

Trans-cab Auto Services Pte Ltd**AAD1903-202**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 5590P

Vehicle No.:	SHD 5590P
Chassis No.:	JTDKB3FU403076785
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	26.3.2019
Third Party Insurer :	ERGO
Date of Registration :	15/11/2018

PART**LIST**

1	1 REAR BUMPER	\$	458.60
2	1 REAR BUMPER RE-INFORCEMENT	\$	318.80
3	1 REAR BUMPER TOWING COVER	\$	14.70
4	1 REAR BUMPER UNDER COVER (BLACK)	\$	552.60
5	1 REAR BUMPER SIDE RETAINER LH	\$	112.70
6	1 REAR BUMPER SIDE RETAINER RH	\$	112.70
7	1 REAR TAILGATE	\$	1,547.27
8	1 REAR TAILGATE OUTER GARNISH	\$	905.10
9	1 COVER, REAR COMBINATION LAMP, RH	\$	54.70
10	1 COVER, REAR COMBINATION LAMP, RH	\$	54.70
11	1 GARNISH, BACK DOOR SIDE, LH	\$	93.60
12	1 GARNISH, BACK DOOR SIDE, RH	\$	93.60
13	1 BOARD ASSY, BACK DOOR TRIM	\$	254.40
14	1 PANEL ASSY, BACK DOOR TRIM, UPPER	\$	51.20
15	1 REAR TAILGATE WEATHERSTRIP	\$	365.20
16	1 REAR END PANEL	\$	602.10
17	1 TAILLAMP LOWER RH	\$	548.40
18	1 TAILLAMP UPPER RH	\$	557.90
19	1 REAR BUMPER SIDE RH	\$	232.00
20	1 REAR BUMPER SIDE LH	\$	232.00
21	1 TAILLAMP LOWER LH	\$	548.40
22	1 TAILLAMP UPPER LH	\$	557.90
23	1 PAN, REAR FLOOR	\$	572.10
24	1 EXTENSION, REAR FLOOR SIDE PANEL, RH	\$	77.00
25	1 EXTENSION, REAR FLOOR PAN TO QUARTER PANEL, LH	\$	192.90
26	1 EXTENSION, REAR FLOOR SIDE PANEL, LH	\$	77.00
27	1 EXTENSION, REAR FLOOR PAN TO QUARTER PANEL, RH	\$	192.90
28	1 PANEL SUB-ASSY, REAR DOOR, LH	\$	1,258.30
29	1 PANEL, QUARTER WHEEL HOUSE, OUTER LH	\$	290.50

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30	1 REAR FENDER LH	\$	817.50
31	1 PANEL SUB-ASSY, REAR DOOR, RH	\$	1,258.30
32	1 REAR FENDER RH	\$	817.50
		\$	13,822.57
		25% \$	3,455.64
		\$	10,366.93

Special Nett

1	1SET PARKING AID	\$	700.00
2	1SET REAR BUMPER CLIP	\$	22.00
3	2 REAR WINDSCREEN SELANT	\$	80.00
4	1 WINDSCREEN MOULDING	\$	100.00
5	1 REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00
6	1 REAR TAILGATE TOYOTA LOGO	\$	47.00
7	1 REAR TAILGATE WORDING 'PRIUS'	\$	52.90
8	1 REAR TAILGATE WORDING 'HYBRID'	\$	53.50
9	1 REAR TAILGATE STICKER 'TRANS-CAB'	\$	80.00
10	1 REAR TAILGATE STICKER '6555-3333'	\$	80.00
11	1 REAR BUMPER PROTECTOR	\$	100.00

TOTAL \$ 1,415.40**TOTAL PARTS \$ 11,782.33****LABOUR**

Putty And Spray Painting Of The Affected Portion. \$ 4,200.00

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same \$ 4,200.00

To Rust-Proofing Of The Affected Areas. \$ 170.00

To reinstall rear bumper parking sensor. \$ 170.00

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To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	170.00
To transfer of Rear Bumper 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
To transfer of Rear fender fittings, attachments and perform water seepage test.	\$	170.00
TOTAL	\$	10,150.00

Over All Total	\$	32,299.26
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(PART-BY-PART) Repair Days**20 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 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	27/03/2019 10:22
Date Of Accident	26/03/2019 16:00
Exact Location Of Accident	GANGES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5590P
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-62866666

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	OH KOON BENG
NRIC No	S7210727F
Date Of Birth	01/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97471501
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 924 HOUGANG AVENUE 9 #11-60
Postcode	530924
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 (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190326/2173

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	YP3003S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	JOSEPH CHOY KIM MENG
NRIC/Passport Number	S7718288H
Contact Number	90590419
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name OH KOON BENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD5590P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTICE

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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

Ganges Avenue

A

B

A = SHD 5570P
B = JRP 3003S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attached 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:

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



**SINGAPORE
POLICE FORCE**



T/20190326/2173

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190326/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2019 20:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: OH KOON BENG			Address: APT BLK 924 HOUGANG AVENUE 9 #11-60 SINGAPORE 530924		
ID Type / ID No.: NRIC NO / S7210727F			Contact No.: Home/Office: Mobile: 97471501		
Nationality: SINGAPORE CITIZEN			Email: kboh1972@gmail.com		
Sex: Male	Age: 46	Date of Birth: 01/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English	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: 26/03/2019 16:00	Type of Location: Straight Road
Location: Along Road 1 GANGES AVENUE TOWARDS ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD5590P	TAXI	TOYOTA	PRIUS	Red	Seriously Damaged	0
YP3003S	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	8

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190326/2173

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190326/2173

CONTINUATION OF REPORT

Driver			
Name	OH KOON BENG	ID No.	S7210727F
Related Vehicle	SHD5590P (TAXI)	Contact No.	97471501
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date.	Class: 3 Date of Expiry: NIL
Date Treatment	26/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	JOSEPH CHOY KIM MENG	ID No.	S7718288H
Related Vehicle	YP3003S (Lorry)	Contact No.	90590419
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date.	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am working as a full-time taxi driver with Transcab. On 26/03/2019 at about 4.00pm, I was driving taxi bearing registration number SHD5590P, travelling on the extreme left on a two lane road along Ganges Avenue towards Alexandra Road. I then noticed one female passerby flagging down for my taxi as such I decided to slow down and eventually came to a complete stop with the hazard lights on. Suddenly I could feel that something had hit hard onto my taxi from behind. When I came out to make a check, I realized that one lorry, YP3003S had knocked onto the rear bumper of my taxi. I then exchanged particulars with the said lorry driver. I wish to state that my taxi's rear part was badly damaged that I need to get it tow away. I further wish to state that I felt giddy, pain at the back of my body and feeling nauseous. I sought medical treatment at Mount Alvernia Hospital and was given 5 days of medical leave. The doctor did mention that my blood pressure was high and advised me to get it check again tomorrow. There is a camera inside my taxi however it focus only the front part. I am lodging this Traffic Accident Report for insurance claim purpose.



SINGAPORE
POLICE FORCE



T/20190326/2173

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190326/2173

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:

E /

Sr Staff Sgt ZAINAL ABIDIN BIN AMATA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/03/2019 20:31

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD5590P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	27 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B74651
Chassis No.:	JTDKB3FU403076785
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	15 Nov 2018
First Registration Date:	15 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Nov 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	14 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,736.00
COE Rebate Amount:	\$18,988.00
Total Rebate Amount:	\$29,673.00
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 27 Mar 2019

OK