

ASS. REC. BY:

REF:

TM1/23.00.4043/Knp3

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. \_\_\_\_\_

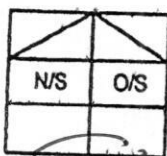
Claims No. \_\_\_\_\_

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: 858,608

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No:

SHF 6216

Yr Regn:

03.21

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

150889

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J7DKB3FU203092063

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65R15R: Wanli

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

14/4/23

D.O.I.

18/4/2023

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

19/4 @ 2246.73 Car (Rec. # 7573.95, 770)

Date/Time, File Pass to?



: Prell. Report

1) 24/4/23



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 2

Survey Fee:

Transportation

S - RS - SI

Fines

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

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

## 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	14/04/2023 23:59 (SGT)
Reported by	Actual Driver
Date of Accident	14/04/2023 17:35 (SGT)
Exact Location of Accident	Near 8Q9C+GH Singapore
Additional Location Information	ULU PANDAN ROAD TURNING LEFT TO CLEMENTI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF621G
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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) +65-65553333
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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	TEO KANG HOE
NRIC No	SXXXX714F
Date Of Birth	01/07/1965
Occupation	Outdoor

Date Of Driving Pass	12/12/1989
Driving experience	33 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94786228
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	363A SEMBAWANG CRESCENT
Address complement	#11-721
Postcode	751363
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 - Head to Rear
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)	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

I was entering Slip Road from Ulu Pandan Rd to Clementi Ave 2. I took the right side of the slip road. I was stationary as there were vehicles on the main road. As I saw a clearance I moved slowly ahead, but there was a vehicle on the main road that speed up. To prevent collision I brake. About a few seconds I brake, suddenly I felt an impact from the rear of my vehicle.

I realised that a lorry had hit the rear of my vehicle.

I took a few pictures and exchange particulars.

No serious injury involved.

Now my back and shoulder feel a bit pain. I will see a doctor soon.

#### 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	GBD5236J
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	RAJA GANDHI
Passport No/FIN	GXXXX057U
Contact Number	(Phone) +65-82474286
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

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.:

14042023

## SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering Slip Road from Ulu Pandan Rd to Clementi Road. I took the right side of the slip road. I was stationary as there were vehicles on the main road. As I saw a clearance I moved slowly ahead. , but there was a vehicle on the main road that speed up. To prevent collision I brake. About a few seconds I brake, suddenly I felt an impact from the rear of my vehicle.

I realised that a lorry had hit the rear of my vehicle.

I took a few pictures and exchange particulars.

No serious injury involved.

Now my back and shoulder feel a bit pain. I will see a doctor soon.

## 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: 14042023

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

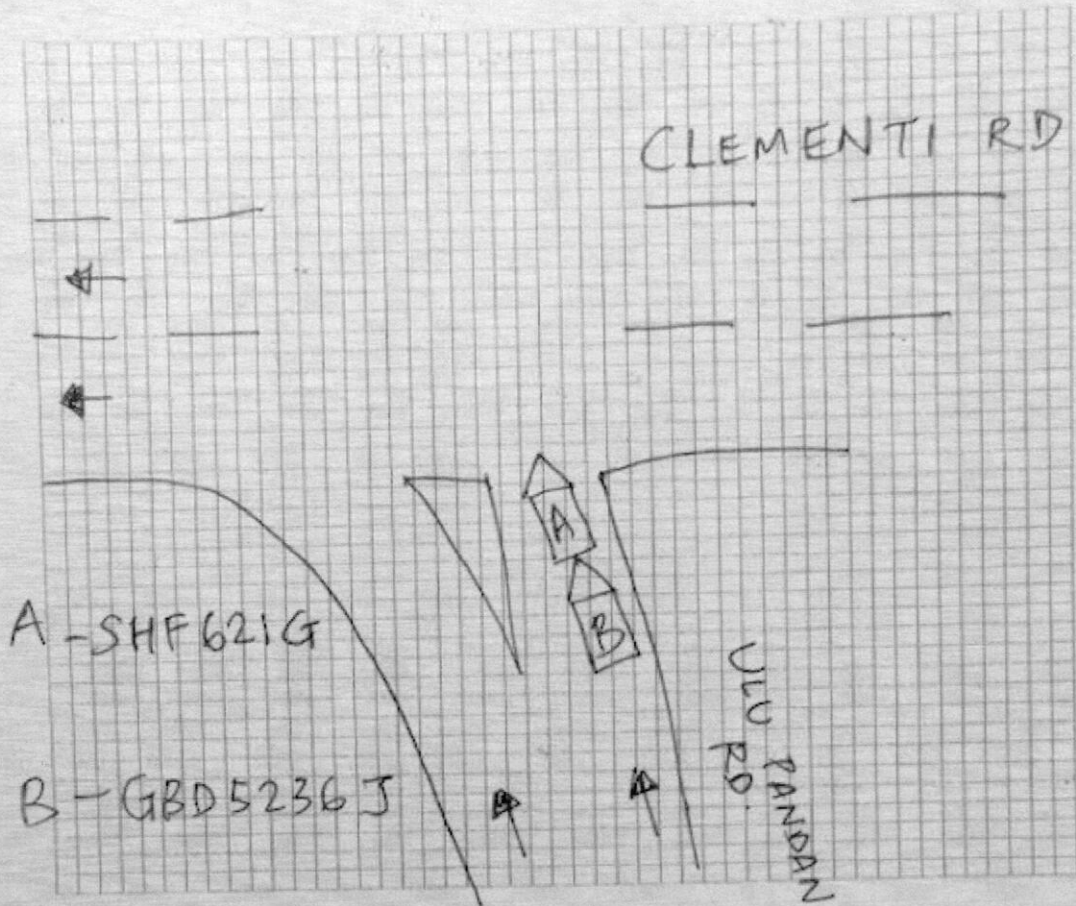
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

14/4/23

Witnessed By Reporting Officer  
Mohammad Azaly Bin Abdullah  
Witnessed by Reporting Centre  
Personnel

AJAX MARS PTE LTD

[-> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHF621G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Apr 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2G96958
Chassis No.:	JTDMKB3FU203092063
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	12 Mar 2021
First Registration Date:	12 Mar 2021
Transfer Count:	0
Actual ARF Paid:	\$7,030.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Mar 2029
PARF Rebate Amount:	\$5,272.00
Intended COE Rebate Details	
COE Expiry Date:	11 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,118.00
COE Rebate Amount:	\$24,406.00
<b>Total Rebate Amount:</b>	<b>\$29,678.00</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 17 Apr 2023

OK



NOT Notwithstanding  
Presumed B4 paint

**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

**SHF621G**

**AAD2304-071**

2246.73

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SHF621G

JTDBK3FU203092063

200303878K

TOYOTA

PRIUS

14/4/2023

GBD5236J/TOKIO

12/3/2021

18 APR 2023

**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 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK

\$	Bu	558.39	✓
\$	Sn	19.43	X
\$	not bu	726.92	✓
\$	Pu	111.41	X
\$	Sn	111.41	X
\$	Sn	155.72	X
\$	Sn	155.72	X
\$	Sn	147.11	X
\$	Sn	148.58	X
\$	Bu	419.90	✓
\$	Pu	220.50	X
\$	Sn	304.92	X
\$	CPA Sn	290.43	X
\$	Pu	159.39	X
\$	Sn	824.46	X

<b>TOTAL</b>	<b>\$</b>	<b>4,354.25</b>
25%	\$	1,088.56
	<b>\$</b>	<b>3,265.68</b>

**SPECIAL NETT**

- 1SET PARKING AID
- 1 REAR BUMPER CLIP
- 1 REAR LH BUMPER RETAINER CLIP
- 1 REAR RH BUMPER RETAINER CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 REAR BUMPER PROTECTOR

\$	not	700.00	220.50
\$	na	65.00	60.00
\$	na	65.00	X
\$	na	65.00	X
\$	na	60.00	X
\$	NP	180.00	X

<b>TOTAL</b>	<b>\$</b>	<b>1,135.00</b>
<b>TOTAL PARTS</b>	<b>\$</b>	<b>4,400.68</b>

**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

**SHF621G****AAD2304-071****LABOUR**

To rust-proofing of the affected areas.	\$	<i>nn</i> 600.00	<i>X</i>
Putty and spray painting of the affected portion.	\$	1,200.00	<i>2201</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	<i>2001</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>nn</i> 170.00	<i>X</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>4</i> 380.00	<i>X</i>
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>4</i> 170.00	<i>X</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	<i>4</i> 170.00	<i>X</i>
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	<i>4</i> 170.00	<i>X</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>501</i>
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	<i>X</i>
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>nn</i> 170.00	<i>X</i>

**TOTAL \$ 5,420.00****OVERALL TOTAL \$ 9,820.68****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:

*2 days*