Trans-cab Auto Services Pte Ltd

AAD1810-236

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 66U

29

1 BOOT HINGE RH

Vehicle No.: SHD 66U

Chassis No.: VF1ABL15AUC282726

Vehicle Make:RENAULTVehicle Model:LATITUDEDate of Accident:20.10.18Third Party Insurer:ECICS

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 BUMPER BRACKET SIDE RH REAR 135.97 \$ 5 1 BUMPER RETAINER RH RFAR 44.99 6 \$ 1 BUMPER REFLECTOR RH 43.61 \$ 7 1 BUMPER BRACKET SIDE LH REAR 135.97 8 1 BUMPER 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 OUTER PANEL REAR (End Panel) \$ 1,471.77 \$ 14 1 OUTER PANEL REAR (End Panel)TRIM 404.56 \$ 15 1 TAILLAMP RH 552.55 \$ 16 1 TAILLAMP PANEL RH 986.70 \$ 17 1 TAILLAMP LH 552.55 18 1 TAILLAMP PANEL LH \$ 986.70 19 \$ 1 BOOT REAR 2.872.68 20 1 BOOT FINISHER \$ 470.06 \$ 21 1 BOOT WHEATERSTRIP 323.05 22 \$ 1 BOOT REFLECTOR LAMP LH 493.35 23 1 BOOT REFLECTOR LAMP RH \$ 493.35 \$ 24 1 BOOT BADGE 'RENAULT' 225.36 \$ 25 1 BOOT BADGE 225.36 \$ 26 1 BOOT STRUT LH 276.08 27 \$ 1 BOOT STRUT RH 276.08 \$ 28 1 BOOT HINGE LH 367.84

\$

367.84

rans-cab Auto Services Pte Ltd o. 2 Ang Mo Kio Street 63 Singapore 569111		AAD1810-230
el No. : 6287 6666 Fax No. : 6257 1330		
D./GST Reg. No. 201019626G		
HD 66U		
30 1 BOOT INNER TRIM	\$	586.45
31 1 BOOT SWITCH	\$	168.13
32 1 BOOT LOCK	\$	202.67
33 1 BOOT LOCK CATCH	\$	74.40
TOTA	L \$	16,046.87
10	% \$	1,604.69
	\$	14,442.19
Special Nett		
1 1SET PARKING AID	\$	700.00
2 1SET REAR BUMPER CLIP	\$	66.00
3 1SET BUMPER BRACKET CTR CLIP	\$	33.00
4 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	10.00
5 1SET BUMPER RETAINER RH CLIP RR	\$	20.00
6 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	10.00
7 1SET BUMPER RETAINER CLIP LH RR	\$	20.00
8 1SET BUMPER LOWER REAR RIVET	\$	22.00
9 1SET BUMPER LOWER REAR CLIP	\$	66.00
10 1 BOOT STICKER "Trans-cab"	\$	80.00
11 1 BOOT STICKER "6555-3333"	\$	80.00
12 1 EXHAUST MOUNTING REAR	\$	17.82
13 2 REAR WINDSCREEN SEALANT	\$	80.00
14 1 WINDSCREEN MOULDING	\$	100.00
15 1 REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00
ТОТА	L \$	1,404.82
TOTAL PART	s <u>\$</u>	15,847.01
LABOUR		
Putty And Spray Painting Of The Affected Portion.	\$	3,000.00
Panel Beating, Knocking And Straightening The	τ	2,300.00
Necessary Portion, Remove And Renewal Of Parts,		
Adjust And Realign The Same	\$	3,000.00

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SHD 66U

To transfer of tire, rim and on wheel balancing.	\$ 170.00
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$ 380.00
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 windscreen fittings and conduct water seepage test.	\$ 170.00
To check steering geometry and computer wheel alignment	\$ 220.00
TOTAL	\$ 7,960.00
Over All Total	\$ 23,807.01
PART BY PART (REPAIR DAY)	10 DAYS

MTCS18136622 Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 22/10/2018 11:27 SUBMITTED BY: Kek ZheWei

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number **Contact Number** EMail Address

Gender

- 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 witholding 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. 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.

	ACCIDENT STATEMENT
Date Of Report	22/10/2018 11:27
Date Of Accident	20/10/2018 00:30
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD66U
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 D DCI (A)
Exact Purpose for which vehicle was being used ime of accident	at HIRE AND REWARD
Are you claiming under your own insurance polic for repair to your vehicle?	cy NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	TAXI
nsurance 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	LIM KOH EE
NRIC No	S1560696G
Date Of Birth	23/01/1962
Occupation	OUTDOOR

27/09/1983

MALE

NOEMAIL

35 YEARS AND 0 MONTHS

(LOCAL) +65-81686629

BLK 107 JALAN BUKIT MERAH Address

#10-1814

160107 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

CENTRAL POLICE DIVISIONAL HQ (A DIVISION) Police Station Name

NO

NO

1

YES

NO

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT Police Station Address COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

TEL NO: 1800-2240000 - FAX NO: 62200877 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLR9194C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

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.
- 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>.
- 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.
- 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)

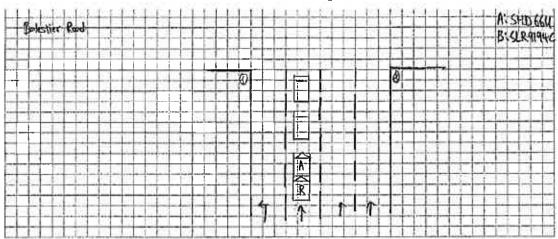
I understand, acknowledge, agree and consent that:

- (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



	Refer to Police Report
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DECLARATION

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Zhavei

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3



A/20181020/7013

1 of 1

Report No. A/20181020/7013

POLICE REPORT (NP299)

Police Station Of Origin Central Police Divisional HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made	Vide Report No.		Station Diary No	
20/10/2018 15:40				
Name Of Informant	Address			
LIM KOH EE	APT BLI	APT BLK 107 JALAN BUKIT MERAH #10-1814		
	SINGAF	ORE 1601	07	
ID Type / ID No.	Contact	No.		
NRIC NO / S1560696G	Home/Office:		Mobile:	
			81686629	
Nationality	Email Address			
SINGAPORE CITIZEN	limkohee62@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Taxi driver	Male	56	23/01/1962	Chinese
Institution/School Name	Language			
	English			
Date/Time Of Incident	Location Of Incident			
20/10/2018 00:30	BALESTIER ROAD			

Brief details.

On the above mentioned date and time, I was travelling in my vehicle SHD66U along Balestier Road towards Lavender St. The vehicles in front came to a stop and I followed suit. Suddenly I felt an impact from the back. I alighted from my vehicle and realised that SLR9194C had collided into the back of my vehicle. Traffic Police was at scene and the driver of SLR9194C was brought back to the police station. I was given an incident number A/20181020/0008 by the officers at scene. TPIO in charge is Jackson Mu, 65476225.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2018 15:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	· · · · · · · · · · · · · · · · · · ·

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD66U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Oct 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003033
Chassis No.:	VF1ABL15AUC282726
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	22 Mar 2016
First Registration Date:	22 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2024
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	21 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$26,801.00
Total Rebate Amount: Message	\$41,799.00

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 22 Oct 2018

OK