

ASS. REC. BY:

REF:

EG2/23 003144/kw

C

Kenneth

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. _____

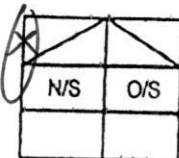
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHF 564M Yr Regn: 01, 21Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Traller or A2Make: Toy Prox C.C. 1798Colour Mr. White/Rw A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: JTDKCB31F4 X 0.3 093722Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: NII / S/Rim / STD A/Rim orTyre Size: F: Sailun 195/65R15R: Wanli

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 6 mmL/Bal. 9 mm L/Bal. 6 mmD.O.A. 23/3/23 D.O.I. 27/3/2023

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S/F & UIC

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Barney Flay4/4 85932.88 Cash

18/04 Finalise P/P \$5,892.88 @ 04 days (Red \$13,519.38/70%)

Date/Time, File Pass to?



: Prell. Report

1) typist

: Final Report

Date/Time, File Return to?

Days Of Repair: 04

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

F. & S.

Others

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech Invs (\$)



: Weekend (\$)

Report Format: TP

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

P/P \$5892.88

TOTAL

NOT AUTHORIZED
Reserving B4 paint

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

SHF564M

AAD2303-069

8 5932.88
5892.88

Vehicle No.:

Chassis No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

27 MAR 2023

SHF564M

JTDKB3FUX03093722

200303878K

TOYOTA

PRIUS GEN 4

23/3/2023

SMV3883D/ERGO

29/1/2021

PART		LIST	
1	PANEL SUB-ASSY, FRONT DOOR, LH	\$	1,641.36 ✓
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, LH	\$	243.81 X
1	HANDLE ASSY, FRONT DOOR OUTSIDE, LH	\$	493.40 X
1	WEATHERSTRIP, FRONT DOOR, LH	\$	292.32 X
1	HINGE ASSY, FRONT DOOR, LOWER LH	\$	139.86 X
1	HINGE ASSY, FRONT DOOR, UPPER LH	\$	123.06 X
1	TAPE, BLACK OUT, NO.1 FRT LH	\$	16.91 ✓
1	TAPE, BLACK OUT, NO.2 FRT LH	\$	55.02 ✓
1	TAPE, BLACK OUT, NO.3 FRT LH	\$	33.29 ✓
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT LH	\$	1,161.83 X
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH	\$	300.62 X
1	UNIT ASSY, HEADLAMP, LH	\$	3,325.56 X
1	ABSORBER ASSY, SHOCK, FRONT LH	\$	596.19 X
1	ARM SUB-ASSY, FRONT SUSPENSION, LOWER NO.1 LH	\$	959.81 X
1	KNUCKLE, STEERING, LH	\$	836.64 ✓
1	RIM	\$	1,995.11 X
1	HUB CAP	\$	222.08 ✓
1	FENDER SUB-ASSY, FRONT LH	\$	1,236.69 ✓
1	BRACE SUB-ASSY, FENDER APRON, LH	\$	368.24 X
1	LINER, FRONT FENDER, LH	\$	265.55 ✓
1	EMBLEM, SIDE PANEL	\$	68.88 ✓
1	COVER, FRONT BUMPER	\$	659.40 ✓
1	SUPPORT, FRONT BUMPER SIDE, LH	\$	100.49 ✓
1	STAY SUB-ASSY, FRONT BUMPER, LH	\$	59.85 X
1	BRACKET, FRONT BUMPER SIDE, LH	\$	74.97 X

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AAD2303-069

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SHF564M

- 1 MOULDING, FRONT BUMPER SIDE, LH
- 1 MOULDING ASSY, BODY ROCKER PANEL, LH

	\$	CM	120.86	✓
	\$	R	624.54	X
TOTAL	\$		16,016.34	
25%	\$		4,004.09	
	\$		12,012.26	

Special Nett

- 1SET DOOR TRIM CLIP
- 1SET DOOR WEATHERSTRIP CLIP
- 1 DOOR STICKER TRANSCAB
- 1 TYRE
- 1SET CLIP, ROCKER PANEL MOULDING
- 1SET BUMPER CLIP FRT
- 1SET FRNT BUMPER RETAINER CLIP
- 1SET FENDER CLIP
- 1 FENDER LINER CLIP

	\$	nn	70.00	X
	\$	nn	65.00	X
	\$	nn	100.00	601
225IN	\$	cut	350.00	901
	\$	nn	65.00	X
	\$	nn	65.00	601
	\$	nn	85.00	X
	\$	nn	130.00	X
	\$	nn	65.00	✓
TOTAL	\$		995.00	

TOTAL PARTS \$ 2,300.00**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$		240.00	601
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	\$		1,600.00	501
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	881

Trans-cab Auto Services Pte Ltd**AAD2303-069**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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SHF564M

To reinstall rear bumper parking sensor.

\$ *nn* 170.00 *X*

To transfer of tire, rim and on wheel balancing.

\$ 170.00 *201*

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

To check steering geometry and computer wheel alignment

\$ 220.00 *601*

To remove and refit of rear fender fittings, attachment and perform water seepage test.

\$ *nn* 170.00 *X***TOTAL \$ 5,100.00****Over All Total \$ 19,412.26****(PART-BY-PART) Repair Days*****08-Days****4 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	23/03/2023 18:51 (SGT)
Reported by	Actual Driver
Date of Accident	23/03/2023 14:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK OF BLK 342, WOODLANDS AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF564M
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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 - Reporting only
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	CHANG KENG YONG
NRIC No	SXXXX220E
Date Of Birth	25/12/1962
Occupation	Outdoor

Date Of Driving Pass	11/07/1980
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98583734
Alt. Phone Number	-
Email Address	changthomas321@gmail.com
Address	437, WOODLANDS STREET 41
Address complement	#07-360
Postcode	S730437
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED CARPARK WHEN VEHICLE B, SUDDENLY MOVED OFF FROM A PARKING LOT WITHOUT CHECKING ON HIS RIGHT, AND AS MY VEHICLE WAS ALREADY TOO CLOSE, I HAD NO CHANCE TO APPLY MY BRAKE AND COLLIDED INTO VEHICLE B. THE IMPACT PUSHED VEHICLE B TO ITS LEFT AND HIT A PARKED VEHICLE C. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SMV3883D
Vehicle Manufacturer	Kia
Vehicle Model	Forte
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car

Name of Driver	GAN
Contact Number	(Phone) +65-96222803
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EU3883D
Vehicle Manufacturer	Mercedes
Vehicle Model	Glc250
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	NO DETAIL
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

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

Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED CARPARK WHEN VEHICLE B, SUDDENLY MOVED OFF FROM A PARKING LOT WITHOUT CHECKING ON HIS RIGHT, AND AS MY VEHICLE WAS ALREADY TOO CLOSE, I HAD NO CHANCE TO APPLY MY BRAKE AND COLLIDED INTO VEHICLE B. THE IMPACT PUSHED VEHICLE B TO ITS LEFT AND HIT A PARKED VEHICLE C. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Declaration

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

Policyholder's Signature / Date &
Time

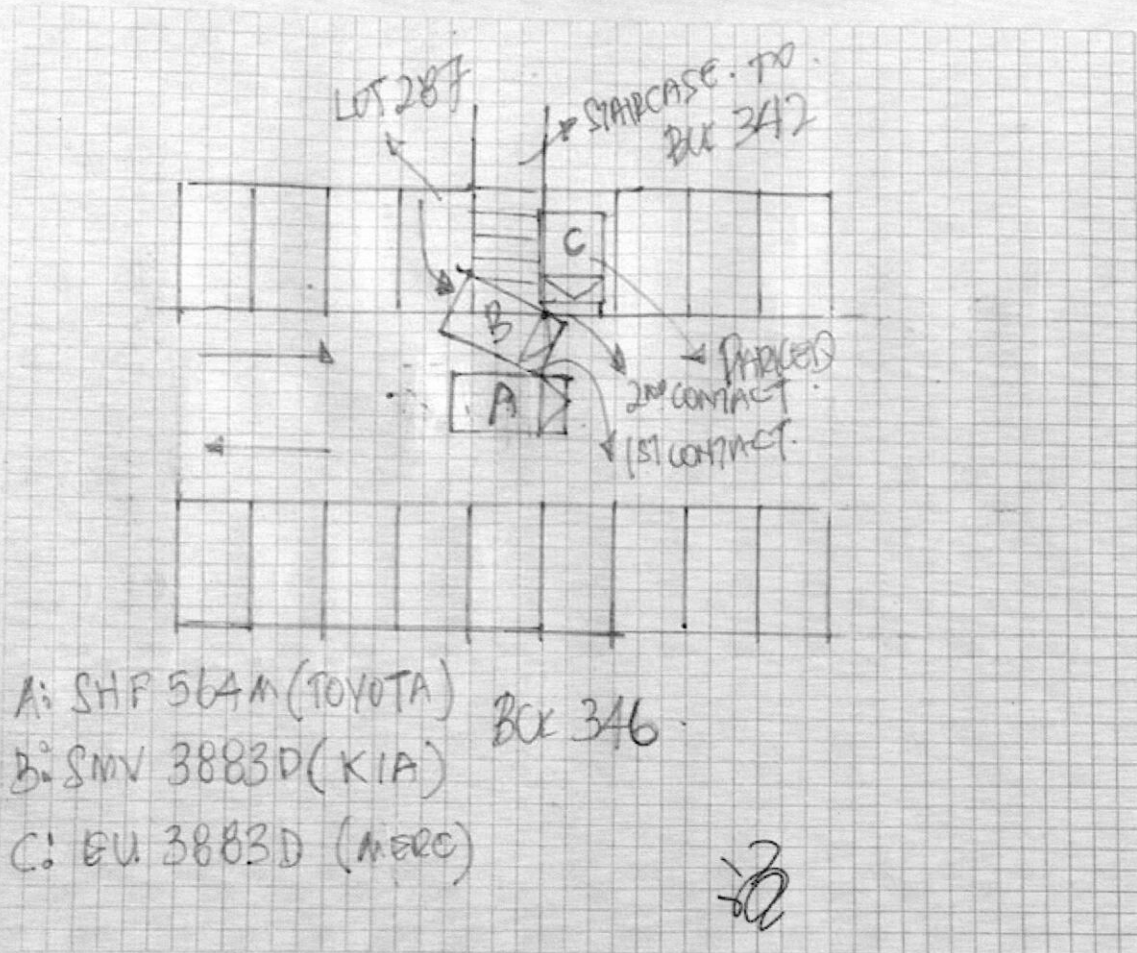
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Hashim Bin Kamari

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
HASHIM BIN KAMARI

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

< > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHF564M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2H88200
Chassis No.:	JTDKB3FUX03093722
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,879.00
Original Registration Date:	29 Jan 2021
First Registration Date:	29 Jan 2021
Transfer Count:	0
Actual ARF Paid:	\$7,131.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jan 2029
PARF Rebate Amount:	\$5,348.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$30,510.00
COE Rebate Amount:	\$22,287.00
Total Rebate Amount:	\$27,635.00
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 24 Mar 2023

OK