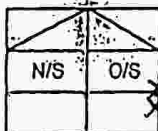


ASS. REC. BY: Sun PinREF: NT4C

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC4011 G Yr Regn: 12/12/2017  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Tractor or

Make: Toyota Prius 4 cc 1795Colour: Maroon A/C: Insured / Std / HI / NASp. Reading: 332303 T/Radio: Insured / Std / HI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FVX03576157Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII (S/Rim) / STD A/Rim orTyre Size: F: 195/65R15R: 195/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Touring

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 16/07/2020D.O.I. 17/07/2020

Survey held at

SMARTDes. of Damages: Frt / Rear / O/S / NIS / UIC / Rooltop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP  
TAX/01/20/2031  
SKZ 7816A

Finalize amount \$1,350. Repair day 3 days. (L/S. before gst).

(RED 9163.04; 87%)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Phone

Others

TOTAL

Report Formed:

Lump Sum / L.B. / C.

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	369K
<b>Vehicle Details</b>	
Vehicle No.:	SHC4011G
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS111734
Chassis No.:	JTDKB3FUX03576157
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Dec 2017
First Registration Date:	12 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2025
PARF Rebate Amount:	\$3,750.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$23,017.00
<b>Total Rebate Amount:</b>	<b>\$26,767.00</b>
<b>Message</b>	
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 20 Jul 2020

OK

1040c

## 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 Report	17/07/2020 08:21
Date Of Accident	16/07/2020 15:00
Exact Location Of Accident	LENGKOK BAHRU OSCP /BLK 45- 46
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4011G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHUA CHIN HOCK
NRIC No	SXXXXX336H
Date Of Birth	08/05/1946
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1972
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 11  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG THE CAR PARK OF LENGKOK BAHRU (BLK 45-46) AND THERE WAS A VEHICLE STATIONARY ON MY RIGHT. WHILST I WAS PASSING, THE VEHICLE SKZ7816A, SUDDENLY REVERSED TOWARDS THE LOT AND COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: FILE TOO BIG  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ7816A  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver JULIANAH MAHMUD  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

### SKETCH PLAN

B- 5KZ7816A

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

I/We declare the foregoing particulars are true in every respect.

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

Sketch Plan Pg. 2

**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.



Policyholder's Signature  
Date & Time:

 16/07/2020  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 16/7/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Case Details

Case Reference Number :  
TAX/07/20/2031

Type of Repair : Accident Repair

Vehicle Registration Number :  
SHC4011G

Company Type : SMRT Taxis Pte  
Ltd

Estimation ID : EST-12078-ID

Assigned By : Kwai Leng Gan

Insurance Company Name : NTUC Income Insurance Co-operative  
Ltd

Accident Date and Time : 16/07/2020 07:00 AM

Vehicle Age(In Months) : 31

## Documents / Photographs

View Documents / Photographs

Total Documents: 1

## Estimation Details

### Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	SMRT Recommendation				Repair/ Replace	Surveyor Quantity	Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)			Surveyor Final Price(\$)	Repair/Replace		
One Time Key In	Main			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 1	1	3.80	3.80	25.00	2.85	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 2	1	3.80	3.80	25.00	2.85	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 3	1	3.80	3.80	25.00	2.85	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			SEAL, RR BUMPER, RH	1	85.20	85.20	25.00	63.90	Replace	0	0.00	Not Give	✓	X SVC
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	0	0.00	Not Give	✓	X SVC

Total Spare Part Cost 5,663.75

Surveyor Total 552.00

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 0.00

Final Spare Part Cost 4,531.00

Final Sur Total 552.00

SMRT Recommendation											Surveyor Approval		
BOM Type	Coating Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			FILLER, RR BUMPER , RH	1	119.90	119.90	25.00	89.93	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			FILLER, RR BUMPER , LH	1	119.90	119.90	25.00	89.93	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	21	120.00 60	Replace ✓ / NEC
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			COVER, REAR FLOOR UNDER , RH	1	169.50	169.50	25.00	127.13	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			PANEL SUB-ASSY, REAR DOOR , RH	1	1,243.90	1,243.90	25.00	932.93	Replace	1	0.00	Repair ✓ X R
One Time Key In	Main			HINGE ASSY, REAR DOOR , UPPER RH	1	83.30	83.30	25.00	62.47	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			HINGE ASSY, REAR DOOR , LOWER RH	1	73.30	73.30	25.00	54.97	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			CHECK ASSY, REAR DOOR	1	153.50	153.50	25.00	115.13	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			PANEL SUB-ASSY, FENDER REAR RH	1	824.80	824.80	25.00	618.60	Replace	1	0.00	Repair ✓ X R
One Time Key In	Main			LINER, REAR FENDER , RH	1	135.80	135.80	25.00	101.85	Replace	0	0.00	Not Give ✓ X SVC
One Time Key In	Main			WHEEL, DISC	1	1,555.10	1,555.10	25.00	1,166.32	Replace	1	0.00	Repair ✓ X R
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	0	0.00	Not Give ✓ X SVC

Total Spare Part Cost 5,663.75

Surveyor Total 552.00

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 0.00

Final Spare Part Cost 4,531.00

Final Sur Total 552.00

SMRT Recommendation										Surveyor Approval				
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			MOULDING ASSY, BODY ROCKER PANEL , RH	1	576.00	576.00	25.00	432.00	Replace	1	432.00	Replace	✓ / CR4
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0.00	Not Given	✓ XSVC
Total Spare Part Cost									5,663.75	Surveyor Total			552.00	
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			0.00	
Final Spare Part Cost									4,531.00	Final Sur Total			552.00	

**Labour's Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION LH	676.00	350.00	✓
Total:			676.00	350.00	

**Spray Cost Detail**


S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	0.00	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0.00	
3	Main	TO RESPRAY FILLER RR BUMPER LH	180.00	0.00	
4	Main	TO RESPRAY FILLER RR BUMPER RH	180.00	0.00	
5	Main	TO RESPRAY REAR FENDER RH	378.00	200.00	✓
6	Main	TO RESPRAY RIM	180.00	50.00	
7	Main	TO RESPRAY REAR DOOR RH	378.00	200.00	✓
8	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	100.00	✓
Total:			2,034.00	550.00	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			480.00	110.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30.00	/
2	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60.00	/
3	Main	TO REPLACE SUNDRY PARTS	100.00	0.00	
4	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20.00	/
5	Main	TO WASH AND VACUUM	60.00	0.00	
<b>Total:</b>			<b>480.00</b>	<b>110.00</b>	

## Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	4,531.00	552.00
Total Labour Cost	676.00	350.00
Total Spray Painting	2,034.00	550.00
Other	480.00	110.00
Overall Total	7,721.00	1,562.00
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	7,700.00	1,550.00
Surveyor Approved Amount	10,513.04	1,550.00
No of Repair Days*	6	3 <i>3 days</i>
Remarks		L/S. after paint
Surveyor Name		Sun Pin (LKK)
Signature		
Survey Date	17/07/2020	

**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: