

ASS. REC. BY:

REF:

AGZ/ 23005131KV

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:

SKZ 2770E

Policy No.

Claims No.

C10022263/CD

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: IN / OUT

Veh No:

SHD 9939S

Yr Regn:

01, 21

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

Truck / Trailer or

Make:

Toy Pms

C.C

1798

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

204372

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 2030 93391

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / R/Rim or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Wanli

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

12/5/23

D.O.I.

22/5/2023

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

24/5 8:1658.58 Cohn (red 8254.63, 83)

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

2) 24/5/23-typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. SI

Paints

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

TP

Lump Sum / I.B.I: (\$ 1658.58

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.:

SHD99395

Vehicle to be Exported:

Yes

Intended Deregistration Date:

18 May 2023

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS 5DR HATCHBACK (AUTO)

Primary Colour:

Red

Manufacturing Year:

2020

Engine No.:

2ZR2H47554

Chassis No.:

JTDKB3FU203093391

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$26,807.00

Original Registration Date:

28 Jan 2021

First Registration Date:

28 Jan 2021

Transfer Count:

0

Actual ARF Paid:

\$7,030.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

27 Jan 2029

PARF Rebate Amount:

\$5,272.00

Intended COE Rebate Details

COE Expiry Date:

27 Jan 2029

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$30,510.00

COE Rebate Amount:

\$21,703.00

Total Rebate Amount:

\$26,975.00

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 18 May 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	12/05/2023 22:37 (SGT)
Reported by	Actual Driver
Date of Accident	12/05/2023 19:40 (SGT)
Exact Location of Accident	Near 5 Simei St 3, Singapore 529892
Additional Location Information	JUNCTION OF SIMEI ST 3 AND SIMEI AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9939S
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	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	TAN YONG HENG
NRIC No	SXXXX036C
Date Of Birth	07/10/1965
Occupation	Outdoor

Date Of Driving Pass	02/03/1989
Driving experience	34 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91463865
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Garden Hill, 418 Bedok North Avenue 2
Address complement	#02-93
Postcode	460418
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)	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	CHEONG - 92341748
Gender	Male

PASSENGER 2

Name	PASSENGER 2
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 12/5/2023 AT ABOUT 1940HOURS, I WAS TRAVELLING ALONG SIMEI ST 3 TOWARDS SIMEI AVE. WHEN I STOPPED MY VEHICLE AT THE SLIP ROAD, 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	SKZ2770E
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIN WENG LOONG
NRIC No	SXXXX216J
Contact Number	(Phone) +65-88621143
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.



Witnessed By Reporting Officer
Wong Jun Keat

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

ON 12/5/2023 AT ABOUT 1940HOURS, I WAS TRAVELLING ALONG SIMEI ST 3 TOWARDS SIMEI AVE. WHEN I STOPPED MY VEHICLE AT THE SLIP ROAD, SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE.

Declaration

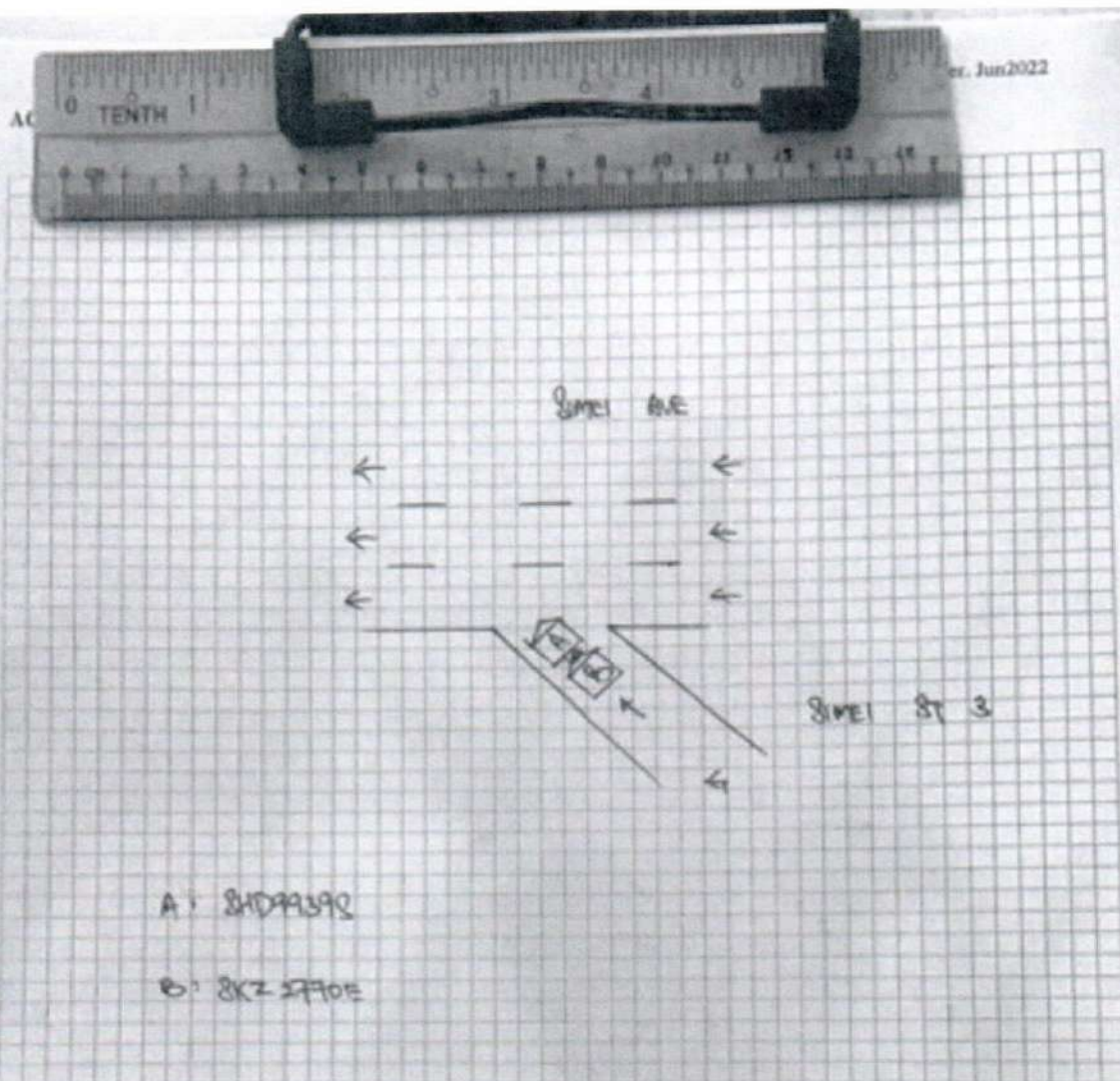
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time: 12/5/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel



[Handwritten signature]

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

Not Notion
 Repair B& 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

SHD9939S

AAD2305-093

Q 1658.58

22 MAY 2023

Vehicle No.:

SHD9939S

Chassis No.:

JTDKB3FU203093391

Co UEN.:

200303878K

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS GEN 4

Date of Accident:

12/5/2023

Third Party Insurer:

SKZ2770E/AUTO GEN

Date of Registration:

28/1/2021

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 RETAINER, REAR BUMPER SIDE, LH
- 1 REAR BUMPER SIDE RETAINER RH
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 REFLECTOR ASSY, REFLEX, LH
- 1 REFLECTOR ASSY, REFLEX, RH
- 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	612.68	—
\$	Sm	27.93	X
\$	Del/ky	472.19	—
\$	Sm	149.21	X
\$	Sm	149.21	X
\$	Sm	167.48	X
\$	Sm	167.48	X
\$	Ry	419.90	?
\$	Sm	49.25	X
\$	Sm	49.25	X
\$	Sm	220.50	X
\$	Sm	304.92	X
\$	Sm	290.43	X
\$	Sm	159.39	X
\$	Sm	824.46	X

TOTAL \$ 4,064.28
 25% \$ 1,016.07
\$ 3,048.21

SPECIAL NETT

- 1SET PARKING AID
- 1 REAR BUMPER CLIP
- 1 REAR RH BUMPER RETAINER CLIP
- 1 REAR LH BUMPER RETAINER CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 REAR BUMPER PROTECTOR
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	Sm	700.00	X
\$	na	65.00	Boia
\$	na	65.00	X
\$	na	65.00	X
\$	na	60.00	X
\$	na	180.00	X
\$	na	150.00	X
\$	na	200.00	X
\$	na	130.00	X

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD9939S**AAD2305-093**

TOTAL	\$	1,615.00
TOTAL PARTS	\$	4,663.21

LABOUR

To rust-proofing of the affected areas.	\$	600.00	X
Putty and spray painting of the affected portion.	\$	1,200.00	2201
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	2001
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	170.00	X
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	501
To check steering geometry and computer wheel alignment	\$	220.00	X
TOTAL	\$	5,250.00	

OVERALL TOTAL \$ 9,913.21*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

And must be signed by Repairer