

TRANS-CAB AUTO SERVICES PTE LTD**AAD1803-042**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD334X -

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHD334X - JHOW

VF1ABL15AUC282687

RENAULT

LATITUDE

05.03.2018

AXA**PART****LIST**

1	1	BUMPER COVER REAR	\$	1,108.46
2	1	BUMPER LOWER REAR	\$	768.84
3	1	BUMPER BRACKET CTR REAR	\$	113.47
4	1	BUMEPR BRACKET SIDE RH REAR	\$	135.97
5	1	BUMEPR RETAINER RH REAR	\$	44.99
6	1	BUMPER REFLECTOR RH	\$	43.61
7	1	BUMEPR BRACKET SIDE LH REAR	\$	135.97
8	1	BUMEPR RETAINER LH REAR	\$	44.99
9	1	ROCKER PANEL OUTER RH	\$	987.49
10	1	FENDER PANEL REAR RH	\$	3,299.13
11	1	FENDER PANEL INNER TRIM REAR	\$	671.45
12	1	WHEELARCH REAR RH	\$	543.47
13	1	TAILLAMP RH	\$	552.55
14	1	TAILLAMP PANEL RH	\$	986.70
15	1	EXHAUST REAR	\$	7,489.05
16	1	EXHAUST CAP REAR	\$	230.49
17	1	DOOR PANEL REAR RH	\$	2,844.66
18	1	DOOR GUIDE REAR RH	\$	176.82
19	1	DOOR HINGE UPPER RH	\$	274.50
20	1	DOOR HINGE LOWER RH	\$	300.55
21	1	DOOR CHECK REAR RH	\$	203.06
22	1	DOOR LOCK REAR RH	\$	908.75
23	1	DOOR GRAB HANDLE REAR RH	\$	210.96
24	1	DOOR HANDLE OUTER REAR RH	\$	126.49
25	1	DOOR HANDLE CAP REAR RH	\$	35.52
26	1	DOOR HANDLE SEAL REAR RH	\$	7.89
27	1	DOOR HANDLE COVER REAR RH	\$	13.22
28	1	DOOR HANDLE MODULE REAR RH	\$	133.60
29	1	DOOR FINISHER REAR RH	\$	423.10
30	1	DOOR WHEATHESTRIIP REAR RH	\$	410.66
31	1	DOOR SEAL REAR RH	\$	162.02
32	1	DOOR WAIST SEAL OUTER REAR RH	\$	334.69
33	1	DOOR MOULDING REAR RH	\$	176.82
34	1	DOOR PANEL FRT RH	\$	2,844.66

TRANS-CAB AUTO SERVICES PTE LTD**AAD1803-042**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD334X -

TOTAL	\$	26,744.60
10%	\$	2,674.46
	\$	24,070.14

Specical Nett

1	1SET	PARKING AID	\$	700.00
2	1SET	REAR BUMPER CLIP	\$	66.00
3	1SET	BUMPER BRACKET CTR CLIP	\$	33.00
4	1SET	BUMEPR BRACKET SIDE CLIP RH RR	\$	10.00
5	1SET	BUMEPR RETAINER RH CLIP RR	\$	20.00
6	1SET	BUMPER LOWER REAR RIVET	\$	22.00
7	1SET	BUMPER LOWER REAR CLIP	\$	66.00
8	1	EXHAUST MOUNTING REAR	\$	17.82
9	1	TAILLAMP CLIP RH	\$	5.00
10	1SET	WHEELARCH CLIP RR RH	\$	66.00
11	2	REAR WINDSCREEN SELANT	\$	80.00
12	1	WINDSCREEN MOULDING	\$	100.00
13	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00
14	1	CAP HUB RH RR	\$	35.00
15	1	RIM RH RR	\$	385.00
16	1	TYRE RH RR	\$	330.00
17	1	DOOR STICKER "Trans-cab"	\$	80.00
18	1	DOOR STICKER "Classic"	\$	30.00
19	1	DOOR STICKER "6555-3333"	\$	80.00

TOTAL	\$	2,225.82
TOTAL PARTS	\$	26,295.96

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00
To reinstall rear bumper parking sensor.	\$	170.00
To Rust-Proofing Of The Affected Areas.	\$	170.00
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,800.00
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00

TRANS-CAB AUTO SERVICES PTE LTD**AAD1803-042**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD334X -

To repair and realign rear exhaust pipe.	\$	170.00
Towing Fees	\$	120.00
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	380.00
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00
To check steering geometry and computer wheel alignment	\$	220.00
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00
To transfer of tire, rim and on wheel balancing.	\$	170.00

TOTAL	\$	7,710.00
Over All Total	\$	34,005.96

(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	06/03/2018 10:27
Date Of Accident	05/03/2018 18:55
Exact Location Of Accident	CTE TOWARDS CITY AFTER BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD334X
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-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 DCI AUTO D/AB 4DR (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	CHENG KIM JOON
NRIC No	S0241817G
Date Of Birth	11/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1972
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98875234
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 829 YISHUN STREET 81 #08-510
Postcode	760829
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T/20180305/2177

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	FBG951U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	USMAN BIN SUHAIMY
NRIC/Passport Number	S9142826A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name USMAN BIN SUHAIMY

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBG951U

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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 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.

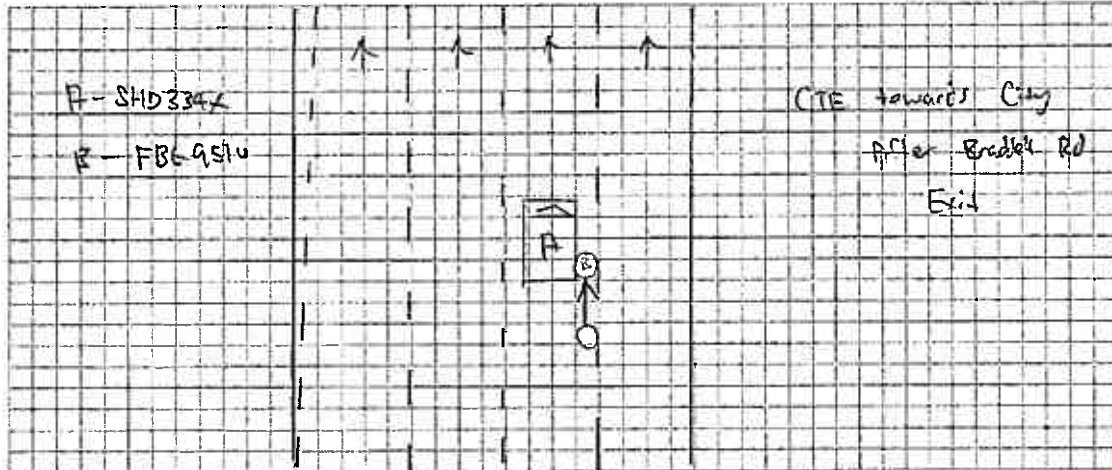
Policyholder's Signature
Date & Time:

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

- please refer to police 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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180305/2177

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20180305/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2018 23:07		Vide Report No.: E/20180305/0134		Station Diary No.: 135	
Name of Informant: CHENG KIM JOON					
Address: 588 YIO CHU KANG ROAD #08-01 SINGAPORE 787072					
ID Type / ID No.: NRIC NO / S0241817G			Contact No.: Home/Office: Mobile: 98875234		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 11/02/1951	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/03/2018 18:55	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY towards City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicles Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBG951U	Motorcycle					0
SHD334X	Taxi				Slightly Damaged	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180305/2177

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20180305/2177

CONTINUATION OF REPORT

Rider			
Name	USMAN BIN SUHAIMY	ID No.	S9142826A
Related Vehicle	FBG951U (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHENG KIM JOON	ID No.	S0241817G
Related Vehicle	SHD334X (Taxi)	Contact No.	98875234
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 05/03/2018 at about 1855hrs, I was travelling along CTE towards City. I was on the second lane. Suddenly, I heard a bang from my rear vehicle. I checked on my side mirror, I discovered one rider of vehicle FBG951U, had fell on the road. I then stopped my vehicle at the road shoulder.

The rider was having some abrasion on his hand and leg. I discovered that my right rear passenger door had a slight dent. Traffic police and ambulance were also at scene. The rider was then conveyed by the ambulance. The traffic police officer gave me the incident number of E/20180305/0134, IO Tan Chin Yong.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180305/2177

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20180305/2177

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /
Sgt 2 SUHAIRI BIN SUIB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367 SN 085

Authentication Stamp
Intra Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
05/03/2018 23:07

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD334X
Vehicle to be Exported:	Yes
Intended De-registration Date:	07 Mar 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003065
Chassis No.:	VF1ABL15AUC282687
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	04 Mar 2016
First Registration Date:	04 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2024
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	

