

Trans-cab Auto Services Pte Ltd**AAD1804-152**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9678E

Vehicle No.:	SHB 9678E
Chassis No.:	KL1LA69RJBB121918
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0
Date of Accident :	15.4.2018
Third Party Insurer :	

PART			LIST	
1	1	Rear Bumper	\$	1,202.00
2	1	Rear Bumper Beam	\$	239.94
3	1	Rear Bumper Centre Absorber	\$	260.00
4	1	Rear Bumper Side Retainer RH	\$	68.76
5	1	Rear Bumper Side Retainer LH	\$	68.76
6	1	Rear Bumper Reflectors RH	\$	119.74
7	1	Rear Bumper Reflectors LH	\$	119.74
8	1	Rear Bumper Tow Hook Cover	\$	93.00
9	1	Rear End Panel Outer	\$	623.76
10	1	Rear End Panel Inner Trim	\$	263.84
11	1	Rear Luggage Floor Panel	\$	973.00
12	1	Rear Luggage Floor Panel Insulator	\$	63.50
13	1	Rear Luggage Floor Panel Trim Board	\$	378.00
14	1	Bootlid	\$	973.00
15	1	Bootlid inner trim board	\$	400.00
16	1	Bootlid Weatherstrip	\$	344.28
17	1	Bootlid Lock - Top	\$	466.56
18	1	Bootlid 'CHEVROLET' Badge	\$	120.62
19	1	Bootlid Logo	\$	138.84
20	1	Bootlid 'EPICA LT' Badge	\$	119.84
21	1	Bootlid Reflector Centre	\$	217.97
22	1	Bootlid Reflector RH	\$	128.40
23	1	Bootlid Reflector LH	\$	128.40
24	1	Rear Tail Lamp RH	\$	479.30
25	1	Rear Tail Lamp LH	\$	479.30
26	1	Rear Exhaust Box (Muffler A-EXH,RR)	\$	1,110.00
27	1	Rear Fender RH	\$	1,145.00
28	1	Rear Fender Inner Trim RH	\$	418.44
29	1	Rear Fender LH	\$	1,145.00

Trans-cab Auto Services Pte Ltd**AAD1804-152**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9678E

30	1	Rear Fender Inner Trim LH	\$	418.44
----	---	---------------------------	----	--------

TOTAL	\$	12,707.43
--------------	-----------	------------------

10%	\$	1,270.74
------------	-----------	-----------------

\$	11,436.69
-----------	------------------

Special Nett

1	1Set	Bootlid inner trim board Clip	\$	40.00
2	1Set	Rear Bumper Parking Sensor	\$	300.00
3	1Set	Rear Bumper Fastener Clip	\$	44.00
4	1Set	Rear Fender Inner Trim Clip LH	\$	30.00
5	1Set	Rear Bumper End Dust Cover Clip	\$	30.00
6	1	Rear Boot Sticker 'Trans-cab'	\$	30.00
7	1	Rear Boot Sticker '6555-3333'	\$	30.00
8	1	Rear Exhaust Mounting	\$	10.00
9	2	Rear Windscreen Sealant	\$	80.00
10	1	Rear Windscreen Inner Sponge Seal	\$	100.00
11	1	Spare Tyre	\$	180.00
12	1	Spare Wheel Rim	\$	126.74

TOTAL	\$	1,000.74
--------------	-----------	-----------------

TOTAL PARTS	\$	12,437.43
--------------------	-----------	------------------

Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of
Parts, Adjust And Realign The Same

\$	3,500.00
----	----------

To Check Electrical Lighting Concerned.

\$	170.00
----	--------

To Rust-Proofing Of The Affected Areas.

\$	170.00
----	--------

Putty And Spray Painting Of The Affected
Portion.

\$	3,200.00
----	----------

To reinstall rear bumper parking sensor.

\$	170.00
----	--------

Trans-cab Auto Services Pte Ltd**AAD1804-152**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9678E

To transfer of end panel fittings and conduct water seepage test.	\$	170.00
---	----	--------

To transfer of boot fittings and conduct water seepage test.	\$	170.00
--	----	--------

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00
---	----	--------

To check steering geometry and computer wheel alignment	\$	220.00
---	----	--------

	\$	8,150.00
--	-----------	-----------------

TOTAL	\$	20,587.43
--------------	-----------	------------------

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	16/04/2018 18:41
Date Of Accident	15/04/2018 10:10
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9678E
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	CHEVROLET
Model	EPICA-2.0 DSL TURBO (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	GOH YOU CHYE
NRIC No	S6833536A
Date Of Birth	04/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1989
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96875336
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 786C WOODLANDS DRIVE 60 #08-75
Postcode	733786
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SJW1843M
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)	

DETAILS OF INJURED PERSON 1

Name	GOH YOU CHYE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB9678E
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/mailed 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: 16 APR 2018

Reporting Centre Personnel's Signature
Name: JASMINE TAN SIEW KIM
NRIC/FIN No.: S74066361

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

I/We declare the foregoing particulars are true in every respect.

GIARMC SketchPlanForm_V3

Date & Time:

Name: JASMINE TAN SIEW KIM
NRIC/FIN No.: S74056361

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180415/2057

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180415/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2018 16:12		Vide Report No.:		Station Diary No.: 21
Informants Particulars				
Name of Informant: GOH YOU CHYE		Address: APT BLK 786C WOODLANDS DRIVE 60 #08-75 SINGAPORE 733786		
ID Type / ID No.: NRIC NO / S6833536A		Contact No.: Home/Office: Mobile: 96875336		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 04/10/1968	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2018 10:10	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12 TOWARDS SLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SHB9678E	Car				Seriously Damaged	4
SJW1843M	Car					1

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

POLICE REPORT Pg. 1



POLICE FORCE

T/20180415/2057

Police Station Of Origin:
 Tampines North NPP
 461 Tampines Street 44 #01-56 SINGAPORE
 520461
 Tel No: 1800-7818999

2 of 3

Report No. T/20180415/2057

CONTINUATION OF REPORT

Driver			
Name	GOH YOU CHYE		ID No. S6833536A
Related Vehicle	SHB9678E (Car)		Contact No. 96875336
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	15/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/04/2018 at about 1010hr, I was driving my vehicle SHB9678E along Woodlands Ave 12 towards SLE on the second lane. As I was approaching the junction Woodlands Ave 12 and Woodlands Ave 1, the traffic light was amber thus I applied the brake to stop. As my vehicle had stop, a vehicle collided into my rear. I made check with my passenger, a family of four and they informed that they do not require any medical assistance at that point of time. I then exited my vehicle and discovered that a vehicle bearing SJW1843 had collided into the rear of my vehicle. Due to the collision, my vehicle has a dent at the rear bumper and the boot is unable to function properly. The exhaust pipe to my vehicle is loose and wobbles due to the collision. I also took photos of the damages and exchange particulars with the other driver.

I wish to state that I have a in car camera in my vehicle. I went to the clinic today and received 3 days of MC. That is all.



**SINGAPORE
POLICE FORCE**



T/20180415/2057

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20180415/2057

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:

G /

Sgt 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/04/2018 16:12

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp

NP168

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB9678E
Vehicle to be Exported:	Yes
Intended De-registration Date:	17 Apr 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2012
Engine No.:	Z20S1458464K
Chassis No.:	KL1LA69RJBB121918
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,195.00
Original Registration Date:	02 May 2013
First Registration Date:	02 May 2013
Transfer Count:	0
Actual ARF Paid:	\$14,195.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 May 2021
PARF Rebate Amount:	\$10,646.00
Intended COE Rebate Details	
COE Expiry Date:	01 May 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$57,045.00
COE Rebate Amount:	\$21,668.00
Total Rebate Amount:	\$32,314.00
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 17 Apr 2018

OK