

ASS. REC. BY:

REF:

TM1/ 23003315 /Kgp3

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

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:

40,253/

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Broken Fly

30/3 11 Pm @ 4250d Cabin (Red @ 8353.77, 667)

LS \$5450, 2 days (Red \$7153.77, 57%)

Veh No:

SHD 5297L

Yr Regn:

11, 18

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

Truck / Trailer or

Make:

Toy Prius

C.C

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU403076723

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

SAILAN

Front

Rear

R/Bal.

6

mm

R/Bal.

P

mm

L/Bal.

6

mm

L/Bal.

P

mm

D.O.A.

24/3/23

D.O.I.

28/3/2023

Survey held at

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

N/S Frt

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

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

MER-TP

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

4050

5450

Not Authorized
L1 Sy 84250p

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

SHD5297L

AAD2303-

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

28 MAR 2023

SHD5297L

JTDKB3FU403076723

200303878K

TOYOTA

PRIUS

24/3/2023

GBD896L/ Tokio.

15/11/2018

PART

LIST

- 1 COVER, FRONT BUMPER
- 1 ABSORBER, FRONT BUMPER ENERGY
- 1 REINFORCEMENT SUB-ASSY, FRONT BUMPER
- 1 SUPPORT, FRONT BUMPER SIDE, LH
- 1 STAY SUB-ASSY, FRONT BUMPER, LH
- 1 LINER, FRONT FENDER, LH
- 1 FENDER SUB-ASSY, FRONT LH
- 1 FRONT FENDER EMBLEM LH
- 1 RIM
- 1 LAMP ASSY, FOG, LH
- 1 UNIT ASSY, HEADLAMP, LH

\$	cm	653.31	✓
\$	rm	100.17	X
\$	rm	902.16	X
\$	dy	100.49	✓
\$	rm	59.85	X
\$	dy	255.36	✓
\$	rm	1,236.69	✓
\$	rm	68.88	✓
\$	rm	1,995.11	✓
\$	rm	1,200.78	X
\$	mycm	3,325.56	✓

TOTAL \$ 9,898.36

25% \$ 2,474.59

\$ 7,423.77

SPECIAL NETT

- 1 FENDER LINER CLIP
- 1 TYRE
- 1 FRT BUMPER CLIP
- 1 FRT LH BUMPER BRACKET CLIP
- 1 FENDER LINER CLIP

\$	rm	65.00	✓
\$	rm	350.00	X
\$	rm	65.00	60.00
\$	rm	65.00	X
\$	rm	65.00	X

TOTAL \$ 610.00

TOTAL PARTS \$ 8,033.77

LABOUR

To rust-proofing of the affected areas.

\$ 600.00 300

Putty and spray painting of the affected portion.

\$ 1,200.00 440

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

SHD5297L**AAD2303-**

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

\$ 2,000.00 *4001*

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

\$ *na* 380.00 *X*

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*

TOTAL \$ 4,570.00

OVERALL TOTAL \$ 12,603.77

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:

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	27/03/2023 14:14 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 23:36 (SGT)
Exact Location of Accident	Near 7VW6+GF Singapore
Additional Location Information	JUNCTION OF OPHIR ROAD AND REPUBLIC BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5297L
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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 5DR HATCHBACK (AUTO)
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	SALIMAN BIN KAMBRAT
NRIC No	SXXXX263Z
Date Of Birth	06/09/1955
Occupation	Outdoor

Date Of Driving Pass	23/10/1992
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94595985
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	720 BEDOK RESERVOIR ROAD
Address complement	#05-4672
Postcode	470770
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 - Major/Minor Rd
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)	3
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

PASSENGER 2

Name	P2
Gender	Female

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 24/3/2023 AT ABOUT 2336HOURS , I WAS TRAVELLING ALONG OPHIR ROAD TOWARDS ECP . WHEN I DRIVING AT THE MOST LEFT LANE , SUDDENLY VEHICLE B TURNING OUT FROM REPUBLIC BLVD AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE .

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	WITH TRANSCAB.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD896L
Vehicle Manufacturer	Mercedes
Vehicle Model	Citan
Vehicle Variant	-
Vehicle Colour	-
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 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 27/3/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON 24/3/2023 AT ABOUT 2336HOURS , I WAS TRAVELLING ALONG OPHIR ROAD TOWARDS ECP . WHEN I DRIVING AT THE MOST LEFT LANE , SUDDENLY VEHICLE B TURNING OUT FROM REPUBLIC BLVD AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE .

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 27/3/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT

A. JHD527FL
B. GBD846L

Opposite Road

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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.:

[Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5297L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	27 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B73630
Chassis No.:	JTDKB3FU403076723
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	15 Nov 2018
First Registration Date:	15 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Nov 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	14 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,736.00
COE Rebate Amount:	\$10,779.00
Total Rebate Amount:	\$21,464.00
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 27 Mar 2023

OK