SHD 895D Yr Regn: 12, 17 1. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Trailer or Renault Laritude c.c 1993 White I Rev A/C: Insured / Std / NI / NA
railer or Renault Laritude c.c 1992 White I Rev A/C: Insured/Std/NI/NA
railer or Renault Laritude c.c 1992 White I Rev A/C: Insured/Std/NI/NA
raller or A). Renault Laritude c.c 1983 White 1 Phys. AIC: Insured/Std/NI/NA
Renault Larihole c.c 1983 While I had AIC: Insured/Std/NI/NA
White I had A/C: Insured/Std/NI/NA
551985 T/Radio: Insured / Std / MI / NA
55/965 T/Radio: Insured / Std / NI / NA
1/2/10: 21
VFIABLISAUC. 003203
7 Jammed / Leaked / Burnt or
/ Jammed / Leaked / Burnt or
Rim / STD A/Rim or
213/60R16
VA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
Sailun
Rear
O mm R/Ba!. ✓ mm
mm L/Bal. 7 mm
1722 D.O.I. 25/7/201
Frt / Rear / O/S / N/S / U/C / Rooftop or
sals frame / Body Structure affected due to collision.
Talle 7 Body Structure affected due to collision.
4.03, 942)
2
ip: Survey Fee:
Transportation:
The same of the sa
The same of the sa
1. Others
F / 5

1 1

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

SHD695D

NOT Notharter USmy & 1100h

Vehicle No.:		SHD695D
Chassis No.:	0 5 1111 2000	VF1ABL15AUC283492
Co UEN:	2 5 JUL 2022	200303878K
Vehicle Make:		RENAULT
Vehicle Model:		LATITUDE
Date of Accident :		10/04/2022
Third Party Insurer:		SKJ4231R/itokio.
Date of Registration :		21/12/2017

	PART	LIST
1	BUMPER COVER FRT	\$ N 747.20 X
1	BUMPER RETAINER FRT LH	\$ 101.40 ×
1	HEADLAMP LH	\$ 1 743.60 X
1	HEADLAMP PANEL FRT LH	\$ 128.30 X
1	DOOR PANEL FRT LH	\$ 2,844.66 X
1	DOOR HINGE UPPER FRT LH	\$ M 274.50 X
1	DOOR HINGE LOWER FRT LH	\$ n 300.55 X
1	FENDER PANEL FRT LH	\$ By 437.10
1	WHEELARCH FRT LH	\$ ₩ 191.40 X
1	AIR CLEANER LOWER	\$ 1 271.26 V
1	AIR CLEANER HOSE	\$ € 175.85 K
1	AIR CLEANER BOX	\$ L 464.20 X
		\$ 6,680.02
	10%	\$ 668.00
		\$ 6,012.01

	Specical Nett	
1SET	BUMPER BRACKET SIDE CLIP LH RR	\$ NR 10.00 X
1SET	BUMPER RETAINER CLIP LH RR	\$ na 20.00 X
1	DOOR TRIM CLIP	\$ m 70.00 X
1	DOOR MOULDING CLIP	\$ nn an 70.00 for X
1	DOOR STICKER TRANSCAB	\$ Mr 200.00 661AL
1	DOOR STICKER CLASSIC	\$ Ma 100.00 305m
1	RIM	\$ 350.00 X
1	TYRE	\$ 1 300.00 K
1	BUMPER CLIP FRT	\$ ~~ 85.00 x
1	FENDER LINER CLIP	\$ ~~ 65.00 X

Trans-cab Auto Services Pte Ltd

AAD2204-045

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666

Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHD695D

TOTAL DARTS	7.1	1,270.00 7,282.01
TOTAL PARTS _	D	7,202.01
Putty And Spray Painting Of The Affected Portion.	\$	3,000.00 6601
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00 2cal
To Rust-Proofing Of The Affected Areas.	\$	170.00 30
To check steering geometry and computer wheel alignment	\$	~~ 220.00 X
To Check Electrical Lighting Concerned.	\$	170.00 /ol

Over All Total \$

TOTAL \$

(LUMP SUM) **Repair Days**

2day,

6,560.00

19,854.03

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:

SA0A224B0006 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 11/04/2022 21:30 (SGT) SUBMITTED BY: Victor VERSION: 1 (11/04/2022 21:30 (SGT))



SINGAPORE ACCIDENT STATEMENT

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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.
- 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 11/04/2022 21:30 (SGT) Date of Accident 10/04/2022 01:05 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG BALESTIER ROAD FROM LAVENDER STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD695D

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 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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd ThirdParty Type of Coverage Fleet Policy Yes Policy Number VFX/P2413997 Cover Note Number

DRIVER

Name of Driver TAN THIAM LI NRIC No SXXXX387E

Date Of Birth 31/12/1968 Occupation Outdoor Date Of Driving Pass 17/08/1990 Driving experience 31 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-97918905 Alt. Phone Number **Email Address** Claims@transcab.com.sg HDB Bedok, 119 Bedok North Road #06-211 Address Address complement Postcode 460119 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? Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name P1

DETAILS OF POLICE ACTION

Gender

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, AFTER THE JUNCTION OF LAVENDER STREET THIRD PARTY FROM THE LEFT CUT INTO MY LANE IN A FAST SPEED AND COLLIDED ONTO MY FRONT LEFT DOOR. ONLY TWO VEHICLES WERE INVOVLED WITHOUT ANY INJURIES.

Female

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSKJ4231RVehicle ManufacturerBMWVehicle Model328I 2.0 AT D/AB 4DR ABS HID NAV



Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	(-
Contact Number	39
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.
- 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)

I understand, acknowledge, agree and consent that:

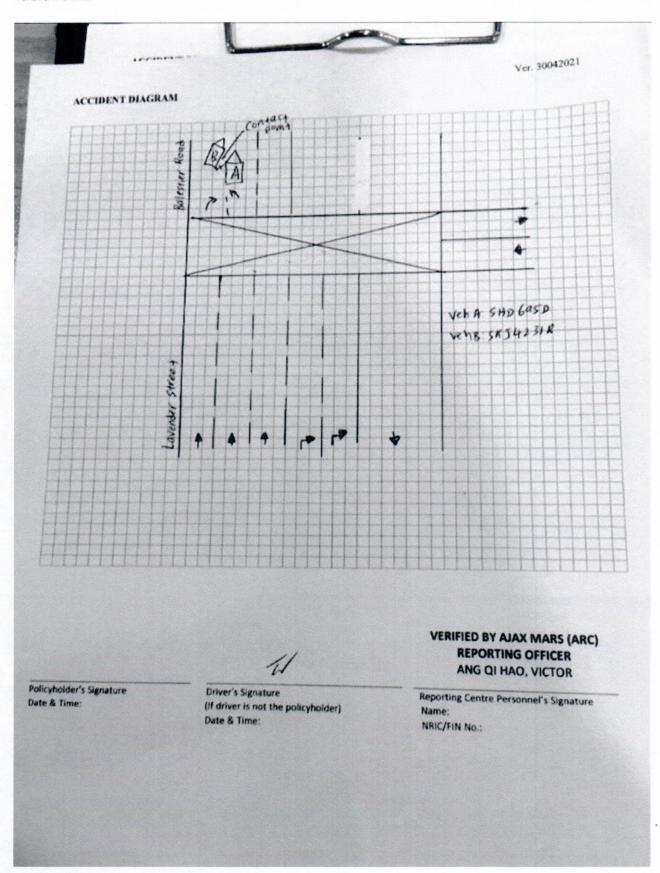
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :
 - 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

ANG QI HAO, VICTOR
Reporting Centre Personnel's Signature

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

Name: NRIC/FIN No.



SKETCH PLAN

REFER TO ATTA	CHED ACCIDENT DIAGRAM	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
STREET THIRD PARTY	FROM THE LEFT CUT INTO MY L	N, AFTER THE JUNCTION OF LAVENDER ANE IN A FAST SPEED AND COLLIDED ONTO VOVLED WITHOUT ANY INJURIES.
DECLARATION		
I/We declare the foregoing part	diculars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER ANG QI HAO, VICTOR
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	878K
Vehicle No.:	SHD695D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Apr 2022
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	M9R8839C003203
Chassis No.:	VF1ABL15AUC283492
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	21 Dec 2017
First Registration Date:	21 Dec 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,998.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Dec 2025
PARF Rebate Amount: Intended COE Rebate Details	\$14,998.00
COE Expiry Date:	20 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$15,759.00
Total Rebate Amount: Message	\$30,757.00

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 11 Apr 2022