



**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

**SHD9761L**

2205-128

*Not authorized  
Repair by part  
81010-15*

Vehicle No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SHD9761L**

200303878K

TOYOTA

PRIUS GEN 4

28.5.2022

**SJJ4977J / AUTO & GENERAL**

15/1/2021

**01 JUN 2022****PART****LIST**

PART	LIST
1 COVER, REAR BUMPER	\$ <i>Per</i> 485.60 ✓
1 REINFORCEMENT SUB-ASSY, REAR BUMPER	\$ <i>Per</i> 332.70 X
1 GUARD, REAR BUMPER, CENTER	\$ <i>R</i> 374.50 X
1 SEAL, REAR BUMPER SIDE, RH	\$ <i>R</i> 118.30 X
1 RETAINER, REAR BUMPER SIDE, RH	\$ <i>Dir</i> 132.60 ✓
1 COVER, REAR BUMPER, LOWER	\$ <i>mit</i> 22.00 ✓
1 PANEL SUB-ASSY, BODY LOWER BACK	\$ <i>R</i> 651.00 X
<b>TOTAL</b>	<b>\$ 2,116.70</b>
<b>25%</b>	<b>\$ 529.18</b>
	<b>\$ 1,587.53</b>

**Special Nett**

1 REAR BUMPER SIDE CLIP	\$ <i>na</i> 60.00 ✓
1SET PARKING AID	\$ <i>na</i> 700.00 X
1SET REAR BUMPER CLIP	\$ <i>na</i> 85.00 ✓
1 REAR BUMPER RETAINER CLIP	\$ <i>na</i> 75.00 X
<b>TOTAL</b>	<b>\$ 920.00</b>
<b>TOTAL PARTS</b>	<b>\$ 2,507.53</b>

**LABOUR**

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$ <i>na</i> 240.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$ <i>na</i> 380.00 X

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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	200 1,600.00	
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	nn 380.00	X
Putty And Spray Painting Of The Affected Portion.	\$	1,600.00	220
To reinstall rear bumper parking sensor.	\$	6 170.00	501
To transfer of tire, rim and on wheel balancing.	\$	6 170.00	X
To Check Electrical Lighting Concerned.	\$	6 170.00	X
To check steering geometry and computer wheel alignment	\$	6 220.00	X
To remove and refit of rear fender fittings, attachment and perform water seepage test.	\$	6 170.00	X
<b>TOTAL</b>	<b>\$</b>	<b>5,100.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>7,607.53</b>	

**(PART-BY-PART) Repair Days**

*7 Days*  
*2 days*

**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:

> [Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD9761L
Vehicle to be Exported:	No
Intended Deregistration Date:	30 May 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2H41788
Chassis No.:	JTDKB3FU403093330
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	15 Jan 2021
First Registration Date:	15 Jan 2021
Transfer Count:	0
Actual ARF Paid:	\$7,030.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2029
PARF Rebate Amount:	\$5,272.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$30,510.00
COE Rebate Amount:	\$25,260.00
<b>Total Rebate Amount:</b>	<b>\$30,532.00</b>
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 30 May 2022

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 ..... 30/05/2022 12:14 (SGT)  
Date of Accident ..... 28/05/2022 16:10 (SGT)  
Exact Location of Accident ..... Near SLE, Singapore  
Additional Location Information ..... SLE TOWARDS CTE BEFORE LENTOR AVE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD9761L

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 ..... 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 ..... LEE SIONG LIM  
NRIC No ..... SXXXX708C

Date Of Birth	09/03/1959
Occupation	Outdoor
Date Of Driving Pass	04/03/1980
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87207157
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	956 HOUGANG ST 91
Address complement	#05-294
Postcode	530956
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	P1
Gender	Male

#### PASSENGER 2

Name	P2
Gender	Female

#### PASSENGER 3

Name	P3
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

ON 28/05/2022 AT ABOUT 1610HOURS , I WAS TRAVELLING ALONG SLE TOWARDS CTE . WHEN I SAW A VEHICLE STOPPED AT THE MOST RIGHT LANE , THEN I APPLIED MY BRAKE AND STOPPED MY VEHICLE . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD 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	WITH TRANSCAB.

Was there any audio recorded? ..... No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJJ4977J
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Lancer
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LUO XIAOHUA
NRIC No .....	SXXXX599J
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	LEE SIONG LIM
Gender .....	Male
Phone No .....	(Phone) +65-87207157
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD9761L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

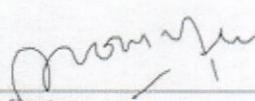
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

30/5/2022

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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: 30/5/2022

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**WONG JUN KEAT**  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT REPORT FORM (ARC) X042021

TENTH

A: SHO 97614  
B: SJH 97713

SLE

↑ ↑ ↑

↑ ↑ ↑

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:  
NIC/PIN No.: