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

CO./GST Reg. No. 201019626G

SHD 464D

Vehicle No.: SHD 464D

Chassis No.: VF1ABL15AUC283247

Vehicle Make:RENAULTVehicle Model:LATITUDEDate of Accident:23.1.2019

Third Party Insurer:

	Tilliu Farty ilisurei .	•••	
	Date of Registration :	7/8/2017	
	PART		LIST
1	DOOR PANEL REAR LH	\$	2,844.66
1	DOOR GUIDE REAR LH	\$	176.82
1	DOOR HINGE UPPER LH	\$	274.50
1	DOOR HINGE LOWER LH	\$	300.55
1	DOOR CHECK REAR LH	\$	203.06
1	DOOR LOCK REAR LH	\$	908.75
1	DOOR HANDLE OUTER REAR LH	\$	126.49
1	DOOR HANDLE CAP REAR LH	\$	35.52
1	DOOR HANDLE SEAL REAR LH	\$	7.89
1	DOOR HANDLE COVER REAR LH	\$	13.22
1	DOOR HANDLE MODULE REAR LH	\$	133.60
1	DOOR REGULATOR REAR LH	\$	1,135.10
1	DOOR REGUALTOR MOTOR REAR LH	\$	893.75
1	DOOR REGULATOR NUT REAR LH	\$	12.43
1	DOOR REGUALTOR MOTOR SCREW REAR L70Y	\$	6.31
1	DOOR FINISHER REAR LH	\$	423.10
1	DOOR MOULDING REAR LH	\$	176.82
1	DOOR MOULDING CLIP L70Y	\$	5.92
1	DOOR MOULDING SCREW L70Y	\$	6.91
1	DOOR CASING REAR LH	\$	1,509.06
1	DOOR WATER SHIELD REAR LH	\$	30.39
1	DOOR CASING CLIP	\$	12.63
1	DOOR CASING LIGHT L70Y	\$	48.74
1	DOOR FINISHER INNER REAR LH	\$	323.44
1	DOOR FINISHER BRACKET INNER REAR LH	\$	46.97
1	DOOR FINISHER BRACKET INNER REAR LH	\$	20.33
1	DOOR FINISHER BRACKET INNER REAR LH	\$	20.33
1	DOOR FINISHER BRACKET INNER REAR LH	\$	20.33
1	DOOR GRAB HANDLE REAR LH	\$	210.96
1	DOOR BLIND REAR LH	\$	741.80
1	DOOR WHEATHESTRIP REAR LH	\$	410.66

Trans-cab Auto Services Pte Ltd			AAD1901-227
No. 2 Ang Mo Kio Street 63 Singapore 569111			
Tel No. : 6287 6666 Fax No. : 6257 1330			
CO./GST Reg. No. 201019626G			
SHD 464D			
1 DOOR SEAL REAR LH	9	\$	162.02
1 DOOR GLASS RUNNER SEAL REAR LH		\$	229.31
1 DOOR WAIST SEAL OUTER REAR LH		• \$	334.69
1 DOOR WAIST SEAL INNER REAR LH		\$ \$	115.64
1 FENDER PANEL REAR LH		\$	3,299.13
1 FENDER PANEL INNER TRIM REAR		\$	671.45
1 WHEELARCH REAR LH		\$	543.47
1 BUMPER COVER REAR		\$	1,108.46
1 BUMPER LOWER REAR	9	\$	768.84
1 BUMPER BRACKET CTR REAR	9	\$	113.47
1 BUMEPR RETAINER LH REAR	5	\$	44.99
1 BUMPER BEAM REAR		\$	777.52
1 BUMPER BEAM BRACKET LH REAR	9	\$	225.95
1 DOOR MIRROR ASSY LH	:	\$	1,483.40
1 TAILLAMP LH	9	\$	552.55
1 ROCKER PANEL INNER GARNISH LH	:	\$	466.51
1 ROCKER PANEL INNER LH	:	\$	1,024.79
1 ROCKER PANEL CENTER LH	9	\$	990.25
	- :	\$	23,993.48
	10% _	\$	2,399.35
	<u>:</u>	\$	21,594.14
Specical Nett			
1 REAR DOOR STICKER '6555 3333'		\$	80.00
1 DOOR CHECK BOLT	:	\$	22.69
1 DOOR GUIDE SCREW	:	\$	10.85
1 DOOR HINGE BOLT	:	\$	10.85
1 DOOR HINGE NUT RH	:	\$	14.60
1 DOOR CHECK BOLT	:	\$	22.69
1 DOOR CHECK NUT	:	\$	3.75
1 DOOR LOCK SCREW L70Y	:	\$	6.12
1 DOOR CATCH SCREW L70Y	;	\$	10.06
	TOTAL _	\$	181.63
	TOTAL PARTS	\$	21,775.77

Trans-cab Auto Services Pte Ltd

AAD1901-227

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

CO./GST Reg. No. 201019626G

SHD 464D

LABOUR

PART-BY-PART (REPAIR DAY)		15 DAYS
Over All Total	\$	29,605.77
TOTAL	\$	7,830.00
To Transfer Of Door Fittings, Attachments And Perform Water Seepage Test.	\$ =	170.00
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00
To Check Electrical Lighting Concerned.	\$	170.00
To transfer of tire, rim and on wheel balancing.	\$	170.00
To check steering geometry and computer wheel alignment	\$	220.00
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
Putty and spray painting of the affected portion.	\$	3,000.00
To apply paint protection system (PPS) maintain and enhancement	\$	380.00
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00

MTCS19011084 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 23/01/2019 14:07 SUBMITTED BY: Kek ZheWei

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 <u>truthful and accurate</u> 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.
- 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	23/01/2019 14:07
Date Of Accident	23/01/2019 11:50
Exact Location Of Accident	GARDEN BY THE BAY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SHD464D
nsured/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 at ime of accident	HIRE AND REWARD
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	TAXI
nsurance Company	
lame of Insurance Company	AXA INSURANCE PTE LTD
ype Of Coverage	THIRD PARTY
leet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Oriver Control of the	
lame of Driver	WEE BOON KOON

 NRIC No
 \$7700921C

 Date Of Birth
 13/01/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/09/1996

Driving Experience 22 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93692884

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 231 PASIR RIS DRIVE 4

#10-456

Postcode

510231

Was driver an employee of the Insured's Company

anv 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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

ON 23/01/2019 AT ABOUT 1150HRS, I WAS TRAVELLING STRAIGHT ON THE FIRST LANE AT GARDEN BY THE BAY. SUDDENLY VEHICLE B(PC848R) SWERVED INTO MY LANE WITHOUT ANY SIGNAL LIGHT AND COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC848R

Vehicle Make/Model/Colour

Details Of Properties

BUS

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>.
- 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.
- 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)

Lunderstand, 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, involces, 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:
 - 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		
		1 19: SHD 46&D
Gorden by the Bay.	┨╎╎╎╎╏╏╏╏╏╎ ┼┼┼┼┼┼┼┼┼┼	B.PC 848K
	Cor - oork	- - - - -
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16 三 46 三 46	(8)	
	4	
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
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		<u></u>
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	G .	,
	Reder to GIA Report.	
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ECLARATION		
We declare the foregoing particul	are are true in every respect	
vve decisie the foregoing particul	ars are a de arrevery respect.	
	" // /	
	Inda Ziewe	i
The decided of the control of the co		
olicyholder's Signature	Driver's Signature Reporting Centre Per	sonnei s signature
ate & Time:	(If driver is not the policyholder) Name:	

GIAR AC Sketch Float Arm 1/3

Date & Time:

Name: NRIC/FIN No.:

2

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	3878K
Vehicle No.:	SHD464D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Jan 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003131
Chassis No.:	VF1ABL15AUC283247
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	07 Aug 2017
First Registration Date:	07 Aug 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,998.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Aug 2025
PARF Rebate Amount: Intended COE Rebate Details	\$14,998.00
COE Expiry Date:	06 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$29,056.00
Total Rebate Amount: Message	\$44,054.00
Plance note that the R-year COE for this yehicle cannot	he further renewed. The vehicle must be de-registered upon COF expiry or when the

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 23 Jan 2019

ОК