

Trans-cab Auto Services Pte Ltd

AAD2012-061

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF718L

Vehicle No.:	SHF718L
Chassis No.:	VF1ABL15AUC281220
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	08/12/2020
Third Party Insurer :	III
Date of Registration :	31/12/2014

	PART		LIST
1	1 BUMPER COVER REAR	\$	561.70
2	1 BUMPER LOWER REAR	\$	411.90
3	1 BUMPER REFLECTOR LH	\$	16.60
4	1 BUMPER REFLECTOR RH	\$	16.60
5	1 BUMPER BRACKET CTR REAR	\$	98.10
6	1 BUMPER BRACKET SIDE RH REAR	\$	82.10
7	1 BUMPER RETAINER RH REAR	\$	59.80
8	1 BUMPER BRACKET SIDE LH REAR	\$	80.80
9	1 BUMPER RETAINER LH REAR	\$	54.20
10	1 ABSORBER REAR	\$	217.30
11	1 BUMPER BEAM REAR	\$	547.80
12	1 BUMPER BEAM BRACKET LH REAR	\$	114.50
13	1 BUMPER BEAM BRACKET RH REAR	\$	114.50
14	1 OUTER PANEL REAR (End Panel)	\$	745.80
15	1 OUTER PANEL REAR (End Panel)TRIM	\$	404.56
16	1 TAILLAMP LH	\$	401.40
17	1 TAILLAMP RH	\$	401.40
18	1 EXHAUST CAP REAR	\$	125.40
19	1 BOOT REAR	\$	1,677.20
20	1 BOOT BADGE 'RENAULT'	\$	82.40
21	1 BOOT BADGE	\$	95.80
22	1 BOOT REFLECTOR LAMP LH	\$	277.70
23	1 BOOT REFLECTOR LAMP RH	\$	277.70
24	1 BOOT HINGE LH	\$	254.20
25	1 BOOT HINGE RH	\$	254.20
26	1 BOOT LOCK	\$	246.60
27	1 BOOT LOCK CATCH	\$	41.70
28	1 BUMPER COVER FRT	\$	747.20

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29	1 BUMPER UNDERTRAY FRT	\$	292.50
30	1 BUMPER BRACKET KIT FRT LH	\$	101.40
31	1 BUMPER RETAINER FRT LH	\$	101.40
32	1 BUMPER BRACKET KIT FRT RH	\$	101.40
33	1 BUMPER RETAINER FRT RH	\$	101.40
34	1 BUMPER SUPPORT FRT	\$	10.70
35	1 BUMPER FOG LAMP GRILLE LH	\$	207.21
36	1 RADIATOR GRILLE	\$	969.90
37	1 RADIATOR GRILLE BADGE 'RENAULT'	\$	225.36
38	1 RADIATOR GRILLE FRAME	\$	686.00
39	1 FRAME FULL SUPPORT PANEL	\$	592.70
40	1 FRAME FULL SUPPORT BRACKET	\$	41.60
		\$	11,840.73
		10% \$	1,184.07
		\$	10,656.65

Special Nett

1	1SET PARKING AID	\$	700.00
2	1SET REAR BUMPER CLIP	\$	66.00
3	1SET BUMPER BRACKET CTR CLIP	\$	33.00
4	1SET BUMPER BRACKET SIDE CLIP RH RR	\$	10.00
5	1SET BUMPER RETAINER RH CLIP RR	\$	20.00
6	1SET BUMPER BRACKET SIDE CLIP LH RR	\$	10.00
7	1SET BUMPER RETAINER CLIP LH RR	\$	20.00
8	1SET BUMPER LOWER REAR CLIP	\$	66.00
9	1 EXHAUST MOUNTING REAR	\$	17.82
10	1 REAR BOOT STICKER 'Trans-cab'	\$	80.00
11	1 REAR BOOT STICKER '6555-3333'	\$	80.00
12	1 BUMPER CLIP FRT	\$	85.00
13	1 BUMPER RETAINER CLIP FRT	\$	70.00
14	1 BUMPER GRILLE LOWER CLIP	\$	70.00
15	1 BUMPER FOG LAMP GRILLE CLIP	\$	65.00
16	1 LICENSE PLATE WITH HOLDER FRT	\$	120.00
	TOTAL	\$	1,512.82
	TOTAL PARTS	\$	12,169.47

LABOUR

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Putty And Spray Painting Of The Affected Portion.	\$	3,000.00
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00
To Rust-Proofing Of The Affected Areas.	\$	170.00
To reinstall rear bumper parking sensor.	\$	170.00
To transfer of bootlid 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 Check Electrical Lighting Concerned.	\$	170.00

TOTAL \$ 7,580.00**Over All Total \$ 30,406.13****(LUMP SUM)****Repair Days****10 DAYS**

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For Official Use

Prepared By : _____
(Accident Dept)

Verify By : _____
(Accident Workshop)

Checked By : _____
(Finance Dept)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHF718L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Dec 2020
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002421
Chassis No.:	VF1ABL15AUC281220
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	31 Dec 2014
First Registration Date:	31 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Dec 2022
PARF Rebate Amount:	\$8,748.00
Intended COE Rebate Details	
COE Expiry Date:	30 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$13,281.00
Total Rebate Amount:	\$22,029.00
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 09 Dec 2020

OK



MAS (MARS ACCIDENT STATEMENT FORM)

Ver. 05

This is NOT an submission of blame / liability, but a summary of identities and facts which will speed up the settlement claim.
This form is to facilitate the mobile reporting service for E-filing.

MARS Officer Job Start Date/Time: 8 December 2020 at 3:42 PM

MARS Jobcard No.: AXAI-MARS00000343

Date of Report: 8 December 2020 Time of Report: 3:26 PM

Date of Accident: 8 December 2020 Time of Accident: 1:10 PM

Exact Location of Accident: FARRER ROAD TOWARDS HOLLAND ROAD AFTER FARRER DR

Was any Pictures or Video taken at the Accident Scene?: Pictures

Was there any video captured by Car Camera: No

Solicited/Offered Accident Claims Assistance: No

Are you claiming your own insurance policy for the repair of your vehicle?: No, Claim 3rd party

A. REGISTERED OWNER VEHICLE DETAILS

Insured Reg No. SHF0718L Make: — Color: —

Model:

NRIC/Fin/Passport No.

Name of Registered Owner

Company: Unknown at time of call

Name of Insurance Co.: AXA INSURANCE SINGAPORE PTE LTD

Policy No.

Policy Type: Third Party

Fleet Policy: No

Vehicle Category: Commercial Vehicle

B. DRIVER'S DETAILS

Same as owner

Name of Driver if not the Registered Owner

Driver NRIC/Fin/ Passport No.

D.O.B

Gender Male Female

Nationality:

Driver Own Vehicle No.: / Insurance Co.:

Occupation

Driving License Serial No.:

Pass Date of Class of License : Class 3A:

Class 2B: Class 3:

Class 2A: Class 4:

Class 2: Class 5:

Was Driver an Employee of the Insured's Company

Home/Office/Handphone

Relationship of the Driver with the Insured if not an employee

Email Address

Is Driver Injured?

Were seat belts worn?

Conveyed to Hospital?

B. DRIVER'S DETAILS (Con't)

Name of Passenger	Race	Relationship of Passenger to Driver			Age Group
PASSENGER 1 FEM AMO	Eurasian	-	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	-
Injury?	No	Were seat belts worn?	Yes	Conveyed to Hospital?	No
Contact No.					
	-	-	<input type="checkbox"/> Male	<input type="checkbox"/> Female	-
Injury?	No	Were seat belts worn?	-	Conveyed to Hospital?	-
Contact No.					
	-	-	<input type="checkbox"/> Male	<input type="checkbox"/> Female	-
Injury?	No	Were seat belts worn?	-	Conveyed to Hospital?	-
Contact No.					
	-	-	<input type="checkbox"/> Male	<input type="checkbox"/> Female	-
Injury?	No	Were seat belts worn?	-	Conveyed to Hospital?	-
Contact No.					
	-	-	<input type="checkbox"/> Male	<input type="checkbox"/> Female	-
Injury?	No	Were seat belts worn?	-	Conveyed to Hospital?	-
Contact No.					

C. ACCIDENT DETAILS

Exact purpose for which vehicle was being used at the time of accident:

Weather Condition:

Road Surface:

Number of Passengers:

D. POLICE DETAILS

Was Accident reported to the police?:

Was Notice of Prosecution given?:

If yes, please state which Police Station the report made?

If yes, against whom?

E. WAS ANY OTHER VEHICLE OR PROPERTY INVOLVED? (VEHICLE B)

Reg Make: Model: Color:

Name of Driver:

NRIC/Fin/Passport No.: Contact No.:

Details of Property if other party is not a Vehicle:

Is Driver Injured?

Were seat belts worn?

Conveyed to Hospital?

Name of Passenger	Race	Relationship of Passenger to Driver	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age Group
<input type="text"/>	<input type="text" value="-"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="-"/>
Injury?	<input type="text" value="No"/>	Were seat belts worn? <input type="text" value="-"/>	Conveyed to Hospital? <input type="text" value="-"/>	Contact No.	<input type="text"/>
<input type="text"/>	<input type="text" value="-"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="-"/>
Injury?	<input type="text" value="No"/>	Were seat belts worn? <input type="text" value="-"/>	Conveyed to Hospital? <input type="text" value="-"/>	Contact No.	<input type="text"/>
<input type="text"/>	<input type="text" value="-"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="-"/>
Injury?	<input type="text" value="No"/>	Were seat belts worn? <input type="text" value="-"/>	Conveyed to Hospital? <input type="text" value="-"/>	Contact No.	<input type="text"/>

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG FARRER ROAD TOWARDS HOLLAND ROAD . VEHICLE C WAS DRIVING IN FRONT OF MY VEHICLE AND SUDDENLY MAKE A JAM BRAKE . I STOPPED IN TIME BUT VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE AND MY VEHICLE HIT ONTO VEHICLE C . TOTAL 3 VEHICLES INVOLVED AND NO INJURIES .

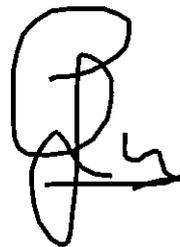
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: