

**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

**SHC5633E****AAD1803-068**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

**SHC5633E - JHOW**

VF1ABL15AUC280327

RENAULT

LATITUDE

06.03.2018

**AXA**

		<b>PART</b>			<b>LIST</b>
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	BUMPER REFLECTOR LH	\$		43.61
10	1	BUMPER BEAM REAR	\$		777.52
11	1	BUMPER BEAM BRACKET LH REAR	\$		225.95
12	1	BUMPER BEAM BRACKET RH REAR	\$		225.95
13	1	BOOT REAR	\$		2,872.68
14	1	BOOT FINISHER	\$		470.06
15	1	BOOT WHEATERSTRIP	\$		323.05
16	1	BOOT REFLECTOR LAMP LH	\$		493.35
17	1	BOOT REFLECTOR LAMP RH	\$		493.35
18	1	BOOT BADGE 'RENAULT'	\$		225.36
19	1	BOOT BADGE	\$		225.36
20	1	BOOT STRUT LH	\$		276.08
21	1	BOOT STRUT RH	\$		276.08
22	1	BOOT HINGE LH	\$		367.84
23	1	BOOT HINGE RH	\$		367.84
24	1	BOOT INNER TRIM	\$		586.45
25	1	BOOT SWITCH	\$		168.13
26	1	BOOT LOCK	\$		202.67
27	1	BOOT LOCK CATCH	\$		74.40
28	2	LICENCE PLATE LAMP	\$		50.52
29	2	BOOT RUBBER PLUG	\$		221.81
30	1	FENDER PANEL REAR LH	\$		3,299.13
31	1	WHEELARCH REAR LH	\$		543.47
32	1	FENDER PANEL REAR RH	\$		3,299.13
33	1	WHEELARCH REAR RH	\$		543.47
34	1	TAILLAMP RH	\$		552.55

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35	1	TAILLAMP PANEL RH	\$	986.70
36	1	TAILLAMP LH	\$	552.55
37	1	TAILLAMP PANEL LH	\$	986.70
38	1	OUTER PANEL REAR (End Panel)	\$	1,471.77
39	1	OUTER PANEL REAR (End Panel)TRIM	\$	404.56
40	1	EXHAUST REAR	\$	7,489.05
41	1	EXHAUST CAP REAR	\$	230.49

<b>TOTAL</b>	<b>\$</b>	<b>31,723.96</b>
<b>10%</b>	<b>\$</b>	<b>3,172.40</b>
	<b>\$</b>	<b>28,551.56</b>

**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	BUMEPR BRACKET SIDE CLIP LH RR	\$	10.00
7	1SET	BUMEPR RETAINER CLIP LH RR	\$	20.00
8	1SET	BUMPER LOWER REAR RIVET	\$	22.00
9	1SET	BUMPER LOWER REAR CLIP	\$	66.00
10	1	EXHAUST MOUNTING REAR	\$	17.82
11	1SET	BOOT FINISHER CLIP	\$	24.20
12	1	BOOT STICKER "Trans-cab"	\$	30.00
13	1	BOOT STICKER "6555-3333"	\$	30.00
14	1SET	FENDER WHEELARCH REAR RH CLIP	\$	35.00
15	1SET	FENDER WHEELARCH REAR LH CLIP	\$	35.00
16	1	TAILLAMP CLIP RH	\$	5.00
17	1	TAILLAMP CLIP LH	\$	5.00
18	2	REAR WINDSCREEN SELANT	\$	80.00
19	1	WINDSCREEN MOULDING	\$	100.00
20	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00
21	1	SPARE TYRE RIM (ROUE 7J 16H 2547)	\$	385.00
22	1	SPARE TYRE	\$	330.00

<b>TOTAL</b>	<b>\$</b>	<b>2,124.02</b>
<b>TOTAL PARTS</b>	<b>\$</b>	<b>30,675.58</b>

Putty And Spray Painting Of The Affected Portion.

\$ 3,000.00

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**SHC5633E****AAD1803-068**

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.	\$	170.00
To reinstall rear bumper parking sensor.	\$	170.00
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00
To repair and realign rear exhaust pipe.	\$	170.00
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	380.00
Towing Fees	\$	120.00
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00
To check steering geometry and computer wheel alignment	\$	220.00

<b>TOTAL</b>	<b>\$</b>	<b>7,710.00</b>
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<b>Over All Total</b>	<b>\$</b>	<b>38,385.58</b>
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**(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	08/03/2018 09:53
Date Of Accident	06/03/2018 13:45
Exact Location Of Accident	SPRING STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5633E
<b>Insured/Policyholder</b>	
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	SIM YU CHOO ZOE
NRIC No	S0207867H
Date Of Birth	23/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1975
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98231101
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 601 HOUGANG AVE 4 #09-121
Postcode	530601
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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
Passenger 1	NAME: : YEE WAI LING GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 103 BUKIT BATOK CENTRAL , POSTCODE: 650103 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5639999 - FAX NO: 66655794
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT : T/20180307/2147

#### 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 Witness 1

Name	YEE WAI LING
Phone Number	96335559
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH5070D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number 93394244  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SIM YU CHOO ZOE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC5633E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name YEE WAI LING  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC5633E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
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

A - SIV 5633E  
B - SJH 5070D

Spring street

**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:

**Date & Time:**

Reporting Centre Personnel's Signature

**Name:**

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180307/2147

Police Station Of Origin:  
Bukit Batok NPP  
103 Bukit Batok Central #01-00 SINGAPORE  
650103  
Tel No: 1800-5639999

3 of 3


Report No. T/20180307/2147

## 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.

 <p>Signed By Officer Recording The Report: J Sgt <b>ANWAR BIN MOOR ADZAN</b> <b>Singapore Police Force</b></p>	<p>Signature Of Informant:</p> <p>Date/Time: 07/03/2018 17:43</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Classification Of Case:</p>
<p>Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179</p>	

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**



T/20180307/2147

1 of 3

Police Station Of Origin:  
Bukit Batok NPP  
103 Bukit Batok Central #01-00 SINGAPORE  
650103  
Tel No: 1800-5639999

Report No. T/20180307/2147

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/03/2018 17:43	Vide Report No.:	Station Diary No.: 51
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**Informant's Particulars**

Name of Informant: SIM YU CHOO			Address: APT BLK 508 JELAPANG ROAD #05-98 SINGAPORE 670508		
ID Type / ID No.: NRIC NO / S0207867H			Contact No.: Home/Office: Mobile: 98231101		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 64	Date of Birth: 23/01/1954	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 Others	Drink Drive: No	Date/Time of Accident: 06/03/2018 13:45	Type of Location: Car Park
Location: Along Road 1 SPRING STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between stationary and moving vehicle - Rear to rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC5633E	Car				Slightly Damaged	1
SJH5070D	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180307/2147

2 of 3

Police Station Of Origin:  
Bukit Batok NPP  
103 Bukit Batok Central #01-00 SINGAPORE  
650103  
Tel No: 1800-5639999

Report No. T/20180307/2147

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SIM YU CHOO	ID No.	S0207867H
Related Vehicle	SHC5633E (Car)	Contact No.	98231101
Hospital/Clinic	NORTHEAST MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/03/2018	Date Discharge	07/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Yee Wai Ling	ID No.	S1116850G
Related Vehicle	SHC5633E (Car)	Contact No.	96335559
Hospital/Clinic	NORTHEAST MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/03/2018	Date Discharge	07/03/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 06/03/2018 at around 1345hrs, I was at the carpark of Spring street. My vehicle was parked and it was in stationary position. I had a passenger with me at that time. The passenger's details: Yee Wai Ling NRIC: S1116850G HP: 96335559. While my taxi was in a stationary position, I suddenly felt an impact from the rear of my vehicle. A white colored car, plate number: SJH5070D, had hit me from the rear. Both of us went out of the vehicle to assess the damages. The damage on my vehicle are: Dents on rear bumper and left part of boot. As far as I can tell, there were no damages on the vehicle that collided onto my rear. I suffered injuries to my neck area. As for my passenger, she suffered injuries to her back. I do not have an in vehicle camera. No traffic police or ambulance came to scene. I do not have the particulars of the other driver. The only detail I have is his phone number: 93394244.

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5633E
Vehicle to be Exported:	Yes
Intended De-registration Date:	08 Mar 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002236
Chassis No.:	VF1ABL15AUC280327
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	19 Nov 2014
First Registration Date:	19 Nov 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Nov 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	

COE Expiry Date:	18 Nov 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,337.00
COE Rebate Amount:	\$30,124.00
<b>Total Rebate Amount:</b>	<b>\$39,497.00</b>
<b>Message</b>	
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 08 Mar 2018

OK