

Trans-cab Auto Services Pte Ltd**AAD2104-078**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5437E

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHC5437E

JTDKB3FU103092927

TOYOTA

PRIUS **GEN 4**

18/04/2021

AUTO & GENERAL

27/11/2020

	PART		LIST
1	COVER, FRONT BUMPER	\$	521.00
1	BRACKET, FRONT BUMPER SIDE, RH	\$	59.30
1	SUPPORT, FRONT BUMPER SIDE, RH	\$	80.10
1	ABSORBER, FRONT BUMPER ENERGY	\$	80.20
1	COVER, FRONT BUMPER HOLE, RH	\$	30.20
1	MOULDING, FRONT BUMPER SIDE, RH	\$	95.60
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	\$	716.60
1	GRILLE, RADIATOR, LOWER NO.1	\$	178.60
1	LAMP ASSY, FOG, LH	\$	237.10
TOTAL		\$	1,998.70
25%		\$	2,828.00
		\$	8,484.00

Special Nett

1	FRT BUMPER CLIP	\$	65.00
1	ENGINE UNDERCOVER CLIP	\$	60.00
1SET	FRONT FENDER CLIP	\$	65.00
1SET	FRONT FENDER LINER CLIP	\$	75.00
1SET	FRONT BUMPER CLIP	\$	90.00
1	TYRE	\$	350.00
1	RIM	\$	1,879.40
1	HUB CAP	\$	211.50
TOTAL		\$	2,795.90

TOTAL PARTS \$ 9,530.50**LABOUR**

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SHC5437E

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00
To check steering geometry and computer wheel alignment	\$	220.00
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00
To transfer of tire, rim and on wheel balancing.	\$	170.00
To Check Electrical Lighting Concerned.	\$	170.00
TOTAL	\$	4,380.00
Over All Total	\$	15,659.90

(PART-BY-PART) Repair Days**10 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 Submission	19/04/2021 13:28 (SGT)
Date of Accident	18/04/2021 22:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF VICTORIA ST AND JLN SULTAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5437E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	XXXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1767

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	NA

DRIVER

Name of Driver	ANG CHENG SIONG
NRIC No	SXXXX375F

Date Of Birth	25/04/1965
Occupation	Outdoor
Date Of Driving Pass	03/11/1984
Driving experience	36 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91702455
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	126 PENDING ROAD #08-296
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG VICTORIA ST TOWARDS JLN SULTAN. BEFORE TURNING RIGHT INTO JLN SULTAN, I STOPPED BEHIND OF VEHICLE B FOR WAITING. SUDDENLY VEHICLE B REVERSING HIS VEHICLE AND COLLIDED ONTO FRONT OF MY VEHICLE. AFTER THE IMPACT, VEHICLE B JUST DRIVE AWAY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO HAS BEEN FORWARDED TO TRANSCAB SERVICES & AXA INSURANCE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME8992D
Vehicle Manufacturer	Mazda
Vehicle Model	CX-3 2.0 AT DELUXE 2WD
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

Policyholder's Signature
Date & Time:

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

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

19/4/2021

SKETCH PLAN

34N 351200

A: SHC5437E

B. S ME 8995D

VICTORIA ST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG VICTORIA ST TOWARDS JLN SULTAN . BEFORE TURNING RIGHT INTO JLN SULTAN , I STOPPED BEHIND OF VEHICLE B FOR WAITING . SUDDENLY VEHICLE B REVERSING HIS VEHICLE AND COLLIDED ONTO FRONT OF MY VEHICLE . AFTER THE IMPACT , VEHICLE B JUST DRIVE AWAY .

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

19 April 2021 at 10:52 AM

Date/Time:

19 April 2021 at 10:52 AM

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHC5437E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Apr 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2H27138
Chassis No.:	JTDKB3FU103092927
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	27 Nov 2020
First Registration Date:	27 Nov 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2028
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	26 Nov 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$29,180.00
COE Rebate Amount:	\$23,344.00
Total Rebate Amount:	\$34,241.00
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 19 Apr 2021

OK