

ASS. REC. BY:

REF:

AG2 / 23 002391/KV

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SLD 4536G

Policy No.

Claims No. C10020885/JY

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:

272 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

Date / Time

Action / Instruction

14/3

87397.43

Cub

(red 2164.92, 23%)

Veh No:

SHC 5540P

Yr Regn:

04, 21

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

Truck / Trailer or

Make:

Toy Pro

C.C.

1798

Colour

M.P. White/Red

A/C:

Insured / Std / NI / NA

Sp. Reading

111 642

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKCB3FU503092252

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / 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.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

4/3/23

D.O.I.

7/3/2023

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

O/S M

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

15/3/23-typist

Days Of Repair:

2.5

Resurvey No. of Trip:

1

Survey Fee:

Transportation

S - RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / I.B.I: (\$ 7397.43)



Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 878K

Vehicle Details

Vehicle No.: SHC5540P

Vehicle to be Exported: Yes

Intended Deregistration Date: 06 Mar 2023

Vehicle Make: TOYOTA

Vehicle Model: PRIUS 5DR HATCHBACK (AUTO)

Primary Colour: Red

Manufacturing Year: 2020

Engine No.: 2ZR2H02951

Chassis No.: JTDKB3FU503092252

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$26,807.00

Original Registration Date: 29 Apr 2021

First Registration Date: 29 Apr 2021

Transfer Count: 0

Actual ARF Paid: \$7,030.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 28 Apr 2029

PARF Rebate Amount: \$5,272.00

Intended COE Rebate Details

COE Expiry Date: 28 Apr 2029

COE Category: A - Car up to 1600cc & 97kW
(130bhp)

COE Period(Years): 8

PQP Paid: \$33,827.00

COE Rebate Amount: \$25,981.00

Total Rebate Amount: \$31,253.00

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 applicable, whichever is earlier.

The information contained herein is correct as at 06 Mar 2023

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	06/03/2023 16:23 (SGT)
Reported by	Driver
Date of Accident	04/03/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TAMPINES ST 81 NEAR BLK 820B BEFORE BEFORE TAMPINES AVE 3 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5540P
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	ANG SIAM HOCK
NRIC No	SXXXX492G
Date Of Birth	01/03/1952

Occupation	Outdoor
Date Of Driving Pass	19/07/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91493852
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Tampines Spring, 877 Tampines Street 84. #05-52
Address complement	-
Postcode	(S)520877
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	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?	Yes
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.G/20230304/7033

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD4536G
Vehicle Manufacturer	Honda

Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	LEE MEI MEI, CYNTHIA, (LI MEIMEI, CYNTHIA)
NRIC No	SXXXX479F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE MEI MEI, CYNTHIA, (LI MEIMEI, CYNTHIA)
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD4536G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 willful 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

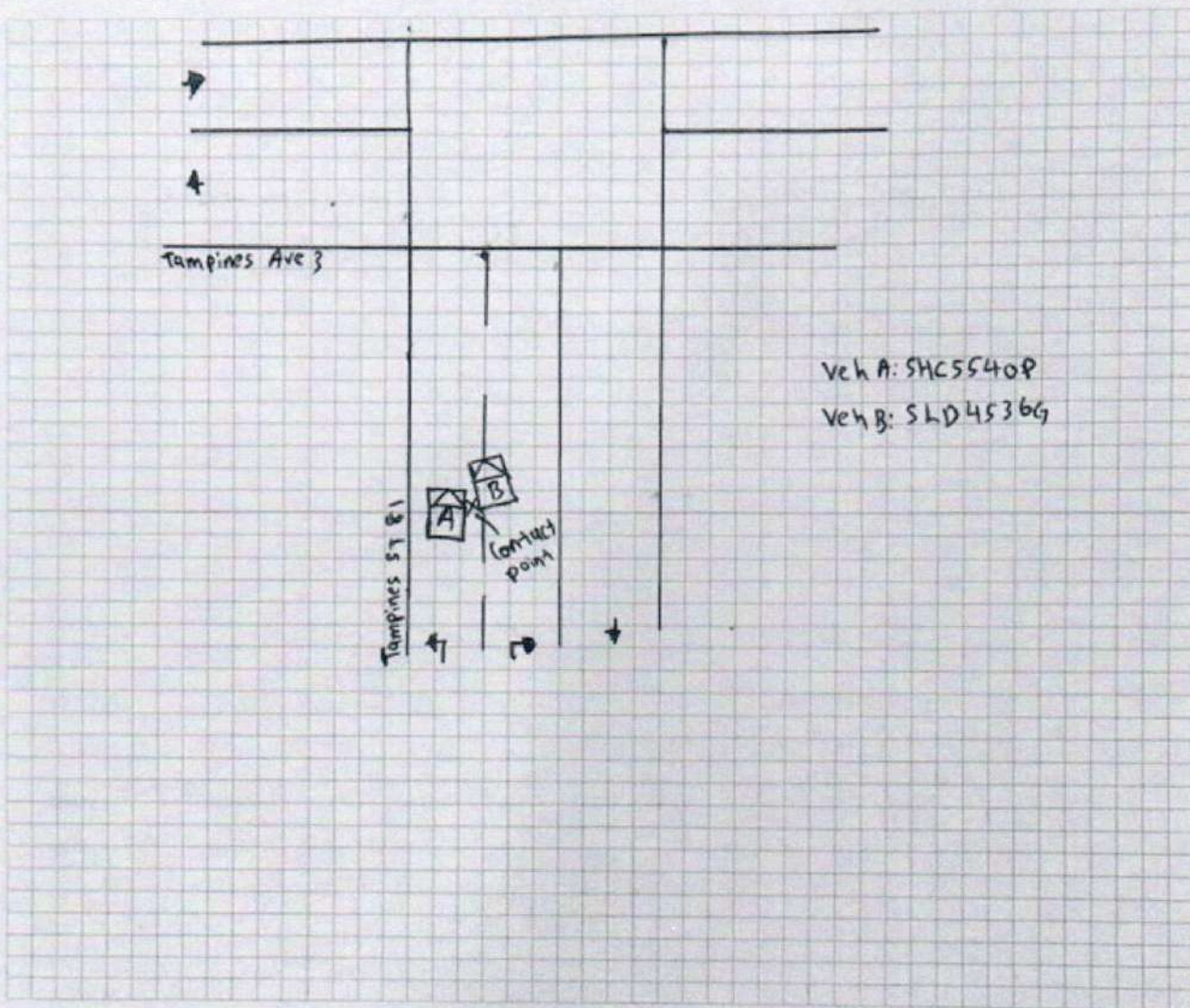
Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


Describe Circumstances of the Accident

REFER TO POLICE REPORT NO.G/20230304/7033

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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000



G/20230304/7033

1 of 2

Report No. G/20230304/7033

Date/Time Report Made 04/03/2023 13:24	Vide Report No.	Station Diary No.
Name Of Informant ANG SIAM HOCK	Address 877 TAMPINES STREET 84 #05-52 SINGAPORE 520877	
ID Type / ID No. NRIC NO / S2006492G	Contact No. Home/Office:	Mobile: 91493852
Nationality SINGAPORE CITIZEN	Email Address angckwilliam@gmail.com	
Occupation Taxi driver	Sex Male	Age 71
Institution/School Name	Date of Birth 01/03/1952	Race Chinese
Date/Time Of Incident 04/03/2023 12:02	Location Of Incident TAMPINES STREET 81, blk 820	
Brief details.		

Accident happened at 12.02pm opp Blk 820 near coffee shop.

Traffic police at 12.40 and issued a report.

My red taxi car from TransCab SHC5540P was damaged on the front right side.

The other car was also red in colour and damaged on the rear left side. Licence plate: SLD4536G.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
04/03/2023 13:24

Classification Of Case:

**SINGAPORE
POLICE FORCE**

G/20230304/7033

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230304/7033

The other driver left the car and ambulance was called. The other driver's car was towed away and the driver left with the ambulance.

Two towing car company came but I was not injured and we waited for traffic police to come at 12.40pm. Afterwards both cars were towed away.

The other driver came and asked for my particulars, NRIC.

There was no witness.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
04/03/2023 13:24

Classification Of Case:

This report is lodged at Tampines NPC Kiosk 1

Not Authorized
Resony Bepaint

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

SHC5540P

AAD2303-

8739743

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

07 MAR 2023

SHC5540P

JTDKB3FU503092252

200303878K

TOYOTA

PRIUS GEN 4

4/3/2023

SLD4536G/ Auto Gen

29/4/2021

PART	LIST
1 FENDER SUB-ASSY, FRONT RH	\$ Bu 1,236.69 ✓
1 LINER, FRONT FENDER, RH	\$ CM 255.36 ✓
1 EMBLEM, SIDE PANEL, RH	\$ M 68.88 ✓
1 COVER, FRONT BUMPER	\$ CM 659.40 ✓
1 SUPPORT, FRONT BUMPER SIDE, RH	\$ CM 100.49 ✓
1 STAY SUB-ASSY, FRONT BUMPER, RH	\$ M 59.85 ✓
1 MOULDING, FRONT BUMPER SIDE, RH	\$ CM 120.86 ✓
1 COVER, FRONT BUMPER HOLE, RH	\$ M 38.22 ✓
1 UNIT ASSY, HEADLAMP, RH	\$ CM 3,325.56 ✓
1 JAR ASSY, WINDSHIELD WASHER	\$ M 276.15 ✓
1 RIM	\$ M 1,995.11 ✓
1 GRILLE, RADIATOR, LOWER NO.1	\$ M 224.70 X
1 COVER SUB-ASSY, FRONT PILLAR, UPR RH	\$ M 126.74 X
1 HOOD SUB-ASSY	\$ M 1,243.20 X
1 INSULATOR, HOOD	\$ M 518.07 X
1 HINGE ASSY, HOOD, LH	\$ M 74.34 X
1 HINGE ASSY, HOOD, RH	\$ M 74.34 X
1 MOULDING ASSY, BODY ROCKER PANEL, RH	\$ M 624.54 X
1 PANEL SUB-ASSY, FRONT DOOR, RH	\$ M 1,641.36 X
1 HINGE ASSY, FRONT DOOR, LOWER RH	\$ M 139.86 X
1 HINGE ASSY, FRONT DOOR, UPPER RH	\$ M 123.06 X
1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$ M 243.81 X
1 HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$ M 493.40 X
1 MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH	\$ M 1,161.83 X
1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$ M 300.62 X
1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$ M 243.81 X
1 WEATHERSTRIP, FRONT DOOR, RH	\$ M 292.32 X
1 TAPE, BLACK OUT, NO.2 FRT RH	\$ M 55.02 X
1 TAPE, BLACK OUT, NO.1 FRT RH	\$ M 16.91 X

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHC5540P**AAD2303-**

- 1 TAPE, BLACK OUT, NO.3 FRT RH

	\$	<i>na</i>	33.29	<i>X</i>
TOTAL	\$		5,369.81	
25%	\$		1,342.45	
	\$		4,027.35	

SPECIAL NETT

- 1 FRT BUMPER CLIP
2 FENDER LINER CLIP
2 DOOR TRIM CLIP
1 RH ROCKER PANEL MOULDING CLIP
2 FRT DOOR STICKER TRANSCAB
1 WINDSCREEN MOULDING
1 WINDSCREEN INNER SPONGE SEAL

	\$	<i>na</i>	65.00	<i>601</i>
	\$	<i>na</i>	65.00	<i>—</i>
	\$	<i>na</i>	130.00	<i>X</i>
	\$	<i>na</i>	65.00	<i>X</i>
	\$	<i>na</i>	100.00	<i>X</i>
	\$	<i>na</i>	200.00	<i>X</i>
	\$	<i>na</i>	130.00	<i>X</i>
TOTAL	\$		625.00	
TOTAL PARTS	\$		4,652.35	

LABOUR

To rust-proofing of the affected areas.

\$ 600.00 *301*

Putty and spray painting of the affected portion.

\$ 1,200.00 *601*

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

\$ 2,000.00 *4001*

To transfer of door fittings, attachment and perform water seepage test.

\$ *na* 170.00 *X*

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

\$ *na* 380.00 *X*

To transfer of tire, rim and on wheel balancing.

\$ 170.00 *201*

To check steering geometry and computer wheel alignment

\$ 220.00 *601*

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

\$ *na* 170.00 *X*

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

SHC5540P

AAD2303-

TOTAL \$ 4,910.00

OVERALL TOTAL \$ 9,562.35

2 1/2 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: