

Trans-cab Auto Services Pte Ltd**AAD2202-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD679B

Vehicle No.:	SHD679B
Chassis No.:	VF1ABL15AUC283305
Co UEN:	200303878K
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	21/02/2022
Third Party Insurer :	XD3919A/ F&L
Date of Registration :	08/12/2017

PART	LIST	
1 BUMPER COVER REAR	\$	561.70
1 BUMPER LOWER REAR	\$	411.90
1 BUMPER REFLECTOR LH	\$	16.60
1 BUMPER BRACKET CTR REAR	\$	98.10
1 BUMPER BRACKET SIDE RH REAR	\$	82.10
1 BUMPER RETAINER RH REAR	\$	59.80
1 FENDER PANEL REAR LH	\$	1,933.20
1 WHEELARCH REAR LH	\$	275.40
1 BUMPER BEAM REAR	\$	547.80
1 BUMPER BEAM BRACKET LH REAR	\$	114.50
1 BUMPER BEAM BRACKET RH REAR	\$	114.50
1 OUTER PANEL REAR (End Panel)	\$	745.80
1 OUTER PANEL REAR (End Panel)TRIM	\$	404.56
1 BOOT REAR	\$	1,677.20
1 BOOT HINGE LH	\$	254.20
1 BOOT HINGE RH	\$	254.20
1 BOOT REFLECTOR LAMP LH	\$	277.70
1 TAILLAMP LH	\$	401.40
	\$	8,230.66
10%	\$	1,594.73
	\$	14,352.53

Specical Nett

1SET PARKING AID	\$	700.00
1SET REAR BUMPER CLIP	\$	66.00
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	10.00

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1SET BUMPER RETAINER RH CLIP RR	\$	20.00
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	10.00
1SET BUMPER RETAINER CLIP LH RR	\$	20.00
1SET BUMPER LOWER REAR CLIP	\$	66.00
1 EXHAUST MOUNTING REAR	\$	17.82
2 WINDSCREEN SEALANT	\$	150.00
1 WINDSCREEN MOULDING	\$	200.00
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00

TOTAL	\$	1,509.82
TOTAL PARTS	\$	15,862.35

LABOUR

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00
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

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To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00
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To check steering geometry and computer wheel alignment	\$	220.00
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To Check Electrical Lighting Concerned.	\$	170.00
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TOTAL	\$	7,880.00
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Over All Total	\$	38,094.89
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(LUMP SUM)**Repair Days****20 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	21/02/2022 13:48 (SGT)
Date of Accident	21/02/2022 07:54 (SGT)
Exact Location of Accident	Near 253 Jln Buroh, Singapore 128828
Additional Location Information	JLN BUROH ESSO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD679B
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INSURED/POLICYHOLDER

Is company?	Yes
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 2.0L DCI AUTO D/AB 4DR
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	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	-

DRIVER

Name of Driver	SOH SAY HIN
NRIC No	SXXXX603J

Date Of Birth	08/06/1958
Occupation	Outdoor
Date Of Driving Pass	16/05/1979
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96666625
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	131C KIM TIAN ROAD
Address complement	#24-185
Postcode	163131
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)	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?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	XD3919A
Vehicle Manufacturer	Man
Vehicle Model	TGS26.320 6X2-2 BLS
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Commercial vehicle
Name of Driver	CHU LAY KEONG
NRIC No	SXXXX329C
Contact Number	(Phone) +65-83991853
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	SOH SAY HIN
Gender	Male
Phone No	(Phone) +65-96666625
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD679B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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. 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 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.

21/2/2022

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

ACCIDENT DIAGRAM

A: 806116
N: 0385A

VERIFIED BY AMAX WARE (AMC)
REPORTING OFFICER
WONG JUN KEAT

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

I/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: 21/2/2022

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

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

SINGAPORE POLICE FORCE

Police Station Of Origin:
Tee Payoh N.P.C
63 Tee Payoh Central #01-02 Tee Payoh
Community Building SINGAPORE 319184
Tel No: 1800-2518888

T/20220221/2021
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Report No. T/20220221/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2022 08:52	Video Report No.:	Station Diary No.: 39
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Name of Informant: SON EAY HIN	Address: APT BLK 131C KIM TIAN ROAD #24-186 SINGAPORE 161151
ID Type / ID No.: NRIC NO / 62171805J	Contact No.: Home/Office: Mobile: 99008825
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male	Age: 83
Date of Birth: 08/08/1938	Type of Informant: Driver
Race: Chinese	Language:
Occupation: Tand driver	Institution / School Name:
Driving License Information: Class:	Date of Expiry:

Type of Accident: Location: JALAN BURCH	Injury: Others	Driver: Driver No	Date/Time of Accident: 21/02/2022 07:55	Type of Location: Straight Road
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Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles * Head To Head	Anyone conveyed by Ambulance: No	

SH08708	Car	MANULY	Red	Speedy	0
XD0618A	TRUCK	MAN	White	Speedy	0

Use of Pedestrian Crossing (NA)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tee Payoh N.P.C
83 Tee Payoh Central #01-02 Tee Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519998

CONTINUATION OF REPORT

7402200210021

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Report No. T/20220221/021

Name	SOH SAY HW	ID No.	S2171803J
Related Vehicle	SHD6796 (Car)	Contact No.	96666625
Hospital/Clinic	MOUNT ALVERNA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Name	CHAI Lay Keong	ID No.	S9077329C
Related Vehicle	XD3818A (TRUCK)	Contact No.	S3991853
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details

[illegible]



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tee Payoh H.P.C.
93 Tee Payoh Central #01-02 Tee Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2518888


7/20220221/2021


3-413
Report No. TQ0220221/2021

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 6547 8488, using the report number as reference.

<p>Signature Of Officer Recording The Report: E/BGT Z WESLEY TEO YAO WEN</p>	<p>Signature Of Informant: </p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 21/06/2022 09:32</p>
<p>Officer In Charge Of Case: TP J AET / 2550 SRI TAY CHUAN HERN Contact No: 86478488</p>	<p>Classification Of Case:</p>



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD679B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Feb 2022
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003135
Chassis No.:	VF1ABL15AUC283305
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	08 Dec 2017
First Registration Date:	08 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Dec 2025
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	07 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$16,199.00
Total Rebate Amount:	\$31,197.00
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 21 Feb 2022

OK