No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666

Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHC 5508J

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model: Date of Accident :

Dute of Accident.

Third Party Insurer :

Date of Registration:

**SHC 5508J** 

VF1ABL15AUC278828

**RENAULT** 

LATITUDE

23.3.2019

**EGRO** 

11/7/2014

LIST

1	1	BUMPER COVER FRT	\$	1,259.42
2	1	BUMPER SPOILER FRT	\$	181.75
3	1	BUMPER ABSORBER FRT	\$	394.68
4	1	BUMPER RETAINER FRT LH	\$	151.41
5	1	BUMPER SUPPORT FRT	\$	123.88
6	1	BUMPER RETAINER FRT RH	<u></u> \$	150.77
7	1	BUMPER SUPPORT FRT	\$	123.88
8	1	BUMPER UNDERTRAY FRT	\$	472.83
9	1	BUMPER GRILLE LOWER FRT	\$	266.80
10	1	BUMPER FOG LAMP GRILLE LH	\$	207.21
11	1	BUMPER FOG LAMP GRILLE RH	\$	207.21
12	1	BUMPER BEAM FRT	\$	914.08
13	1	TOW COVER FRT	\$	28.61
14	1	RADIATOR GRILLE	\$	1,707.78
15	1	RADIATOR GRILLE BADGE 'RENAULT'	\$	225.36
16	1	RADIATOR GRILLE FRAME	\$	1,353.75
17	1	FRAME FULL SUPPORT PANEL	\$	615.90
18	1	FRAME FULL SUPPORT BRACKET	\$	89.79
19	1	HEADLAMP LH	\$	1,184.43
20	1	HEADLAMP RH	\$	1,184.43
21	1	HEADLAMP PANEL FRT LH	\$	152.15
22	1	HEADLAMP PANEL FRT RH	\$	152.15

TOTAL	\$ 11,148.30
10%	\$ 1,114.83
	\$ 10,033.47

# **Trans-cab Auto Services Pte Ltd**

AAD1903-179

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5508J

# Specical Nett

1	1SET	RADIATOR GRILLE FRAME CLIP	\$	52.00
2	1SET	BUMPER CLIP FRT	\$	66.00
3	1	BUMPER BRACKET CLIP FRT LH	\$	12.00
4	1	BUMPER SUPPORT CLIP FRT LH	\$	10.50
5	1	BUMPER BRACKET CLIP FRT RH	\$	12.00
6	1	BUMPER SUPPORT CLIP FRT RH	\$	10.50
7	1	TOW COVER FRT	\$	14.50
8	1SET	RADIATOR GRILLE SCREW	\$	16.00
9	1SET	BUMPER GRILLE LOWER CLIP	\$	69.00
10	1SET	FRAME FULL SUPPORT PANEL CLIP	\$	70.00
11	2	FRAME FULL SUPPORT PANEL NUT	\$	20.00
12	2	FRAME FULL SUPPORT PANEL STUD	\$	30.00
21	1	Windscreen moulding	\$	100.00
22	1SET	Front licence plate with holder	\$	80.00
		TOTAL		562.50
		TOTAL PARTS	S <u>\$</u>	10,595.97
		Panel heating, knocking and straightening the		
		Panel beating, knocking and straightening the		
		necessary portion, remove and renewal of parts,	¢	2 000 00
			\$	3,000.00
		necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00
		necessary portion, remove and renewal of parts, adjust and realign the same  To apply paint protection system (PPS) maintain		·
		necessary portion, remove and renewal of parts, adjust and realign the same	\$ \$	3,000.00
		necessary portion, remove and renewal of parts, adjust and realign the same  To apply paint protection system (PPS) maintain and enhancement		,
		necessary portion, remove and renewal of parts, adjust and realign the same  To apply paint protection system (PPS) maintain	\$	380.00
		necessary portion, remove and renewal of parts, adjust and realign the same  To apply paint protection system (PPS) maintain and enhancement	\$	380.00
		necessary portion, remove and renewal of parts, adjust and realign the same  To apply paint protection system (PPS) maintain and enhancement  Putty and spray painting of the affected portion.	\$ \$	380.00 3,000.00
		necessary portion, remove and renewal of parts, adjust and realign the same  To apply paint protection system (PPS) maintain and enhancement  Putty and spray painting of the affected portion.	\$ \$	380.00 3,000.00

# **Trans-cab Auto Services Pte Ltd**

AAD1903-179

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666

Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHC 5508J

(LUMP SUM) Repair Days	Ψ	10 DAYS
Over All Total	\$	19,735.97
TOTAL	\$	9,140.00
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00
To vacuum, replace, refix and recharge Air Intercooler	\$	170.00
To replace, refix and top up coolant for radiator	\$	170.00
To vacuum, replace, refix and recharge air condenser	\$	380.00
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	380.00
To pull and jack out chassis frame and correct it to symmetrical position with the aid of hydraulic pneumatic jack.	\$	380.00
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

MTCS19038399 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 25/03/2019 09:45 SUBMITTED BY; Amanda Tay Xin Er

### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> 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.

  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	25/03/2019 09:45
Date Of Accident	23/03/2019 21:05
Exact Location Of Accident	BLK 888 WOODLAND DRIVE 50 CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC5508J
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 L (A)
Exact Purpose for which vehicle was being used a ime of accident	t 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	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
lame of Driver	KOH LEE HUA
IRIC No	S1205619B
Date Of Birth	04/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1983
Priving Experience	
Sender	35 YEARS AND 4 MONTHS
	35 YEARS AND 4 MONTHS FEMALE
Nobile Number	
	FEMALE

NOEMAIL

Address BLK 894C WOODLANDS DRIVE 50

#10-03

Postcode 732894

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 COLLIDED INTO PARKED VEHICLE

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 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)

0

**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 23.03.2019 at about 2107hours, I park my taxi along Blk 888 Woodlands Drive 50 Carpark. After I came back from a short toilet break, a passer-by informed me that another vehicle bearing (GBB9603S) made a reverse and hit onto my taxi right side front portion.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO BIG

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GBB9603S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

GOODS VEHICLE

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</u> and accurate as possible. 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:
  - 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.

R

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

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

GIARMC SketchPlanForm\_V3

Policyholder's Signature

Date & Time:

SKETCH PLAN		
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SCRIBE CIRCUMSTANCES (	F THE ACCIDENT	
	please see the attach GIA report	
<del></del> .		
		-
_		
ECLARATION		
We declare the foregoing partic	lars are true in every respect.	
	XX	Amanda
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARRAC SketchPlanForm\_V3

# > Back to OneMotoring

Enquire	PARF/COEF	?ehate for l	Registered	Vehicle

Vehicle Owner Particulars	The second control of
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5508J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	25 Mar 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001863
Chassis No.:	VF1ABL15AUC278828
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	11 Jul 2014
First Registration Date:	11 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jul 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date:	10 Jul 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$53,269.00
COE Rebate Amount:	\$21,912.00
Total Rebate Amount: Message	\$31,285.00
	further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle

The information contained herein is correct as at 25 Mar 2019

ОК