

ASS. REC. BY:

REF:

TMI/23006363/KV

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: SMN 7056R

Policy No. MAA00172

Claims No. M2303796

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: 853,859/

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 01 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

Date / Time

Action / Instruction

3/7 8300h Cab (red 11,891.94, 97%)

Veh No: SHF 620J

Yr Regn: 01, 21

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

Truck / Trailer or

Make: Toyota

C.C.

1798

Colour M.P. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading 165192

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOK B31-UX 03093588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Wanli

195/65R15

R: Sailun

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

Wanli

Front

Rear

R/Bal. 9 mm

R/Bal. 6 mm

L/Bal. 9 mm

L/Bal. 8 mm

D.O.A. 26/6/23

D.O.A. 27/6/2023

Survey held at _____

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

O/S Area

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2) 4/7/23-typist

Days Of Repair: 1

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

) Parks

) Others

TOTAL

Report Format: Merimen

Lump Sum / I.B.I: (\$ 300)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

Vehicle Details

Vehicle No.:	SHF620J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Jun 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2H71323
Chassis No.:	JTDKB3FUX03093588
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:	\$21,303.00
Total Rebate Amount:	\$26,575.00

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 26 Jun 2023

OK

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 200303878K

GST Reg. No.: 200303878K

26 June 2023

Page 1

TRANSCAB\JASMINE

APPLICATION FORM

Vehicle Model: TOYOTA PRIUS

Rental Rate: 77.00

Driver Type: Hirer

Rental Rate (GST): 83.16

INSTRUCTIONS:

1. Please read the form thoroughly before completing it.
2. The Company reserves the right not to accept any application without assigning any reasons.
3. Please submit this form together with the following documents:-

*Identity Card
*Photograph (2 Copies)

*Driving Licence
*Valid Taxi Vocational Licence && Receipt

I/C No.:	S1146154I	Sex:	Male	Date of Birth:	25 August 1955
Name:	LEE SUNG YONG	Race:	Chinese		
Address:	BLK 528 HOUGANG AVENUE 6	Nationality:	SINGAPOREAN		
	#12-235	Religion:	Others		
	Singapore, 530528	Language:	E,C		
Mobile No.	8611 6606	Educational Level:	Secondary		

Has your licence ever been suspended by LTA?:

Driving Lic (class): 3 Date Obtained: 7. May 1976 Taxi Voc Licence: 17. May 1978 Until: 1. October 2023

Taxi Driving Experience:

<u>Taxi Company:</u>	<u>Hirer / Relief:</u>	<u>From:</u>	<u>To:</u>	<u>Taxi No:</u>	<u>Reason for Leaving:</u>
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Marital Status: Married Full Name of Spouse: KOH AI SIEW

Particulars of Beneficiary:

I/C No.:	Name:	KOH AI SIEW	Relationship:	Spouse
<u>Address Line 1:</u>	<u>Address Line 2:</u>	<u>Postal:</u>	<u>Contact No:</u>	
BLK 528 HOUGANG AVENUE 6	#12-235	530528	9011 4997	

Next of Kin (to be contacted in the event of emergency):

Name:	KOH AI SIEW		
<u>Address Line 1:</u>	<u>Address Line 2:</u>	<u>Postal:</u>	<u>Contact No:</u>
BLK 528 HOUGANG AVENUE 6	#12-235	530528	9011 4997

- | | |
|--|----|
| 1. Have you ever been charged, convicted in any court of law or detained under the provision of any written law? (If YES, please state the | No |
| 2. Are you an undischarged Bankrupt? | No |
| 3. Have you ever suffered from any mental illness or disability for which you have received medical treatment (eg. Diabetes, tuberculosis, | No |

DECLARATION

I hereby declare that the information given above is true to the best of my knowledge, information and belief.

I fully understand that if any of the information given by me in this application is in any ways false or incorrect, the Company shall have the right to terminate the Taxi Hiring Agreement / revoke permission to operate Taxi without assigning any reason whatsoever.

Date: 26 June 2023

Signature: _____

For Office Use Only

Interviewed By: _____

Signature / Date: _____

Action Taken: **Approved**

Remark: _____

<u>Date:</u>	<u>Receipt No.</u>	<u>Amount</u>	<u>Type of Payment</u>
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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	26/06/2023 15:16 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS AFTER THOMSON EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF620J
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 HUNG KAI
NRIC No	SXXXX168I
Date Of Birth	07/04/1960
Occupation	Outdoor

Date Of Driving Pass	01/07/1982
Driving experience	40 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96675211
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Tampines, 233 Simei Street 4
Address complement	-
Postcode	520233
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 - Change/cross lane
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?	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	P1
Gender	Male

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 TRAVELLING ALONG THE MENTIONED LOCATION, THERE IS AN ACCIDENT ON THE MOST RIGHT LANE HENCE I CHANGE LANE TO MIDDLE LANE. WHILE TRAVELLING STRAIGHT ON MY LANE SUDDENLY THIRD PARTY ON MY RIGHT MADE A LANE CHANGE TO THE LEFT AND COLLIDED ONTO MY REAR RIGHT PORTION. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL AND HAVE 2 DAYS MC.

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	SMN7056R
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	WONG PENG LAM
NRIC No	SXXXX464F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	P1
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HUNG KAI
Gender	Male
Phone No	(Phone) +65-96675211
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF620J
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
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, THERE IS AN ACCIDENT ON THE MOST RIGHT LANE HENCE I CHANGE LANE TO MIDDLE LANE. WHILE TRAVELLING STRAIGHT ON MY LANE SUDDENLY THIRD PARTY ON MY RIGHT MADE A LANE CHANGE TO THE LEFT AND COLLIDED ONTO MY REAR RIGHT PORTION. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL AND HAVE 2 DAYS MC.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



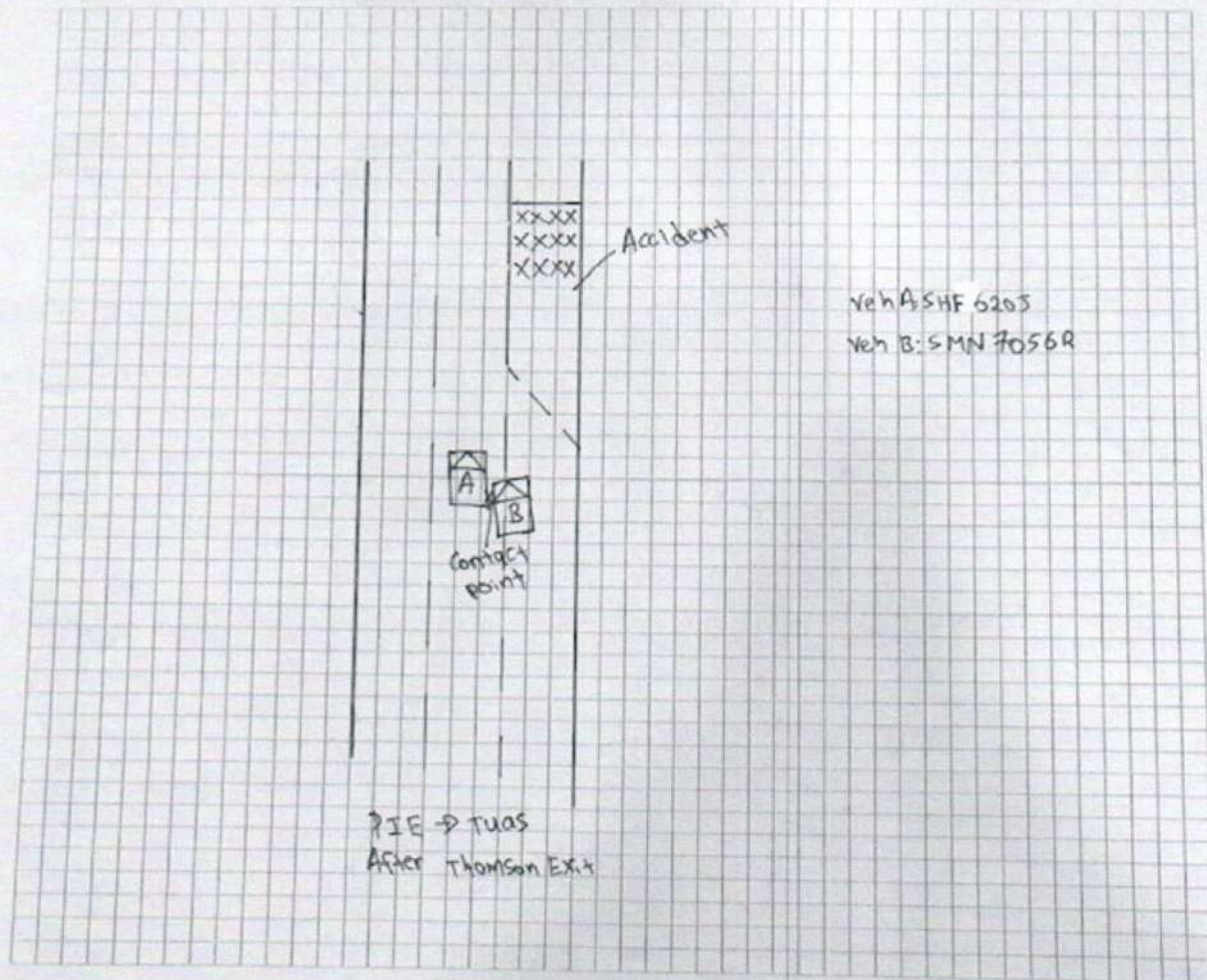
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Ang Qi Hao, Victor

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
ANG QI HAO, VICTOR

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

Not Authored
Resurvey BQ paint

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

SHF620J

AAD2306-105

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

27 JUN 2023

SHF620J

JTDKB3FUX03093588

200303878K

TOYOTA

PRIUS GEN 4

26/5/2023

SMN7056R/TOKIO

28/1/2021

PART

- 1 COVER, REAR BUMPER
- 1 GUARD, REAR BUMPER, CENTER
- 1 REFLECTOR ASSY, REFLEX, RH
- 1 SEAL, REAR BUMPER SIDE, RH
- 1 REAR BUMPER SIDE RETAINER RH
- 1 COVER, FLOOR UNDER, RH
- 1 COVER, REAR FLOOR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 LENS & BODY, REAR COMBINATION LAMP, RH
- 1 LENS & BODY, REAR COMBINATION LAMP, NO.2 RH
- 1 COVER, REAR COMBINATION LAMP, RH
- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 LINER, REAR WHEEL HOUSE, RH
- 1 CAP, WHEEL
- 1 RIM

LIST

\$	K Bz	612.68	X
\$	Ln Bz	472.19	X
\$	Ln	49.25	X
\$	Ln	149.21	X
\$	Ln	167.48	X
\$	Ln	220.50	X
\$	Ln	290.43	X
\$	Ln	159.39	X
\$	K Bz	824.46	X
\$	Ln	428.19	X
\$	Ln	329.49	X
\$	Ln	88.41	X
\$	K	1,099.46	X
\$	Ln	176.09	X
\$	Ln	266.91	X
\$	Ln	1,995.11	X
TOTAL		\$ 7,329.25	
25%	\$	1,832.31	
	\$	5,496.94	

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
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING

\$	Ln	700.00	}
\$	Ln	65.00	
\$	Ln	65.00	
\$	Ln	65.00	
\$	Ln	60.00	
\$	Ln	180.00	
\$	Ln	150.00	
\$	Ln	200.00	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

SHF620J**AAD2306-105**

1 WINDSCREEN INNER SPONGE SEAL

	\$	<i>nn</i>	130.00	X
TOTAL	\$		1,615.00	
TOTAL PARTS	\$		7,111.94	

LABOUR

To rust-proofing of the affected areas.

\$ *nn* 600.00 X

Putty and spray painting of the affected portion.

\$ 1,200.00 *22q*

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

\$ 2,000.00 *8q*

To transfer of tailgate fittings and conduct water seepage test.

\$ *nn* 170.00 X

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

\$ *h* 380.00 X

To transfer of tailgate fittings and conduct water seepage test.

\$ *h* 170.00 X

To reinstall rear bumper parking sensor.

\$ *h* 170.00 X

To check steering geometry and computer wheel alignment

\$ *h* 220.00 X

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

\$ *h* 170.00 XTOTAL \$ **5,080.00**OVERALL TOTAL \$ **12,191.94**

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:

1 day