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## Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars     |                                       |
|-------------------------------|---------------------------------------|
| Owner ID Type:                | Company                               |
| Owner ID:                     | 575K                                  |
| Vehicle Details               |                                       |
| Vehicle No.:                  | SNA4383Y                              |
| Vehicle to be Exported:       | Yes                                   |
| Intended Deregistration Date: | 30 Jun 2022                           |
| Vehicle Make:                 | TOYOTA                                |
| Vehicle Model:                | PRIUS 5DR HATCHBACK (AUTO)            |
| Primary Colour:               | Silver                                |
| Manufacturing Year:           | 2020                                  |
| Engine No.:                   | 2ZR2G83364                            |
| Chassis No.:                  | JTDKB3FU803091628                     |
| Maximum Power Output:         | 90.0 kW (120 bhp)                     |
| Open Market Value:            | \$26,807.00                           |
| Original Registration Date:   | 24 Jun 2021                           |
| First Registration Date:      | 24 Jun 2021                           |
| Transfer Count:               | 0                                     |
| Actual ARF Paid:              | \$14,530.00                           |
| Intended PARF Rebate Details  |                                       |
| PARF Eligibility:             | Yes                                   |
| PARF Eligibility Expiry Date: | 23 Jun 2031                           |
| PARF Rebate Amount:           | \$10,897.00                           |
| Intended COE Rebate Details   |                                       |
| COE Expiry Date:              | 23 Jun 2031                           |
| COE Category:                 | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years):            | 10                                    |
| QP Paid:                      | \$60,001.00                           |
| COE Rebate Amount:            | \$48,000.00                           |
| <b>Total Rebate Amount:</b>   | <b>\$58,897.00</b>                    |

The information contained herein is correct as at 30 Jun 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              | 30/06/2022 15:19 (SGT)                             |
| Reported by                     | Both   |
| Date of Accident                | 30/06/2022 07:05 (SGT)                             |
| Exact Location of Accident      | Lor 8 Geylang, Singapore                           |
| Additional Location Information | LORONG 8 GEYLANG TURNING TO MAIN ROAD GEYLANG ROAD |
| Country/State of Loss           | Singapore  |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SNA4383Y |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | Yes                    |
| Name Of Registered Owner | TRANS LEASING PTE LTD  |
| Company Reg No           | 2XXXXX575K             |
| Email Address            | claims@transcab.com.sg |
| Mobile Phone No          | (Phone) +65-65552222   |
| Alternative Phone No     | -                      |

### 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   | Private hire              |
| Transmission   | Auto                      |
| CC   | 1767                      |

### INSURANCE COMPANY

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Insurance Company         | AXA Insurance Pte Ltd |
| Policy Number / Cover Note Number | VFX/P2440417          |

### DRIVER

|                |                      |
|----------------|----------------------|
| Name of Driver | KHO CHUAN KOK PHILIP |
| NRIC No        | SXXXX534Z            |
| Date Of Birth  | 17/10/1960           |

|  |  |
|--|--|
| Occupation .....   | Indoor   |
| Date Of Driving Pass .....   | 07/11/1979   |
| Driving experience .....   | 42 YEARS AND 7 MONTHS                                |
| Gender .....   | Male   |
| Mobile Number .....  | (Phone) +65-94494023                                 |
| Alt. Phone Number .....  | -  |
| Email Address .....  | claims@transcab.com.sg                               |
| Address .....  | HDB Admiralty Grove, 693D Woodlands Avenue 6 #11-821 |
| Address complement .....   | -  |
| Postcode .....   | 734693   |
| 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 .....   | Side Swipe |
| 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) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

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 ALREADY AT THE GEYLANG ROAD MAIN ROAD, I WAS AT THE SECOND LANE FROM THE LEFT GOING STRAIGHT THEN THIRD PARTY FROM MY RIGHT MAKE A LANE CHANGE AND COLLIDED ONTO MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

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 ..... | WILL UPLOAD INTO TRANSCAB |

DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SDR668G  |
| Vehicle Manufacturer .....        | Subaru   |
| Vehicle Model .....               | Forester |
| Vehicle Variant .....             | -        |

|   |             |
|---|-------------|
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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**.
- 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 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.
- 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.



Witnessed By Reporting Officer  
Ang Qi Hao, Victor

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

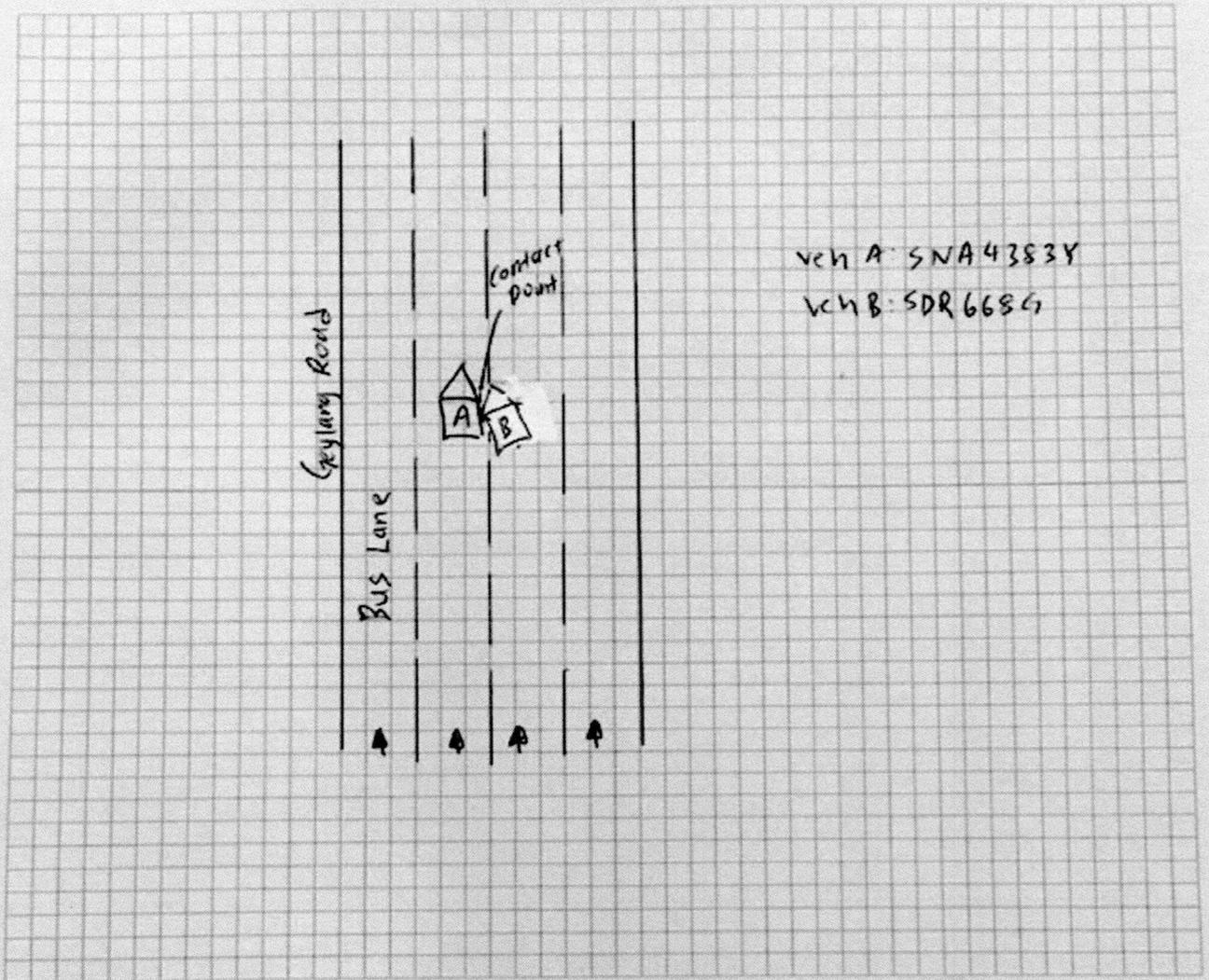
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

**REFER TO ATTACHED ACCIDENT DIAGRAM**



ACCIDENT DIAGRAM



veh A: SNA4383Y  
 veh B: SDR668G

**VERIFIED BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**ANG QI HAO, VICTOR**

Policyholder's Signature  
 Date & Time:

*[Handwritten Signature]*  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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

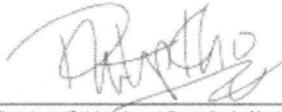
**Describe Circumstances of the Accident**

I ALREADY AT THE GEYLANG ROAD MAIN ROAD, I WAS AT THE SECOND LANE FROM THE LEFT GOING STRAIGHT THEN THIRD PARTY FROM MY RIGHT MAKE A LANE CHANGE AND COLLIDED ONTO MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

**Declaration**

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

Witnessed By Reporting Officer  
Ang Qi Hao, Victor

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**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

**SNA4383Y**

**AAD2207-001**

*Not Authorized  
 Return By paint  
 2207.85*

Vehicle No.:  
 Chassis No.:  
 UEN No:  
 Vehicle Make:  
 Vehicle Model:  
 Date of Accident :  
 Third Party Insurer :  
 Date of Registration:

**18 JUL 2022**

**SNA4383Y**  
**JTDKB3FU803091628**  
**201603575K**  
 TOYOTA  
 PRIUS **GEN 4**  
 30/06/2022  
**SDR668G/AUTO & GENERAL**  
 24/06/2021

| PART  | LIST                    |
|---|-------------------------|
| 1 RIM   | \$ <i>Sm</i> 1,900.10 X |
| 1 HUB CAP                                       | \$ <i>Sm</i> 211.50 X   |
| 1 COVER, FRONT BUMPER                           | \$ <i>Sm</i> 521.00 X   |
| 1 LINER, FRONT FENDER, RH                       | \$ <i>Sm</i> 210.30 X   |
| 1 FENDER SUB-ASSY, FRONT RH                     | \$ <i>R</i> 977.80 X    |
| 1 PANEL SUB-ASSY, FRONT DOOR, RH                | \$ <i>R</i> 1,300.70 ✓  |
| 1 FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH | \$ <i>R Sm</i> 193.50 X |
| 1 HANDLE ASSY, FRONT DOOR OUTSIDE, RH           | \$ <i>Sm</i> 390.60 X   |
| 1 WEATHERSTRIP, FRONT DOOR, RH                  | \$ <i>Sm</i> 231.30 X   |
| 1 HINGE ASSY, FRONT DOOR, LOWER RH              | \$ <i>R</i> 110.60 X    |
| 1 HINGE ASSY, FRONT DOOR, UPPER RH              | \$ <i>R</i> 97.50 X     |
| 1 TAPE, BLACK OUT, NO.1 FRT RH                  | \$ <i>Sm</i> 13.30 ✓    |
| 1 TAPE, BLACK OUT, NO.2 FRT RH                  | \$ <i>Sm</i> 43.50 ✓    |
| 1 TAPE, BLACK OUT, NO.3 FRT RH                  | \$ <i>Sm</i> 26.30 ✓    |
| 1 MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH    | \$ <i>Sm</i> 926.00 X   |
| 1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH     | \$ <i>Sm</i> 238.30 X   |
| 1 PANEL SUB-ASSY, REAR DOOR, RH                 | \$ <i>R</i> 1,294.90 X  |
| 1 MOULDING, FRONT DOOR WINDOW FRAME, REAR RH    | \$ <i>Sm</i> 56.50      |
| 1 FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH  | \$ <i>Sm</i> 193.50     |
| 1 HANDLE ASSY, REAR DOOR OUTSIDE, RH            | \$ <i>Sm</i> 97.40      |
| 1 WEATHERSTRIP, REAR DOOR OPENING TRIM, RH      | \$ <i>Sm</i> 293.00     |
| 1 HINGE ASSY, REAR DOOR, LOWER RH               | \$ <i>R</i> 87.10       |
| 1 HINGE ASSY, REAR DOOR, UPPER RH               | \$ <i>R</i> 98.90       |
| 1 TAPE, BLACK OUT, NO.1 REAR RH                 | \$ <i>Sm</i> 21.90      |
| 1 TAPE, BLACK OUT, NO.2 REAR RH                 | \$ <i>Sm</i> 34.90      |
| 1 TAPE, BLACK OUT, NO.3 REAR RH                 | \$ <i>Sm</i> 15.40      |
| 1 MOTOR ASSY, POWER WINDOW REGULATOR, RH        | \$ <i>Sm</i> 926.00     |
| 1 REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH      | \$ <i>Sm</i> 206.70     |
| 1 MOULDING ASSY, BODY ROCKER PANEL, LH          | \$ <i>R</i> 594.80      |

**Trans-cab Auto Services Pte Ltd**

AAD2207-001

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SNA4383Y**

|              |                             |           |                  |   |
|--------------|-----------------------------|-----------|------------------|---|
| 1            | PANEL SUB-ASSY, QUARTER, LH | \$        | <i>n</i> 871.50  | X |
| 1            | LINER, REAR WHEEL HOUSE, LH | \$        | <i>in</i> 139.80 | X |
| <b>TOTAL</b> |                             | <b>\$</b> | <b>12,324.60</b> |   |
| <b>25%</b>   |                             | <b>\$</b> | <b>3,236.90</b>  |   |
|              |                             | <b>\$</b> | <b>9,710.70</b>  |   |

**Special Nett**

|                    |                             |           |                  |   |
|--------------------|-----------------------------|-----------|------------------|---|
| 2SET               | DOOR TRIM CLIP              | \$        | <i>nn</i> 70.00  | X |
| 2SET               | DOOR WEATHERSTRIP CLIP      | \$        | <i>nn</i> 130.00 | X |
| 1SET               | CLIP, ROCKER PANEL MOULDING | \$        | <i>nn</i> 65.00  | X |
| 1                  | FRT BUMPER CLIP             | \$        | <i>nn</i> 65.00  | X |
| 1SET               | FENDER CLIP                 | \$        | <i>nn</i> 130.00 | X |
| 1                  | FENDER LINER CLIP           | \$        | <i>nn</i> 65.00  | X |
| <b>TOTAL</b>       |                             | <b>\$</b> | <b>525.00</b>    |   |
| <b>TOTAL PARTS</b> |                             | <b>\$</b> | <b>10,235.70</b> |   |

**LABOUR**

|   |    |                  |            |
|---|----|------------------|------------|
| To Rust-Proofing and apply undercoat Of The Affected Areas.   | \$ | 240.00           | <i>300</i> |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.                           | \$ | <i>nn</i> 380.00 | X          |
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | 2,000.00         | <i>400</i> |
| To transfer of door fittings, attachment to facilitate bodywork repair.   | \$ | 380.00           | <i>60</i>  |
| Putty And Spray Painting Of The Affected Portion.   | \$ | 2,000.00         | <i>660</i> |
| To transfer of tire, rim and on wheel balancing.  | \$ | <i>nn</i> 170.00 | X          |
| To Check Electrical Lighting Concerned.   | \$ | 170.00           | <i>20</i>  |
| To check steering geometry and computer wheel alignment   | \$ | <i>nn</i> 220.00 | X          |

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CO./GST Reg. No. 201019626G

**SNA4383Y**

To remove and refit of rear fender fittings, attachment and perform water seepage test.

\$ *nr* 170.00 X

**TOTAL** \$ 5,730.00

**Over All Total** \$ 15,965.70

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

*10 Days*

*4 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: