### **Trans-cab Auto Services Pte Ltd**

AAD2001-171

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 9692C

	Vehicle No.: Chassis No.: Vehicle Make: Vehicle Model: Date of Accident: Third Party Insurer: Date of Registration:		SHD 9692 JTDKB3FU TOYOTA PRIUS 20.1.2020 III 27/6/2019	1803082105
	PART			LIST
1	REAR BUMPER		\$	442.60
1	REAR BUMPER RE-INFORCEMENT		\$	332.70
1	REAR BUMPER TOWING COVER		\$	15.40
1	GUARD, REAR BUMPER, CENTER		\$	576.30
1	REAR BUMPER SIDE RETAINER LH		\$ \$	116.50
1	REAR BUMPER SIDE RETAINER RH			117.70
1	REAR TAILGATE		\$	1,147.80
1	REAR TAILGATE OUTER GARNISH		\$	925.60
1	REAR TAILGATE WEATHERSTRIP		\$	372.30
1	PANEL SUB-ASSY, BODY LOWER BACK		\$	650.30
1	TAILLAMP LOWER RH		\$	502.00
1	TAILLAMP UPPER RH		\$	451.80
1	REAR BUMPER SIDE RH		\$	123.70
1	REAR BUMPER SIDE LH		\$	123.70
1	TAILLAMP LOWER LH		\$	502.00
1	TAILLAMP UPPER LH		\$	443.30
1	COVER, DECK TRIM, REAR		\$	126.70
1	COVER, FLOOR UNDER, NO 1		\$	175.10
1	COVER, FLOOR UNDER, NO 2		\$	241.90
1	COVER, REAR FLOOR		\$	229.90
		TOTAL	\$	7,617.30
		25%	\$	1,904.33
			\$	5,712.98

**Special Nett** 

No. 2	-cab Auto Services Pte Ltd  Ang Mo Kio Street 63 Singapore 569111  Doc: 6287 6666 Fax No.: 6257 1330		AAD2001-171
	ST Reg. No. 201019626G		
	692C		
LSET	PARKING AID	\$	700.00
SET	REAR BUMPER CLIP	\$	66.00
2	REAR WINDSCREEN SEALANT	\$	80.00
1	WINDSCREEN MOULDING	\$	100.00
1	REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00
1	REAR TAILGATE TOYOTA LOGO	\$	47.00
1	REAR TAILGATE WORDING 'PRIUS'	\$	52.90
1	REAR TAILGATE WORDING 'HYBRID'	\$	53.50
1	REAR TAILGATE STICKER 'TRANS-CAB'	\$	80.00
1	REAR TAILGATE STICKER '6555-3333'	\$	80.00
1	REAR BUMPER PROTECTOR	\$	100.00
1	REAR WHEEL RIM	\$	1,879.40
1	REAR TYRE 195/65/15	\$	350.00
1	REAR WHEEL RIM COVER	\$	211.50
1	REAR RH BUMPER RETAINER CLIP	\$	25.00
1	REAR LH BUMPER RETAINER CLIP	\$	25.00
	TOTAL	\$	3,950.30
	TOTAL PARTS	\$	9,663.28
	LABOUR		
	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 transfer of rear end panel fittings, attachment and		
	perform water seepage test.	\$	170.00
	To transfer of rear windscreen glass to facilitate		
	bodywork repair.	\$	170.00
	Putty And Spray Painting Of The Affected Portion.	\$	6,000.00

Trans-cab Auto Services Pte Ltd  No. 2 Ang Mo Kio Street 63 Singapore 569111  Tel No.: 6287 6666 Fax No.: 6257 1330  CO./GST Reg. No. 201019626G  SHD 9692C	AAD2001-171
To check steering geometry and computer wheel alignment	\$ 220.00
To Rust-Proofing Of The Affected Areas.	\$ 170.00
To reinstall rear bumper parking sensor.	\$ 170.00
To transfer of tire, rim and on wheel balancing.	\$ 170.00
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
To Check Electrical Lighting Concerned.	\$ 170.00
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same  To supply and re-do rear end panel insulation	\$ 6,000.00

padding.

(PART-BY-PART) Repair Days 20 Days

Over All Total \$

380.00

14,720.00

24,383.28

### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	21/01/2020 10:33
Date Of Accident	20/01/2020 19:00
Exact Location Of Accident	SLE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD9692C
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666
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	VFX/P2203857
Cover Note Number	
Driver	
Name of Driver	TAN CHEE THIAM CHRISTOPHER
NRIC No	SXXXX499Z
Date Of Birth	29/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81020307
Fax Number	
Contact Number	

NOEMAIL

BLK 485A CHOA CHU KANG AVENUE 5 Address

#07-98

OTHER - HIRER

681485 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

NO

ambulance? Was any other material or property damaged?

I have been approached by unknown person(s)

YEŞ NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

2

: ANU RADHA

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

ON 20/01/2020 AT ABOUT 1900HRS, I WAS TRAVELLING STRAIGHT ALONG THE SECOND LANE OF SLE TOWARDS WOODLANDS. IT WAS HEAVY TRAFFIC AND I WAS MOVING SLOWLY, SUDDENLY I FELT AN IMPACT FROM THE REAR IF MY TAXI. VEHICLE B(SLB4459G) HAS COLLIDED ONTO THE REAR PORTION OF MY TAXI.

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

SLB4459G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 10

### Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name TAN CHEE THIAM CHRISTOPHER

Approximate Age Injuries Sustain

Injured person in which vehicle? SHD9692C

Were seat belts worn? YE\$

Was this injured conveyed to hospital by ambulance? NO

Address Postcode

#### Sketch Plan Pg. 1

#### 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- 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:
  - 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 #2 Pg. 1

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GIARMC SketchPlanForm\_V3

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# > Back to OneMotoring

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

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be de-registered upon COE expiry or when the vehicle

The information contained herein is correct as at 21 Jan 2020

ОК