

ASS. REC. BY:

REF:

TMI / 2300-2802/KV

C

Kenneth

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Trans Cab

Insured:

GBH 7336U

Policy No.

MP004541

Claims No.

M2301304

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:

02

days

Res.: Yes or No

Lum Sum:

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: Bay

Date / Time

Action / Instruction

Barry Flap

22/3 @ 840p Calw

(red 11,144.06, 94%)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2) 23/3/23-typist

Report Format: Merimen

Lump Sum / I.B.I: (\$ 640.00)

MENT

M.C.

SHC 5290K

Yr R:

12 20

M.Car / M.Cycle / Bus / Van / Lorry / Taxi

Truck / Trailer or

M.

Toy Prius

1798

M.

M.P. White / Red

A/C:

N/A

Loading

T/Radio

N/A

T/Radio

JTDK B3FU 903093212

Cond: Good / Fair / Poor / Burnt

In order / Jammed / Leaked / Burnt or

In order / Jammed / Leaked / Burnt or

N/A / S/Rim / STD A/Rim or

M.P.

Cantanker 195/65R15

R: Pailun

EXNOVA / GY / FS / LIZA / MIC / OHTS

YOKO or

M.

M.

9

mm

Rear

R/Bal.

7

mm

9

mm

L/Bal.

7

mm

22/2/23

D.O.I.

20/3 2023

Meld at

Damages: Frt / Rear / O/S / N/S / U/C /

O/S Rear

U/C / Chassis frame / Body Structure all

S/O

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2) 23/3/23-typist

Report Format: Merimen

Lump Sum / I.B.I: (\$ 640.00)

Add Fee

Insp (\$

view (\$

Invs (\$

Send (\$

Survey Fee:

Transportation

S - RS, SI

Fees

Others

TOTAL

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

### Vehicle Details

Vehicle No.:	SHC5290K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Feb 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2H37469
Chassis No.:	JTDKB3FU903093212
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	23 Dec 2020
First Registration Date:	23 Dec 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Dec 2028
PARF Rebate Amount:	\$10,897.00

### Intended COE Rebate Details

COE Expiry Date:	22 Dec 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$29,843.00
COE Rebate Amount:	\$21,760.00
<b>Total Rebate Amount:</b>	<b>\$32,657.00</b>

### 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 22 Feb 2023

OK

## 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	22/02/2023 16:31 (SGT)
Reported by	Driver
Date of Accident	22/02/2023 14:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE SIMS AVE EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5290K
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	ONG LEAN TIONG (WANG LIANGZHONG)
NRIC No	SXXXX851J
Date Of Birth	08/08/1976
Occupation	Outdoor



Date Of Driving Pass	19/03/2002
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88684232
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Woodlands, 774 Woodlands Crescent #06-22
Address complement	-
Postcode	730774
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Male

#### 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

I WAS AT THE MENTIONED LOCATION, IM ON THE FOURTH LANE AND I INTENDED TO MAKE A LANE CHANGE. I SIGNAL TO THE RIGHT HAVEN CHANGE LANE SUDDENLY THIRD PARTY ON THE THIRD LANE MADE A LANE CHANGE AND CAME INTO MY LANE AND COLLIDED ONTO MY REAR RIGHT PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

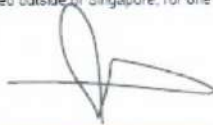
Vehicle Registration Number	GBH7336U
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Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



Witnessed By Reporting Officer  
Ang Qi Hao, Victor

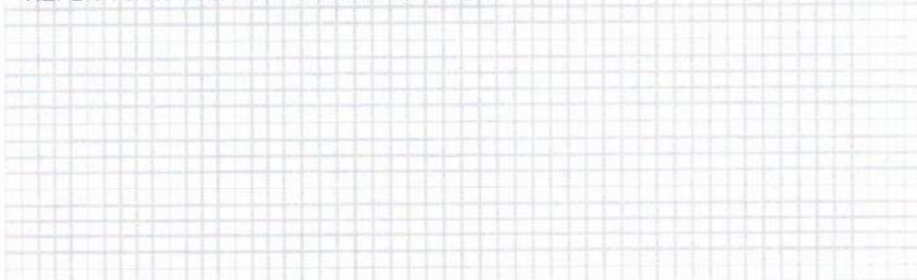
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM




**Describe Circumstances of the Accident**

I WAS AT THE MENTIONED LOCATION, IM ON THE FOURTH LANE AND I INTENDED TO MAKE A LANE CHANGE. I SIGNAL TO THE RIGHT HAVEN CHANGE LANE SUDDENLY THIRD PARTY ON THE THIRD LANE MADE A LANE CHANGE AND CAME INTO MY LANE AND COLLIDED ONTO MY REAR RIGHT PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

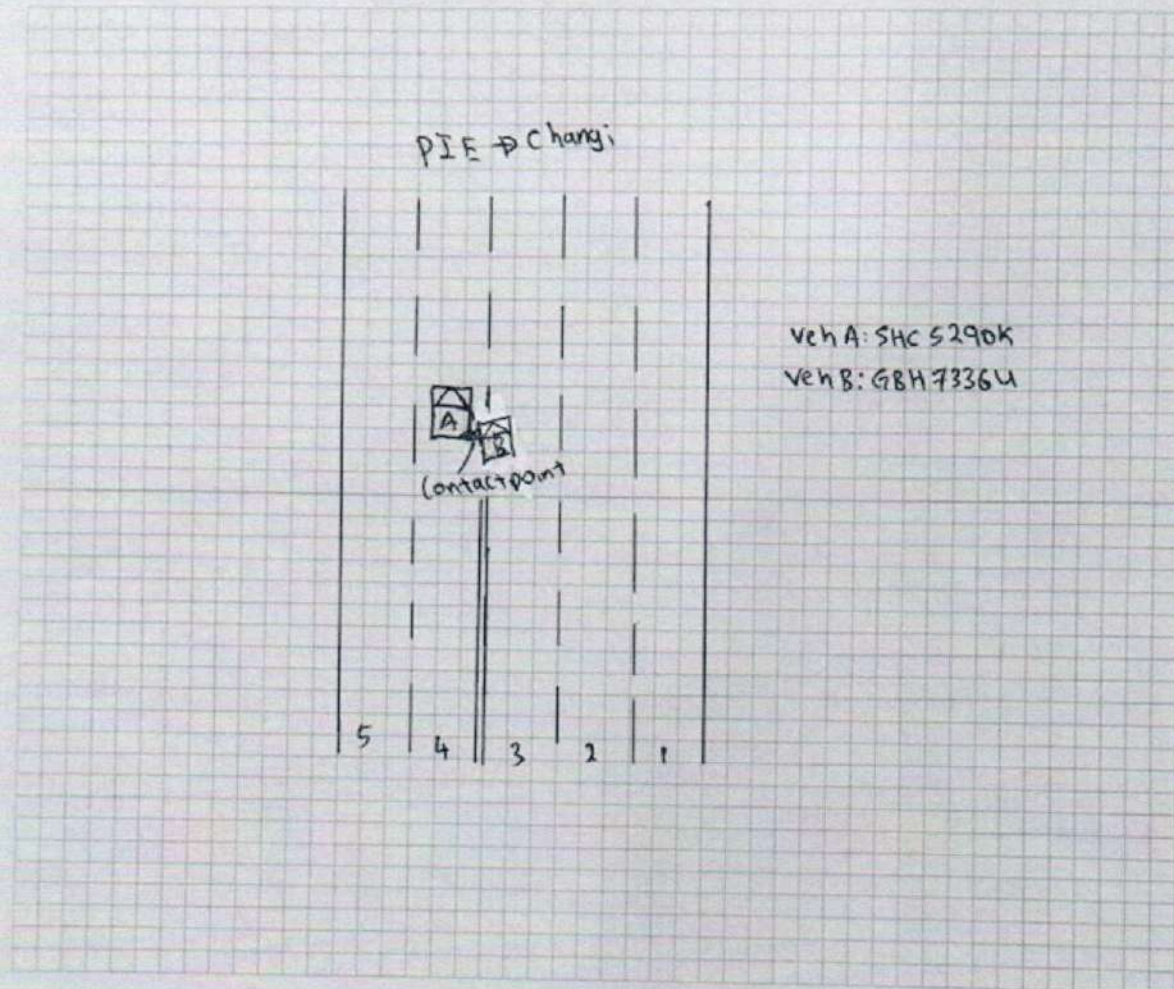
  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature  
Date & Time:

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

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

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



**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

**SHC5290K****AAD2302-102**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**20 MAR 2023****SHC5290K**

JTDKB3FU903093212

TOYOTA

PRIUS GEN 4

22/02/2023

**GBH7336H/Tokio**

23/12/2020

PART		LIST	
1	PANEL SUB-ASSY, REAR DOOR, RH	\$	1,634.33
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH	\$	243.81
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH	\$	123.06
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, RH	\$	369.60
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH	\$	1,161.83
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	\$	260.51
1	TAPE, BLACK OUT, NO.2 REAR RH	\$	44.00
1	TAPE, BLACK OUT, NO.3 REAR RH	\$	19.43
1	TAPE, BLACK OUT, NO.1 REAR RH	\$	27.62
1	HINGE ASSY, REAR DOOR, LOWER RH	\$	109.62
1	HINGE ASSY, REAR DOOR, UPPER RH	\$	124.74
1	PANEL SUB-ASSY, QUARTER, RH	\$	1,099.46
1	LINER, REAR WHEEL HOUSE, RH	\$	176.09
1	MOULDING ASSY, BODY ROCKER PANEL, RH	\$	624.54
1	RIM	\$	1,900.10
<b>TOTAL</b>		<b>\$</b>	<b>7,918.74</b>
<b>25%</b>		<b>\$</b>	<b>1,979.69</b>
		<b>\$</b>	<b>5,939.06</b>

**Special Nett**

1	DOOR STICKER TEL. NO	\$	100.00	X
1	DOOR TRIM CLIP	\$	75.00	X
1	DOOR WEATHERSTRIP CLIP	\$	80.00	X
1	FENDER LINER CLIP	\$	65.00	X
1	ROCKER MOULDING CLIP	\$	65.00	X
1	TYRE	\$	350.00	X

**Trans-cab Auto Services Pte Ltd**

AAD2302-102

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHC5290K

**TOTAL \$ 735.00****TOTAL PARTS \$ 6,674.06****LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	220.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	2001
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	4401
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	X

**TOTAL \$ 5,110.00****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:

**Trans-cab Auto Services Pte Ltd**

**AAD2302-102**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHC5290K**

Over All Total	\$	<u>11,784.06</u>
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**(PART-BY-PART) Repair Days**

~~04~~ Days

*2 days*