

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

SHB7602L**AAD2109-**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHB7602L

JTDKB3FU503081963

TOYOTA

PRIUS

15/09/2021

AIG

27/06/2019

PART**LIST**

1	COVER, REAR BUMPER	\$	442.60	<i>del</i>
1	GUARD, REAR BUMPER, CENTER	\$	576.30	<i>del</i>
1	COVER, REAR BUMPER, LOWER <i>low cover</i>	\$	15.40	<i>del</i>
1	FILLER, REAR BUMPER EXTENSION, LH <i>RH</i>	\$	123.70	<i>X</i>
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	332.70	<i>bt</i>
1	RETAINER, REAR BUMPER SIDE, LH <i>RH</i>	\$	116.50	<i>?</i>
1	COVER, FLOOR UNDER, NO.1 (LH) <i>RH</i>	\$	175.10	<i>?</i>
1	COVER, REAR FLOOR (CTR)	\$	229.90	<i>X</i>
1	LENS AND BODY, REAR LAMP, LH <i>RH</i>	\$	502.00	<i>X</i>
1	LENS & BODY, REAR COMBINATION LAMP, LH <i>RH</i>	\$	443.30	<i>X</i>
1	COVER, DECK TRIM, REAR	\$	126.70	<i>X</i>
1	PANEL SUB-ASSY, BODY LOWER BACK	\$	650.30	<i>X</i>
1	PANEL SUB-ASSY, BACK DOOR	\$	1,147.80	<i>X</i>
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	925.60	<i>Ry</i>
1	STAY ASSY, BACK DOOR, LH	\$	242.50	<i>X</i>
1	STAY ASSY, BACK DOOR, RH	\$	242.50	<i>X</i>
1	HINGE ASSY, BACK DOOR, LH	\$	61.00	<i>X</i>
1	HINGE ASSY, BACK DOOR, RH	\$	61.00	<i>X</i>

TOTAL	\$	6,414.90
25%	\$	1,603.73
	\$	4,811.18

Special Nett

1	PARKING AID	\$	700.00	<i>200mm</i>
1	REAR FLOOR COVER CLIP	\$	60.00	<i>X</i>
1	REAR LOWER BUMPER CLIP	\$	65.00	<i>X</i>

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1	REAR BUMPER CLIP	\$	60.00	3 one
1	BOOT STICKER TRANSCAB	\$	100.00	2
1	BOOT STICKER TEL.NO	\$	100.00	1
2	WINDSCREEN SEALANT	\$	150.00	X
1	WINDSCREEN MOULDING	\$	200.00	X
1	WINDSCREEN INNER SPONGE SEAL	\$	130.00	X

TOTAL**\$ 1,565.00****TOTAL PARTS****\$ 6,376.18****LABOUR**

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 X

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

\$ 1,400.00 200

Putty And Spray Painting Of The Affected Portion.

\$ 1,400.00 200 400

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 240.00 X

To Check Electrical Lighting Concerned.

\$ 170.00 8 X

TOTAL \$ 3,590.00**Over All Total \$ 9,966.18****(PART-BY-PART) Repair Days****20 days**

Tanphi 97495749
WP 17/1/21 21150
P/P Resurvey before paint
2 days
Tanphi @ lkkauto.com

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Co.

Acknowledged by Repairer

Signature:

Date:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

878K

Vehicle Details

Vehicle No.:

SHB7602L

Vehicle to be Exported:

Yes

Intended Deregistration Date:

15 Sep 2021

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS 5DR HATCHBACK (AUTO)

Primary Colour:

Red

Manufacturing Year:

2018

Engine No.:

22R2C33850

Chassis No.:

JTDKB3FU503081963

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$26,605.00

Original Registration Date:

27 Jun 2019

First Registration Date:

27 Jun 2019

Transfer Count:

0

Actual ARF Paid:

\$14,247.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

26 Jun 2027

PARF Rebate Amount:

\$10,685.00

Intended COE Rebate Details

COE Expiry Date:

26 Jun 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$23,872.00

COE Rebate Amount:

\$17,249.00

Total Rebate Amount:

\$27,934.00

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 15 Sep 2021

OK



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	15/09/2021 15:18 (SGT)
Date of Accident	15/09/2021 11:05 (SGT)
Exact Location of Accident	Near 11 Holland Rd, Singapore
Additional Location Information	JUNCTION OF HOLLAND ROAD AND DEMPSEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7602L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666
VEHICLE PARTICULARS	
Manufacturer	Toyota
Model	PRIUS 5 DR HATCHBACK (AUTO)
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	-
DRIVER	
Name of Driver	LUM CHEE SIONG
NRIC No	SXXXX030F



Date Of Birth	01/01/1954
Occupation	Outdoor
Date Of Driving Pass	29/11/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96758322
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Hougang, 662 Hougang Avenue 4.
Address complement	#05-413
Postcode	530662
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	P1
Gender	Female

PASSENGER 2

Name	P2
Gender	Male

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 TRAVELLING ALONG HOLLAND ROAD TOWARDS FARRER ROAD . WHEN IN FRONT WAS TRAFFIC HEAVY , I SLOWED DOWN MY VEHICLE AND CAME TO A STOP . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE .

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 FOOTAGE UPLOADED INTO TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC5528S
Vehicle Manufacturer	Subaru
Vehicle Model	FORESTER 2.0I-L CVT AWD SR
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	JAMES CHEW
Contact Number	(Phone) +65-97660783
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LUM CHEE SIONG
Gender	Male
Phone No	(Phone) +65-96758322
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB7602L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 willful 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 should:
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 generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insured(s) who have insured vehicles 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 making of correspondence, statements, encloses, 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 investigation/claim 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/are 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 used 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 (a) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) 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
NRC Ref No

15/9/2021

ACCIDENT DIAGRAM

DIMPSE ROAD

HOLLAND ROAD

A. SKETCH

B. SKETCH

VERIFIED 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.:

SKETCH PLAN #3

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG HOLLAND ROAD TOWARDS FARRER ROAD
WHEN IN FRONT WAS TRAFFIC HEAVY. I SLOWED DOWN MY
VEHICLE AND CAME TO A STOP. SUDDENLY VEHICLE B COLLIDED
ONTO REAR OF MY VEHICLE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Periopholder's Signature
Date & Time

Driver's Signature
(If driver is not the periopholder)
Date & Time
15/9/2021

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

Reporting Centre Personnel's Signature
Name
NRIC/PR No.