

ASS. REC. BY:

REF:

A62/23003724/Kg

Kny3

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. _____

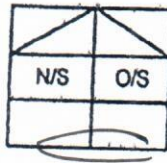
Claims No. _____

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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D 5647K Yr Regn: 12, 18

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

Truck / Trailer or _____

Make: Toy Prius C.C. 1788Colour W.P. White / Red A/C: Insured / Std / NI / NASp. Reading 344442 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F-U 203078583Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD / Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Wanli

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 10/4/23 D.O.I. 12/4/2023

Survey held at _____

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

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

Date / Time Action / Instruction

13/4 7:15pm @ 665012 Conbar and 5 days
(red, \$9584.96, 59%)

Date/Time, File Pass to?

1) 14/04/23

Date/Time, File Return to?

2) _____

☐ : Prel. Report☐ : Final ReportDays Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS. \$ _____

Fees _____

Others _____

TOTAL

Report Format :

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

Not Notarized
11 Rmg \$8650/2

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

SHD5647K

AAD2304-028

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

12 APR 2023

SHD5647K

JTDKB3FU203078583

200303878K

TOYOTA

PRIUS

10/4/2023

SLM8481G/AUTO GENERAL

19/12/2018

PART

LIST

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 SEAL, REAR BUMPER SIDE, LH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 FILLER, REAR BUMPER EXTENSION, RH
- 1 FILLER, REAR BUMPER EXTENSION, LH
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, FLOOR UNDER, LH
- 1 COVER, REAR FLOOR
- 1 BOX, DECK FLOOR, REAR
- 1 BOX, DECK FLOOR, RH
- 1 BOX, DECK FLOOR, LH
- 1 PANEL ASSY, DECK TRIM SIDE, LH
- 1 BOARD, REAR FLOOR, NO.1
- 1 COVER, DECK TRIM, REAR
- 1 PAN, REAR FLOOR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS & BODY, REAR COMBINATION LAMP, LH
- 1 LENS AND BODY, REAR LAMP, LH
- 1 COVER, REAR COMBINATION LAMP, LH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE

- | | | | |
|----|--------|----------|---|
| \$ | R1 | 558.39 | ✓ |
| \$ | R1 | 19.43 | X |
| \$ | CM | 726.92 | ✓ |
| \$ | R1 | 111.41 | X |
| \$ | R1 | 111.41 | X |
| \$ | R1 | 155.72 | X |
| \$ | R1 | 155.72 | X |
| \$ | Dis | 147.11 | ✓ |
| \$ | R1 | 148.58 | X |
| \$ | R1 | 419.90 | ✓ |
| \$ | R1 | 220.50 | X |
| \$ | R1 | 304.92 | X |
| \$ | Dis | 290.43 | ✓ |
| \$ | R1 | 133.25 | X |
| \$ | R1 | 395.12 | X |
| \$ | R1 | 394.38 | X |
| \$ | Reform | 448.98 | ✓ |
| \$ | CM | 654.78 | ✓ |
| \$ | R1 | 159.39 | X |
| \$ | R1 | 734.90 | X |
| \$ | R1 | 824.46 | ✓ |
| \$ | R1 | 559.13 | X |
| \$ | CM | 634.73 | ✓ |
| \$ | R1 | 81.48 | X |
| \$ | R1 | 1,443.86 | ✓ |
| \$ | R1 | 305.66 | X |
| \$ | R1 | 305.66 | X |
| \$ | R1 | 77.18 | X |
| \$ | R1 | 77.18 | X |
| \$ | CM | 1,171.38 | ✓ |

84969589584.96

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

AAD2304-**SHD5647K**

1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	Me	68.88	✓
1	PLATE, BACK DOOR NAME, NO.1	\$	Me	68.88	✓
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	Me	90.30	✓
TOTAL		\$		11,999.95	
25%		\$		2,999.99	
		\$		8,999.96	

SPECIAL NETT

1SET	PARKING AID	\$	Del	700.00	2205AL
1	REAR BUMPER CLIP	\$	Me	65.00	605AL
1	BOOT STICKER TRANCAB	\$	Me	100.00	305AL
1	BOOT STICKER TEL NO.	\$	Me	100.00	305AL
1	REAR LH BUMPER RETAINER CLIP	\$	Me	65.00	X
1	REAR RH BUMPER RETAINER CLIP	\$	Me	65.00	X
1	END PANEL INNER TRIM CLIP	\$	Me	60.00	✓
1	REAR BUMPER PROTECTOR	\$	Me	180.00	305AL
2	WINDSCREEN SEALANT	\$	Me	150.00	805AL
1	WINDSCREEN MOULDING	\$	Me	200.00	✓
1	WINDSCREEN INNER SPONGE SEAL	\$	Me	130.00	305AL
TOTAL		\$		1,815.00	
TOTAL PARTS		\$		10,814.96	

LABOUR

To rust-proofing of the affected areas.	\$	600.00	301
Putty and spray painting of the affected portion.	\$	1,200.00	8801
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	6001
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	601
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	601
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	170.00	✓

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SHD5647K

AAD2304-

To transfer of tailgate fittings and conduct water seepage test.

\$ 170.00 *601*

To transfer of bootlid fittings, attachments and perform water seepage test.

\$ *nn* 170.00 *X*

To reinstall rear bumper parking sensor.

\$ 170.00 *501*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 *X*

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

\$ *nn* 170.00 *X*

TOTAL \$ 5,420.00

OVERALL TOTAL \$ 16,234.96

5 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	11/04/2023 11:24 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 16:10 (SGT)
Exact Location of Accident	Near 10 Teban Gardens Cres, Singapore 608923
Additional Location Information	AYE TOWARDS TOWN BEFORE JURONG TOWN HALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5647K
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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 - 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	TAN CHOON TIANG
NRIC No	SXXXX892E
Date Of Birth	10/09/1959
Occupation	Outdoor

Date Of Driving Pass	27/04/1981
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-82656328
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	688 JURONG WEST CENTRAL 1
Address complement	12-241
Postcode	640688
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?	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	YU XIA XIA 93369668
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 10/4/2023 AT ABOUT 1610HOURS , I WAS TRAVELLING ALONG AYE TOWARDS TOWN . WHEN I DRIVING ALONG MY LANE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

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	SLM8481G
Vehicle Manufacturer	Citroen
Vehicle Model	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KAI SIANG
NRIC No	SXXXX398J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE5867Y
Vehicle Manufacturer	Hino
Vehicle Model	FS1EKND 28 TON 6X4 MT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHELLAIAH MURUGESAN
NRIC No	GXXXX978L
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	TAN CHOON TIANG
Gender	Male
Phone No	(Phone) +65-82656328
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5647K
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 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
Wong Jun Keat
Witnessed by Reporting Centre
Personnel

Sketch Plan

(red958589584.96

REFER TO ATTACHED ACCIDENT DIAGRAM


Describe Circumstances of the Accident

ON 10/4/2023 AT ABOUT 1610HOURS , I WAS TRAVELLING ALONG AYE TOWARDS TOWN . WHEN I DRIVING ALONG MY LANE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR 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 11/4/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

0 CM 1

12 13 14

Var 7/2000

DC 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

A: 340567K

B: 340567K

C: XE5867Y

ATE

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

ATV 14/05/00 DTC 1 TT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5647K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Apr 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B92794
Chassis No.:	JTDKB3FU203078583
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	19 Dec 2018
First Registration Date:	19 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	18 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$10,161.00
Total Rebate Amount:	\$20,846.00
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 11 Apr 2023

OK