TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST63 SINGAPORE 569111 TEL NO. 6287 6666 FAX NO. 6257 1330 CO/GST REG NO. 201019626G

SHB7879E - AXA

Vehicle No.:SHB7879E - CANDYChassis No.:KL1LA69RJBB106590

Vehicle Make: CHEVROLET

Vehicle Model: CHEVROLET EPICA 2.0

Date of Accident: 16.02.2018

Third Party Insurer: AXA

		Third Party Insurer:		AXA	
		PART			LIST
1	1	Front Bumper		\$	1,202.00
2	1	Front Bumper Lower Absorber		\$	180.00
3	1	Front Bumper Reinforcement		\$	356.00
4	1	Front Bumper Retainer RH		\$	102.00
5	1	Front Bumper Retainer LH		\$	102.00
6	1	Front Bumper Lower Grille		\$	78.00
7	1	Front Bumper Lower Stiffener		\$	134.37
8	1	Bumper Fog Lamp Cover RH		\$	32.40
9	1	Front Headlamp RH		\$	816.00
10	1	Front Fender RH	•	\$	837.60
11	1	Front Fender Liner RH	,	\$	47.00
12	1	Windscreen Washer Tank - Filler Neck		\$	4.80
13	1	Windscreen Washer Tank		\$	62.00
14	1	Windscreen Washer Tank Motor		\$	51.00
15	1	Radiator Grille (Grille A-Rad)		\$	367.00
21	1	Radiator Assembly		\$.	618.00
22	1	Aircon Condenser		\$	600.00
23	1	Horn Unit (High Tone)		\$	53.46
24	1	Air Intercooler		\$	652.00
25	1	Front Door RH		\$	1,133.00
26	1	Front Side View Mirror RH		\$	939.00
		· · · · · · · · · · · · · · · · · · ·	TOTAL	\$	8,367.63
			10%	-\$	836.76
			•	\$	7,530.87

Specical Nett

1	1 Set Front Bumper Fastener Clip	\$ 30.00
2	1 Set Front Fender Liner Clip RH	\$ 30.00

TRANS-CAB AUTO SERVICES PTE LTD

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SHB7879E - AXA

3	1	Front Wheel Rim Hub Cap RH	\$ 166.30
4	1	Front Tyre RH	\$ 180.00
5	1	Front Tyre Rim RH	\$ 126.00
6	1	Door Sticker "Trans-cab" RH	\$ 80.00
		TOTAL	\$ 612.30
		TOTAL PARTS	\$ 8,143.17
		Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of	
		Parts, Adjust And Realign The Same	\$ 2,800.00
		To Rust-Proofing Of The Affected Areas.	\$ 220.00
		Putty and Spray Painting Of The Affected	
		Portion.	\$ 2,700.00
		To Check Electrical Lighting Concerned.	\$ 170.00
		To check steering geometry and computer wheel	
		alignment	\$ 220.00
		Towing Fees.	\$ 120.00
		To transfer of tire, rim and on wheel balancing.	\$ 170.00
		TOTAL	\$ 6,400.00
		Over All Total	\$ 14,543.17

REPAIR DAYS

10DAYS

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 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	19/02/2018 11:15
Date Of Accident	16/02/2018 14:30
Exact Location Of Accident	SENTOSA CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB7879E
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	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	• •
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	
Production of the Control of the Con	
Name of Driver	LECK KENG CHEW
NRIC No	S1361889E
Date Of Birth	09/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91800423
Fax Number	
Contact Number	
EMail Address	NOEMAII

NOEMAIL

Address

BLK 124C RIVERVALE DRIVE

#11-223

Postcode

543124

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - U-TURN

Weather Conditions

CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

nt? NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

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 16.02.2018 at about 1430hours, I was heading towards Sentosa Casino exit after picking up my passenger. Suddenly I felt an impact. Vehicle B (SHC5558P) hit onto my taxi's right 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_

SHC5558P

Vehicle Make/Model/Colour

TRANSCAB TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 11

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- (é) 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.

W. J.

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.:

GIARMIC SketchPlanForm_V3

Sketch Plan #2 Pg. 1

SKETCH PLAN		:
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DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	• •
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	HERMONIUM CONTRACTOR C	
DECLARATION		
DECLARATION I/We declare the foregoing particular	s are true in every respect.	
	whi -	Condy
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
GIARMC SketchPlanForm_V3	Date & Time:	NRIC/FIN No.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB7879E
Vehicle to be Exported:	Yes
Intended De-registration Date:	19 Feb 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1456962K
Chassis No.:	KL1LA69RJBB106590
Maximum Power Output:	·110.0 kW (147 bhp)
Open Market Value:	\$13,971.00
Original Registration Date:	31 Dec 2012
First Registration Date:	31 Dec 2012
Transfer Count:	0
Actual ARF Paid:	\$13,971.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Dec 2020
PARF Rebate Amount:	\$9,779.00
Intended COE Rebate Details	

COE Expiry Date:	30 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$56,733.00
COE Rebate Amount:	\$20,302.00
Total Rebate Amount:	\$30,081.00
Message	
	this vehicle cannot be further renewed. The vehicle must be hen the vehicle reaches its statutory lifespan (if applicable),

The information contained herein is correct as at 19 Feb 2018

OK