

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD416T

ROEL

Not Authorized
1/15/14 @ 1750/

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHD 416T - ROEL
 JTDER12W503001159*
 TOYOTA
 WISH 1.8 BI-FUEL
 23.11.2014

		PART		LIST
1	1	Front Bumper	\$	R 487.80 X
2	1	Front Bumper Lower Absorber	\$	Sm 105.00 X
3	1	Front Bumper Reinforcement	\$	R 270.00 X
4	1	Front Bumper Side Retainer RH	\$	D 57.30 ✓
5	1	Front Headlamp RH	\$	Sm 672.00 X
6	1	Front Fender RH	\$	R 698.00 ✓
7	1	Front Fender Liner RH	\$	D 307.62 ✓
8	1	Front Fender indicator lamp RH	\$	R 79.83 ✓
9	1	Front Door RH	\$	R 1,295.00 X
10	1	Front Door weatherstrip RH	\$	Sm 157.80 X
11	1	Front Side view mirror RH	\$	Sm 722.50 X
TOTAL			\$	4,852.85
25%			\$	1,213.21
			\$	3,639.64

Special Nett

1 Set	Front Bumper Fastener Clip	\$	Nu 35.00 ✓
1 Set	Front Fender Liner Fastener Clip	\$	Nu 20.00 ✓
1	Front Door Sticker "TRANS-CAB"	\$	Nu 80.00 60SN
1	CNG Sticker	\$	Nu 30.00 15SN
1	Front tyre RH	\$	Sm 180.00 X
1	Front tyre rim RH	\$	Sm 120.00 X
1	Hub cap	\$	R 35.00 ✓
1	Front Door Advertisement Sticker RH	\$	SLR 250.00 150SN

TOTAL \$ 750.00

TOTAL PARTS \$ 4,389.64

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

\$ 1,400.00 300/

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To Rust-Proofing Of The Affected Areas.	\$	220.00	30%
Putty And Spray Painting Of the Affected Portion.	\$	1,350.00	60%
To Check Electrical Lighting Concerned.	\$	120.00	15%
To check steering geometry and computer wheel alignment	\$	220.00	60%
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
TOTAL		\$	<u>3,480.00</u>
Over All Total		\$	<u>7,869.64</u>

Repair days

~~10 DAYS~~

3 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 ability.
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 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	24/11/2014 17:14
Date Of Accident	23/11/2014 14:00
Exact Location Of Accident	Grange Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD416T
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/6
Cover Note Number	

Driver

Name of Driver	LIM PANG YEOW
NRIC No	S1591119J
Date Of Birth	09/05/1963
Occupation	Outdoor
Date Of Driving Pass	28/11/2002
Driving Experience	11 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-97112112
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 121 BEDOK NORTH ROAD #10-173
Postcode	460121

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- Change/cross lane
 Weather Conditions Drizzling
 Road Surface Wet

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? Yes
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? Yes

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Bukit Timah Neighbourhood Police Centre
 Police Station Address ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore
 Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

Please refer to Police Report - T/20141124/4029
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW6277P
 Vehicle Make/Model/Colour TOYOTA RAV4
 Details Of Properties
 Name of Driver TAN YING WEN
 NRIC/Passport Number S8917814B
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF INJURED PERSON 1

Name LIM PANG YEOW
 Approximate Age
 Injuries Sustain
 Injured person in which vehicle? SHD416T
 Were seat belts worn? Yes
 Was 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.
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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 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.

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 :

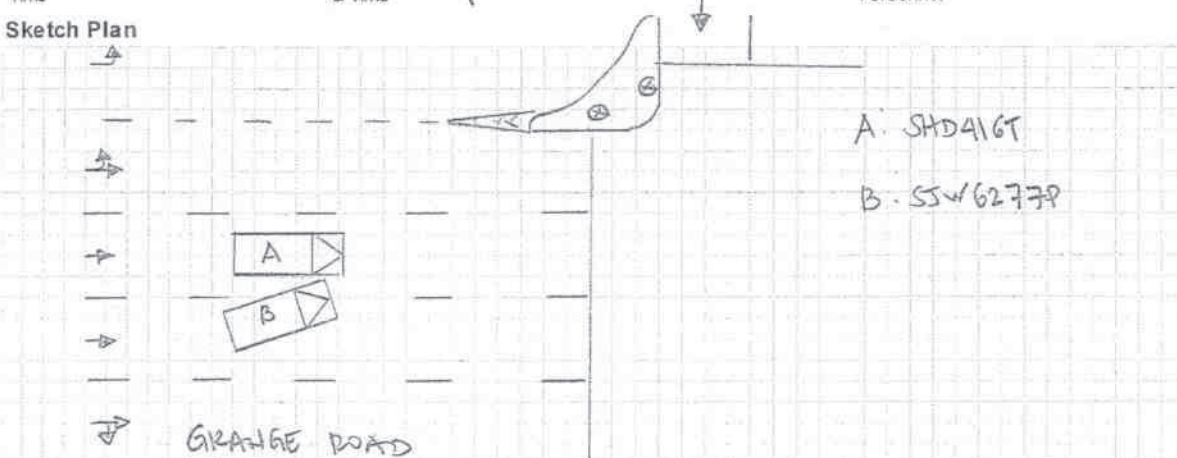
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

<p>_____ Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"></p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p style="text-align: center;"></p> <p>_____ Witnessed by Reporting Centre Personnel</p>
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Sketch Plan



Describe Circumstances of the Accident

PLS. REFER TO 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

Witnessed by Reporting Centre
Personnel

Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20141124/4029

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Report No. T/20141124/4029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2014 11:15		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: LIM PANG YEOW			Address: APT BLK 121 BEDOK NORTH ROAD #10-173 SINGAPORE 460121		
ID Type / ID No.: NRIC NO / S1591119J			Contact No.: Home/Office: Mobile: 97112112		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 09/05/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	23/11/2014 14:00	Type of Location:
Location: Along Road 1 ORCHARD BOULEVARD						
Heading towards Tanglin Road						
Weather:		Road Surface:		Road Speed Limit:		
Traffic Flow:		Traffic Control:		Traffic Volume:		
Type of Collision:				Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD416T	Car				Slightly Damaged	2
SJW6277P	Car				Slightly Damaged	1

Brief Details.

On 23/11/2014 at about 2pm, while I was driving at Orchard Boulevard heading towards Tanglin Road, a vehicle SJW6277P had hit on the right side of my vehicle SHD416T. At that moment, I think no one was injured. I had only asked my passenger if they suffer any pain. However, I received four days of MC from 24/11/2014 to 27/11/2014.

The damages on my vehicle are as follows:

- 1) The right side of my vehicle was dented.

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20141124/4029

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Report No. T/20141124/4029

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 /

Huwaina Binte Ahmad Zailudin

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Esther Chong

SN 170

Identification No.: 65476368



Authentication Stamp

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

24/11/2014 11:15

Classification Of Case:

Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name : ...Lim Pang Yeow.....
NRIC :S1591119J.....
Address: ...Blk 121 Bedok North
Rd #10-173.....
Singapore (460121)
Tel :
Pg / Hp :..... 97112112....

Dear Sir

ACCIDENT INVOLVING SHD416T and SJW6277P

ALONG Orchard boulevard, Heading towards Tanglin Road

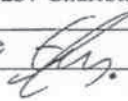
ON 23/11/2014 AT 2 PM

With reference to the above, I have on 24/11/2014 (date) at 1115hrs (time) make a police report at Bukit Timah NPC (Name of police station / NPP) in NP 168 / T/20141124/4029

2 On 26/11/2014 (date), at 1045hrs (time), at Bedok North NPC (Name of Police Station/NPP), I make the following amendments to the above report. Ammendments are to the locatioin of where the incident occurred. The new location is along Grange Road, Towards Orchard Boulevard.

Yours faithfully


Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: Sgt T130237 Charlotte Elizabeth Tang	Station Diary No.: 22
Signature 	BEDOK NORTH NPC 30 BEDOK NORTH ROAD SINGAPORE 469676

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company
 Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD416T
 Vehicle to be Exported: Yes
 Intended De-registration Date: 24 Nov 2014
 Vehicle Make: TOYOTA
 Vehicle Model: WISH 1.8 A BI-FUEL
 Primary Colour: Red
 Manufacturing Year: 2008
 Engine No.: 1ZZ3178310
 Chassis No.: JTDER12W503001159
 Maximum Power Output: 97.0 kW (130 bhp)
 Open Market Value: \$22,533.00
 Original Registration Date: 27 Feb 2009
 First Registration Date: 27 Feb 2009
 Transfer Count: 0
 Actual ARF Paid: \$13,520.00

Intended PARF Rebate Details

PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 26 Feb 2017
 PARF Rebate Amount: \$9,464.00

Intended COE Rebate Details

COE Expiry Date: 26 Feb 2017
 COE Category: A - Car (1600cc & below)
 COE Period (Years): 8
 QP Paid: \$7,601.00
 COE Rebate Amount: \$2,143.00
Total Rebate Amount: \$11,607.00

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 24 Nov 2014

OK



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