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To inspect Vehicle Nor at Workshop m/s  of  at Workshop m/s  of  insured:  Policy No.  Colour M. White I New AC: Insured I Stid INI/I  EngNo:  CNo: VF I ABL I SAUC DRO  Gen. Cond. Gen8 I Fair I Poor I Burnt  Steering: Inorder J Jammed I Leaked J Burnt or  Steering: Inorder J Jammed I Leaked J Burnt or  Steering: Inorder J Jammed I Leaked J Burnt or  Steering: Inorder J Jammed I Leaked J Burnt or  Steering: Inorder J Jammed I Leaked J Burnt or  Mod: MU SRIIm / STD A/RIm or  Tyre Stax: F:  21 S CORIG  RE  BS / DUN / EXNOVA / GY / FS I LIZA / MIC I OHTSU A PIR I SUMI /  TOYO / YOKO or  TOYO / YOKO or  TOYO / YOKO or  Sums J Market Seen:  Consistent? 'Yes or No  DOA 22 / I Of 2 / DO. 1 25 / I Of 2  Description:  Active Action / Instruction  The Uto / Chassis frame / Body Structure affected due to collision  The Uto / Chassis frame / Body Structure affected due to collision  Add Foe:  String Fa Ratum for  Add Foe:  String Fa Ratum for  Add Foe:  String Fa Ratum for  Tech Invs (S ) Others  Towo Instruction See Action / Instruction  Toyo Inventor Toyo Invs (I or others)  Tech Invs (S ) Others		
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SIA / PR Seen: Consistent? : Yes or No  Late: Person Contacted: Date / Time Action / Instruction  Touristic Time, File Pass 107  : Final Report  Add Fee: Size in Instruction  LBal. Final Report  Days Of Repair:  Consistent? : Yes or No  LBal. Do. A. 22/10/21  D.O.A. 22/10/21  D.O.A. 22/10/21  D.O.A. 22/10/21  D.O.A. 22/10/21  D.O.I. 25/10/22  Survey held at  Des. of Damages: Ent / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  Touristic Time, File Pass 107  Prell. Report  Days Of Repair:  Survey No. of Trip: Survey Fee:  Transportative  Add Fee: Site Insp (\$ ) S-RS_SI  Interview (\$ ) Press  Transportative		R/Bal C
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## > Back to OneMotoring

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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	878K
Vehicle No.:	SHC5470H
Vehicle to be Exported:	Yes
ntended Deregistration Date:	22 Oct 2021
/ehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002346
Chassis No.:	VF1ABL15AUC280955
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	18 Dec 2014
First Registration Date:	18 Dec 2014
Transfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$12,498.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2022
PARF Rebate Amount: Intended COE Rebate Details	\$8,123.00
COE Expiry Date:	17 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$7,435.00
Total Rebate Amount: Message	\$15,558.00
Please note that the 8-year COE for this vehicle cannot be furthe if applicable), whichever is earlier.	er renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifesp

The information contained herein is correct as at 22 Oct 2021



# 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 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.

- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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 22/10/2021 12:22 (SGT) Date of Accident 22/10/2021 09:30 (SGT) **Exact Location of Accident** Near Blk 14 Mkt/FC, Singapore Additional Location Information GEYLANG ROAD AFTER ENGKU AMAN ROAD Country/State of Loss Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5470H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Company Reg No 2XXXXX878K **Email Address** claims@transcab.com.sg Mobile Phone No (Phone) +65-62876666 Alternative Phone No (Office) +65-62876666

#### VEHICLE PARTICULARS

Manufacturer Renault Model Latitude Variant 2.0L DCI AUTO D/AB 4DR 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 1998

#### 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 LEE HIONG SOON NRIC No SXXXX209E

Date Of Birth 25/07/1957 Occupation Outdoor Date Of Driving Pass 31/07/2001 Driving experience 20 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-96788994 Alt. Phone Number **Email Address** claims@transcab.com.sg Address 61 CIRCUIT ROAD Address complement #05-225 Postcode 370061 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 TRAVELLING ALONG GEYLANG ROAD TOWARDS CITY. WHEN I SAW VEHICLE IN FRONT OF MY JAMMED BRAKE, I APPLIED MY BRAKE AND STOPPED IN TIME . 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? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SDZ4830K Vehicle Manufacturer Honda Vehicle Model Civic

Private car

Vehicle Variant Vehicle Colour Vehicle Category

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

- 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.
- 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.
- 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
  - 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.

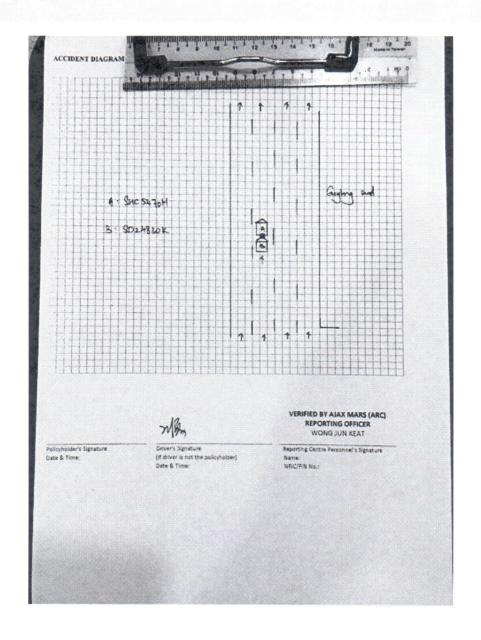
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

22/10/2021

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.



SKETCH PLAN		
REFER TO ATTAC	CHED ACCIDENT DIAGRAM	
DESCRIBE CIRCUMSTANCES	BCT MELLING TO PLANSON THE PLANSON MALE PROCESSION OF THE PLANSON	OWASSO OTV. WISELL
	G ALONG GEYLANG ROAD T FRONT OF MY JAMMED BRA	
	PPED IN TIME . SUDDENLY V	
ONTO REAR OF N		
<b>DECLARATION</b> I/We declare the foregoing part	iculars are true in every respect.	
	MM	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER WONG JUN KEAT
Policyholder's Signature Date & Time:	Oriver's Signature \( \frac{1}{2} \)	Reporting Centre Personnel's Signature Name:
**************************************	Date & Time: 22/10/2021	NRIC/FIN No.:

## **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

SHC5470H

AAD2110-Not Nothank

Vehicle No.: SHC5470H 25 OCT 2021 Chassis No.: VF1ABL15AUC280955 Vehicle Make: RENAULT Vehicle Model: LATITUDE Date of Accident: 22/10/2021

Third Party Insurer:

Date of Registration:

18/12/2014

TOKIO

			 ,
	PART		LIST
1	BUMPER COVER REAR		\$ 561.70
1	BUMPER LOWER REAR		\$ R 411.90 —
1	BUMPER BRACKET CTR REAR		\$ In 98.10 X
1	BUMPER BRACKET SIDE RH REAR		\$ Diy 82.10
1	BUMPER REFLECTOR RH		\$ CM 16.60 -
1	BUMPER RETAINER RH REAR		\$ Di 59.80
1	BUMPER BRACKET SIDE LH REAR		\$ 54 80.80 x
1	BUMPER RETAINER LH REAR		\$ 54.20 x
1	BUMPER BEAM REAR		\$ By 547.80
1	FENDER PANEL REAR RH		\$ Bu 1,933.20 —
1	WHEELARCH REAR RH		\$ 275.40 X
1	OUTER PANEL REAR (End Panel)		\$ R1 745.80
1	OUTER PANEL REAR (End Panel)TRIM		\$ AU4.56
1	BOOT REAR		\$ B71 Bn 1,677.20
	BOOT REFLECTOR LAMP LH		\$ Su 277.70 X
1	BOOT BADGE 'RENAULT'		\$ Ma 82.40
	BOOT BADGE		\$ May 95.80 -
1	BOOT HINGE LH		\$ R 254.20 X
1	BOOT HINGE RH		\$ N 254.20 X
1	BOOT STRUT LH		\$ <sup>1</sup> / <sub>5</sub> 145.10 ×
1	BOOT STRUT RH		\$ 145.10 x
	BOOT LOCK		\$ N 246.60 ⊀
	BOOT LOCK CATCH		\$ <i>P</i> 41.70 ⊀
	BOOT FINISHER		\$ Ph 344.70 X
1	EXHAUST REAR		\$ By 5,263.60 350052
1	EXHAUST CAP REAR		\$ nu 125.40 u
			\$ 8,836.66
		10%	\$ 883.67

## **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

SHC5470H

HC54/0	H .	
		\$ 7,952.99
	Specical Nett	
1SET	PARKING AID	\$ nd/shan 700.00 400sn
1SET	REAR BUMPER CLIP	\$ Ma 66.00
1	FENDER CLIP	\$ na 60.00 x
1SET	BUMPER BRACKET CTR CLIP	\$ na 33.00 x
1SET	BUMPER BRACKET SIDE CLIP RH RR	\$ 10.00 ×
1SET	BUMPER RETAINER RH CLIP RR	\$ 12 20.00 X
1SET	BUMPER BRACKET SIDE CLIP LH RR	\$ un 10.00 x
1SET	BUMPER RETAINER CLIP LH RR	\$ 20.00 X
1SET	BUMPER LOWER REAR CLIP	\$ ne 66.00
1	REAR BOOT STICKER 'Trans-cab'	\$ New 80.00 305AL
1	REAR BOOT STICKER '6555-3333'	\$ Ner 80.00 305m
2	WINDSCREEN SEALANT	\$ nec 150.00 4051
1	WINDSCREEN MOULDING	\$ 200.00 X
1	WINDSCREEN INNER SPONGE SEAL	\$ na 130.00 30sn-
	TOTAL	\$ 1,625.00
	TOTAL PARTS	\$ 9,577.99
	LABOUR	
	Putty And Spray Painting Of The Affected Portion.	\$ 3,000.00 Ida
	Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$ 3,000.00 12cal
	To Rust-Proofing Of The Affected Areas.	\$ 170.00 90/
	To reinstall rear bumper parking sensor.	\$ 170.00 601
	To transfer of bootlid fittings, attachments and perform water seepage test.	\$ 170.00 602
	To repair and realign rear exhaust pipe.	\$ 170.00 Pd

AAD2110-

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

AAD2110-

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666

Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

## SHC5470H

(LUMP SUM) Repair Days	20 DAYS Sday,	
Over All Total	\$ 25,110.99	=
TOTAL	\$ 7,580.00	
To Check Electrical Lighting Concerned.	\$ 170.00	201
To check steering geometry and computer wheel alignment	\$ ~~ 220.00	X
To transfer of rear windscreen fittings and conduct water seepage test.	\$ 170.00	120
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$ 170.00	1001
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$ Report 170.00	X

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 Company

Acknowledged by Repairer

Signature:

Date: