Vehicle Manufacturer Nissan Vehicle Model Nv350 Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **CHAN TENG HIONG** NRIC No SXXXX716F 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 YONG WEE LEK Gender Male Phone No (Phone) +65-97792158 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SHD9885M 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
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forw anded 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)
- lunderstand, acknowledge, agree and consent that
- (a) My insurer , my w orkshop 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' 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 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

& Time 28/2/2023

- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law vers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed By Reporting Officer Wong Jun Keat Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date &

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON 28/2/2023 AT ABOUT 1215HOURS, I WAS TRAVELLING ALONG UPPER ALIUNIED ROAD TOWARDS BIDADARI PARK DR. WHEN I DRIVING AT MOST LEFT LANE, SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE.

Declaration

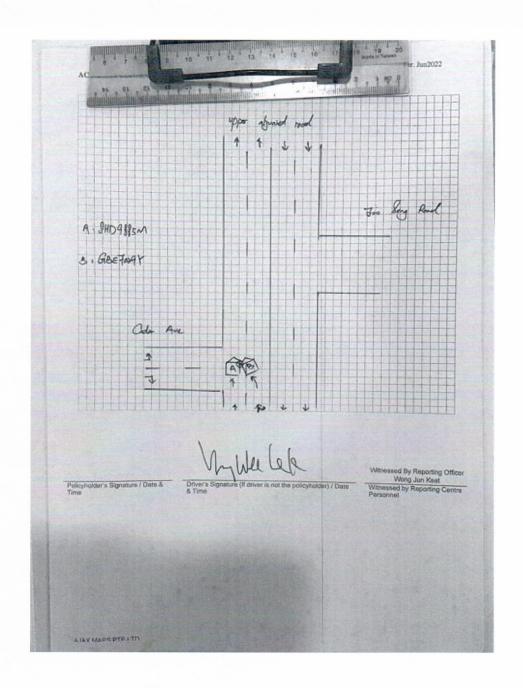
I/We declare the foregoing particulars are true in every respect.

Time

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time 28/2/2023

Witnessed By Reporting Officer Wong Jun Keat

Witnessed by Reporting Centre Personnel





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D Search