

TRANS-CAB AUTO SERVICES PTE LTD

AAD1802-179

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB5944H -

Vehicle No.:	SHC5944H - JASMINE
Chassis No.:	VF1ABL15AUC281463
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	15.02.2018
Third Party Insurer :	AXA

PART			LIST	
1	1	BUMPER COVER FRT	\$	1,259.42
2	1	BUMPER SPOILER FRT	\$	181.75
3	1	BUMPER FOG LAMP GRILLE RH	\$	207.22
4	1	BUMPER RETAINER FRT RH	\$	151.41
5	1	BUMPER RETAINER FRT RH	\$	151.41
6	1	BUMPER SUPPORT FRT RH	\$	123.88
7	1	BUMPER BEAM FRT	\$	914.08
8	1	RADAITOR GRILLE	\$	1,707.78
9	1	RADAITOR GRILLE BADGE 'RENAULT'	\$	225.36
10	1	RADAITOR GRILLE FRAME	\$	1,353.75
11	1	FRAME FULL SUPPORT PANEL	\$	615.90
12	1	FRAME FULL SUPPORT BRACKET	\$	89.79
13	1	BONNET	\$	1,941.63
14	1	HEADLAMP RH	\$	1,184.43
15	1	HEADLAMP PANEL FRT RH	\$	152.15
16	1	FENDER PANEL FRT RH	\$	783.83
17	1	FENDER INSULATOR RH	\$	130.84
18	1	WHEEL HOUSING PANEL FRT RH	\$	4,682.09
19	1	WHEELARCH FRT RH	\$	278.84
20	1	LOWER ARM FRT RH	\$	685.76
21	1	KUNCKLE ARM FRT RH	\$	846.98
22	1	ABSORBER FRT RH	\$	360.54
23	1	DOOR MIRROR RH	\$	1,483.40
24	1	DOOR MIRROR GLASS RH	\$	148.20
25	1	DOOR MIRROR BACK COVER RH	\$	218.46
26	1	DOOR PANEL FRT RH	\$	2,844.66
27	1	DOOR HINGE UPPER RH	\$	274.50
28	1	DOOR HINGE LOWER RH	\$	300.55

TOTAL	\$	23,298.61
10%	\$	2,329.86
	\$	20,968.75

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1	1SET	FRONT BUMPER CLIP	\$	66.00
2	1SET	WHEELARCH CLIP RH	\$	66.00
3	1	TOW COVER FRT	\$	14.50
4	1	CAP HUB RH FRT	\$	35.00
5	1	RIM RH FRT	\$	385.00
6	1	TYRE RH FRT	\$	330.00
7	1SET	BUMPER SUPPORT FRT CLIP RH	\$	9.80
8	1SET	BUMEPR RETAINER FRT CLIP RH	\$	12.50
9	1	DOOR STICKER "Trans-cab"	\$	80.00
10	1	DOOR STICKER "Classic"	\$	30.00

TOTAL	\$	1,028.80
TOTAL PARTS	\$	21,997.55

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

\$ 2,800.00

To Check Electrical Lighting Concerned.

\$ 170.00

Putty and spray painting of the affected portion.

\$ 3,000.00

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

To rust-proofing of the affected areas.

\$ 170.00

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

\$ 170.00

To dismantle and refit front end suspension, undercarriage parts, final checking and testing.

\$ 380.00

TOTAL	\$	7,200.00
Over All Total	\$	29,197.55

(PARTS BY PARTS) Repair Days**10 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 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	20/02/2018 10:06
Date Of Accident	15/02/2018 15:20
Exact Location Of Accident	BLK 538 JELAPANG ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5944H
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	LEE THIAN SZE
NRIC No	S0176045I
Date Of Birth	09/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96397661
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 109 SERANGOON NORTH AVENUE 1 #13-647
Postcode	550109
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

PLEASE SEE ATTACH SKETCH PLAN

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	SGE2007J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

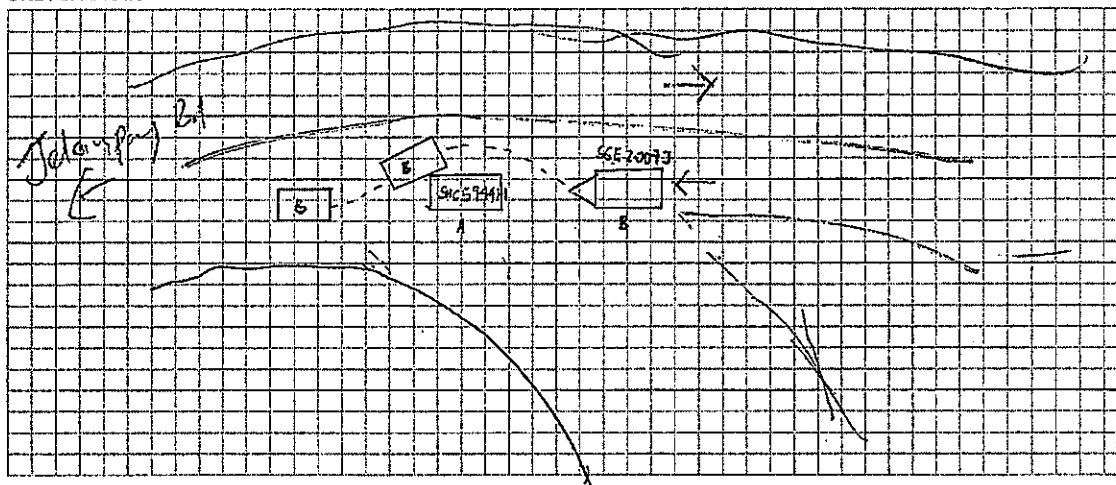
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19 FEB 2018

Reporting Centre Personnel's Signature
Name: JASMINE TAN SIEW KIM
NRIC/FIN No.: S74056361

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15.2.18 @ 1520hrs, I was traveling along the corridor of Blk 538 Jolepang Road after alighting the passenger. Suddenly I saloon car, SGE 2007J suddenly overtake me from behind and swerve into my lane and hit onto the front right portion of my taxi. There is no person on board of my taxi. There is 1 adult and 1 children on board of SGE 2007J. That's all.

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:

19 FEB 2018

Reporting Centre Personnel's Signature

Name:

JASMINE TAN SIEW KIM

NRIC/FIN No.:

S7405636I

Candy Kong

From: LTA <LTA-VTL@lta.gov.sg>
Sent: Tuesday, 20 February, 2018 1:12 PM
To: candy.kong@transcab.com.sg
Subject: Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-180220-001021



**Notification of Successful Vehicle Insurance Search
for Receipt No.: ITNET-00000-180220-001021**

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 20 Feb 2018 was successful and the Receipt No. is ITNET-00000-180220-001021.

2. The details of the search results are as follow:

Vehicle No.	Search Date	Search Time	Search Result
SLL2832Y	15 Feb 2018	00:35:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SGE2007J	15 Feb 2018	15:20:00	AXA INSURANCE PTE LTD
SJJ5912P	18 Feb 2018	17:40:00	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
FS9322R	15 Feb 2018	21:45:00	NTUC INCOME INS CO-OP LTD
SCM3012S	18 Feb 2018	09:30:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

3. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Please do not reply to this auto-generated e-mail. If you have any feedback, please go to www.lta.gov.sg/feedback. You can also visit www.onemotoring.com.sg for more information.
5. Thank you.

If you are not the intended recipient of this communication, please delete it.

As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5944H
Vehicle to be Exported:	Yes
Intended De-registration Date:	20 Feb 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002778
Chassis No.:	VF1ABL15AUC281463
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:	\$32,499.00
Total Rebate Amount:	\$41,872.00

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 20 Feb 2018

OK