

TRANS-CAB AUTO SERVICES PTE LTD**AAD1711-241**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHC5903B -

3	1	TOW COVER FRT	\$	<i>Sm</i> 14.50 X
4	1	CAP HUB LH FRT	\$	<i>Sm</i> 35.00 X
5	1	RIM LH FRT	\$	<i>Sm</i> 385.00 X
6	1	TYRE LH FRT	\$	<i>Sm</i> 330.00 X
7	1SET	BUMPER SUPPORT FRT CLIP LH	\$	<i>nn</i> 9.80 X
8	1SET	BUMEPR RETAINER FRT CLIP LH	\$	<i>nn</i> 12.50 X
9	1	DOOR STICKER "Trans-cab"	\$	<i>nn</i> 80.00 X
10	1	DOOR STICKER "Classic"	\$	<i>nn</i> 30.00 X

TOTAL	\$	1,028.80
TOTAL PARTS	\$	16,191.21

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

\$ *300* 2,800.00

To Check Electrical Lighting Concerned.

\$ 170.00 *100*

Putty and spray painting of the affected portion.

\$ 3,000.00 *400*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 X

Towing Fees

\$ *nn* 120.00 X

To transfer of tire, rim and on wheel balancing.

\$ *nn* 170.00 X

To rust-proofing of the affected areas.

\$ 170.00 *300*

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

\$ *nn* 170.00 X

TOTAL	\$	6,820.00
Over All Total	\$	23,011.21

(PARTS BY PARTS) Repair Days**10 Days***2 days*

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 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 ability.
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 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 Report	21/11/2017 15:35
Date Of Accident	21/11/2017 14:25
Exact Location Of Accident	CHURCH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5903B
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	LIM PENG YAM
NRIC No	S1663612F
Date Of Birth	07/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	22/11/1984
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92708095
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 372 HOUGANG STREET 31 #06-41
Postcode	530372
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 21.11.2017 at about 1425hours, I was travelling straight on the second lane along Church Street when the traffic light turn green, I moved forward. Suddenly I felt an impact. Vehicle B (SKG479K) which was travelling on my left swerved into my lane and had hit onto my taxi's left side front portion.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG479K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JOHARI AMIT
NRIC/Passport Number	G5752907K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN


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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.

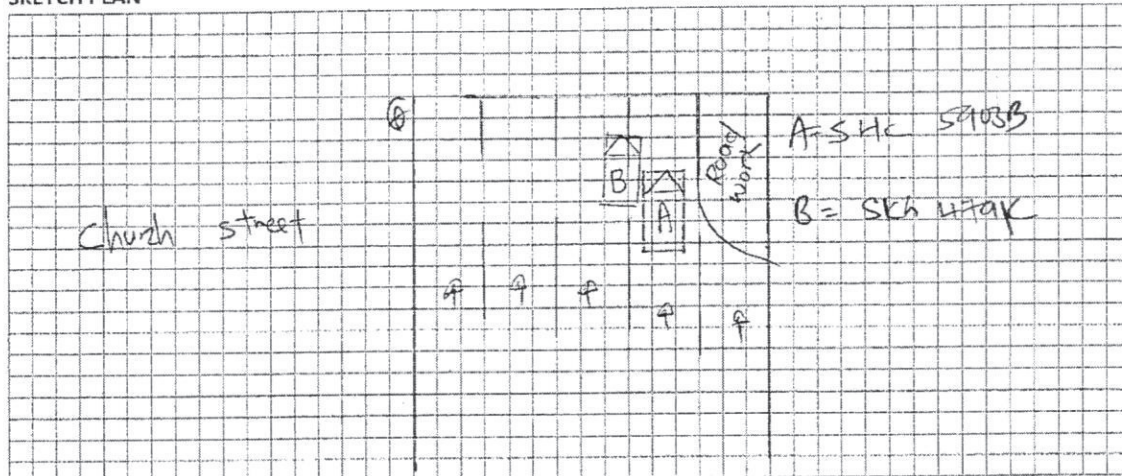
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS see attach G/A Report

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:

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHC5903B
Vehicle to be Exported	Yes
Intended De-registration Date	21 Nov 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2015
Engine No.	M9R8839C002622
Chassis No.	VF1ABL15AUC281409
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	23 Mar 2015
First Registration Date	23 Mar 2015
Transfer Count	0
Actual ARF Paid	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	22 Mar 2023
PARF Rebate Amount	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date	22 Mar 2023
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$51,092.00
COE Rebate Amount	\$34,078.00
Total Rebate Amount	\$43,451.00
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 21 Nov 2017