

**Trans-cab Auto Services Pte Ltd****AAD1906-074**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD 9271J**

Vehicle No.:	<b>SHD 9271J</b>
Chassis No.:	JTDKB3FU203080009
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	8.6.19
Third Party Insurer :	<b>ERGO</b>
Date of Registration:	17/5/2019

		<b>PART</b>		<b>LIST</b>
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	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER RH	\$	55.40
14	1	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER LH	\$	55.40
15	1	BOARD ASSY, BACK DOOR TRIM	\$	254.40
16	1	PANEL ASSY, BACK DOOR TRIM, UPPER	\$	51.20
17	1	REAR TAILGATE WEATHERSTRIP	\$	365.20
18	1	REAR END PANEL	\$	602.10
19	1	TAILLAMP LOWER RH	\$	548.40
20	1	TAILLAMP UPPER RH	\$	557.90
21	1	REAR BUMPER SIDE RH	\$	232.00
22	1	REAR BUMPER SIDE LH	\$	232.00
23	1	TAILLAMP LOWER LH	\$	548.40
24	1	TAILLAMP UPPER LH	\$	557.90
25	1	REAR FENDER RH	\$	817.50
26	1	REAR FENDER LH	\$	817.50
27	1	BOARD, BACK DOOR TRIM	\$	220.70
28	1	PANEL SUB-ASSY, QUARTER, LH	\$	836.70
29	1	PANEL, QUARTER WHEEL HOUSE, OUTER LH	\$	290.50

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30	1	PANEL SUB-ASSY, QUARTER, RH	\$	836.70
31	1	PANEL, QUARTER WHEEL HOUSE, OUTER RH	\$	290.50
<b>TOTAL</b>			<b>\$</b>	<b>12,489.47</b>
<b>25%</b>			<b>\$</b>	<b>3,122.37</b>
			<b>\$</b>	<b>9,367.10</b>

**Special Nett**

1	1SET	PARKING AID	\$	700.00
2	1SET	REAR BUMPER CLIP	\$	22.00
3	2	REAR WINDSCREEN SEALANT	\$	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
12	1	REAR WHEEL RIM	\$	1,570.55
13	1	REAR WHEEL RIM COVER	\$	175.80
14	1	SPARE WHEEL RIM	\$	1,570.55
15	1	SPARE WHEEL RIM COVER	\$	175.80
16	1	REAR BUMPER SIDE RETAINER LH	\$	112.70
17	1	REAR BUMPER SIDE RETAINER RH	\$	112.70
<b>TOTAL</b>			<b>\$</b>	<b>5,133.50</b>

**TOTAL PARTS \$ 14,500.60****LABOUR**

To transfer of Tailgate fittings, attachments and perform water seepage test. \$ 170.00

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same \$ 4,500.00

To transfer of Rear Bumper fittings, attachments and perform water seepage test. \$ 170.00

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Putty And Spray Painting Of The Affected Portion.	\$	4,500.00
To Rust-Proofing Of The Affected Areas.	\$	170.00
To reinstall rear bumper parking sensor.	\$	170.00
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00
To check steering geometry and computer wheel alignment	\$	220.00
To transfer of tire, rim and on wheel balancing.	\$	170.00
To Check Electrical Lighting Concerned.	\$	170.00
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	380.00
To apply paint protection system (PPS) maintain and enhancement	\$	380.00
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	380.00
<b>TOTAL</b>	<b>\$</b>	<b>12,100.00</b>
<b>Over All Total</b>	<b>\$</b>	<b>26,600.60</b>

**(PART-BY-PART) Repair Days****15 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	10/06/2019 09:37
Date Of Accident	08/06/2019 01:15
Exact Location Of Accident	HOOT KIAM ROAD SLIP ROAD TOWARDS GRANGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9271J
<b>Insured/Policyholder</b>	
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	NG KIN HOON
NRIC No	S1384765G
Date Of Birth	31/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91455857
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 237 SERANGOON AVENUE 3 #06-118
Postcode	550237
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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : GIADA - 81778367 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	50 SERANGOON AVE 2
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , 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/20190609/2113

#### 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	SKH6298X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVY, BEE PING LEOW CAZES
NRIC/Passport Number	S7029349H
Contact Number	97991742

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NG KIN HOON

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD9271J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

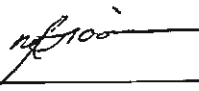
**IMPORTANT NOTICE**


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:

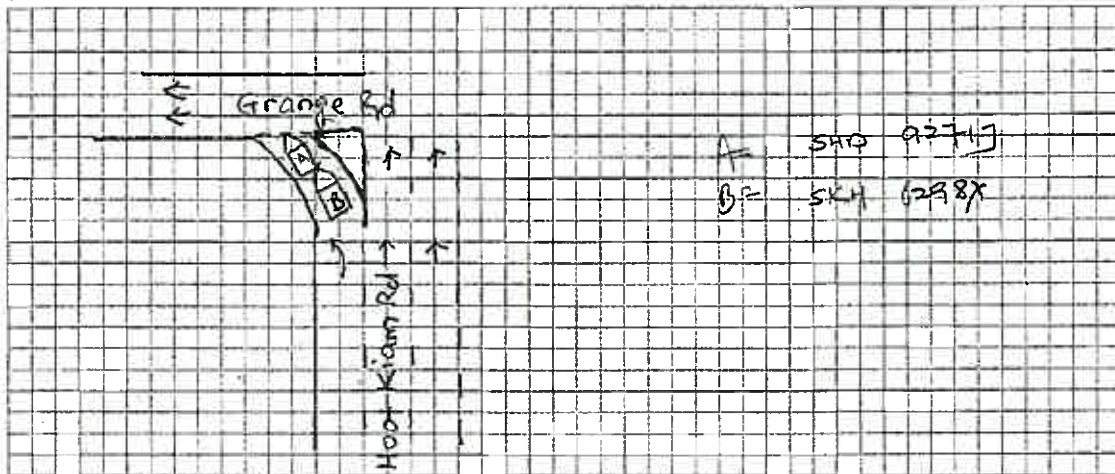
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

pls see attach police Report.

## DECLARATION

/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/20190609/2113

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
550129  
Tel No: 1800-4880999

Report No. T/20190609/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/06/2019 20:19	Vide Report No.:	Station Diary No.: 75
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**Informant's Particulars**

Name of Informant: NG KIN HOON			Address: APT BLK 237 SERANGOON AVENUE 3 #06-118 SINGAPORE 550237	
ID Type / ID No.: NRIC NO / S1384765G			Contact No.: Home/Office: Mobile: 91455857	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 31/10/1959	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation TAXI-DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 01:15	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 HOOT KIAM ROAD GRANGE ROAD At the slip road from Hoot Kiam Road towards Grange Road Lamp Post Number 10S2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	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
SHD9271J	Car				Slightly Damaged	1
SKH6298X	Car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190609/2113

2 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20190609/2113

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG KIN HOON		ID No. S1384765G
Related Vehicle	SHD9271J (Car)		Contact No. 91455857
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/06/2019	Date Discharge	09/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	Ivy, Bee Ping Leow - Cazes		ID No. S7029349H
Related Vehicle	NIL		Contact No. 97991742
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.**

On 08/06/2019 at about 0115hrs, I was driving my taxi bearing number: SHD 9271 J and there is one female passenger on board. As I drove into the slip road of Hoot Kiam road towards Grange Road, I stopped my vehicle at the give way line as there was a vehicle approaching. Out of sudden, a vehicle bearing number: SKH 6298X did not stopped in time and hit onto the rear of my vehicle.

I wished to state that, there is no traffic police or SCDF at scene. After the accident I went to the hospital to make a check and I was granted Outpatient Sick leave for 5 days. I do have an In-car CCTV installed



**SINGAPORE  
POLICE FORCE**



T/20190609/2113

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3

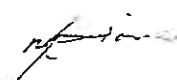
Report No. T/20190609/2113

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: F / Sgt 2 GOH YONG KUAN, KEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2019 20:19
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP158	

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3878K

**Vehicle Details**

Vehicle No.:	SHD9271J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C09133
Chassis No.:	JTDKB3FU203080009
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	17 May 2019
First Registration Date:	17 May 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 May 2027
PARF Rebate Amount:	\$10,685.00

**Intended COE Rebate Details**

COE Expiry Date:	16 May 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,309.00
COE Rebate Amount:	\$17,847.00
<b>Total Rebate Amount:</b>	<b>\$28,532.00</b>

**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 10 Jun 2019

OK