

ASS. REC. BY: Sun Pn

REF: NTuc

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.

N/S	O/S

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: SHB 5681X Yr Regn: 17/12/2019
Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /
Truck / Trailer or _____
Make: Toyota Prius 4 FL c.c. 1796
Colour: Maroon A/C: Insured / Std / NI / NA
Sp. Reading: 26462 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTPKB3FU203089215
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65 R15
R: 195/65 R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 21/07/2020 D.O.I. 21/07/2020
Survey held at SMRT
Des. of Damages (Frt) Rear / (O/S) / NIS / UIC / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP
	TAX / 07/20/2040
	SLT 464 y
	Finalize amount \$3,676.64. Repair day 3 days. (P/P, before gst).
	(RED:9352.9;71%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Report Format : _____
Lump Sum / I.E.I. (\$) _____

Days Of Repair: 3
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS \$	
Photos	
Others	
TOTAL	

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB5681X
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F35474
Chassis No.:	JTDKB3FU203089275
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	17 Dec 2019
First Registration Date:	17 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Dec 2027
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	16 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$23,657.00
Total Rebate Amount:	\$34,554.00
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 22 Jul 2020

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 Report	21/07/2020 14:02
Date Of Accident	21/07/2020 11:30
Exact Location Of Accident	ORCHARD ROAD TOWARDS PARAGON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5681X
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	

Driver

Name of Driver	AW HUN KIAT (OU HANJIE)
NRIC No	SXXXX533F
Date Of Birth	28/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2006
Driving Experience	14 YEARS AND 5 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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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 ALONG ORCHARD ROAD TOWARDS PARAGON WITH 2 PASSENGERS (CHINESE COUPLE) ON BOARD. SUDDENLY A VEHICLE SLT464Y CUT TOWARDS MY LANE ABRUPTLY FROM MY RIGHT AS HE WANTED AS HE WANTED TO TURN INTO MOUNT ELIZABETH. AS SUCH COLLIDED ONTO THE RIGHT FRONT PORTION OF MY TAXI.

Attachment(s)

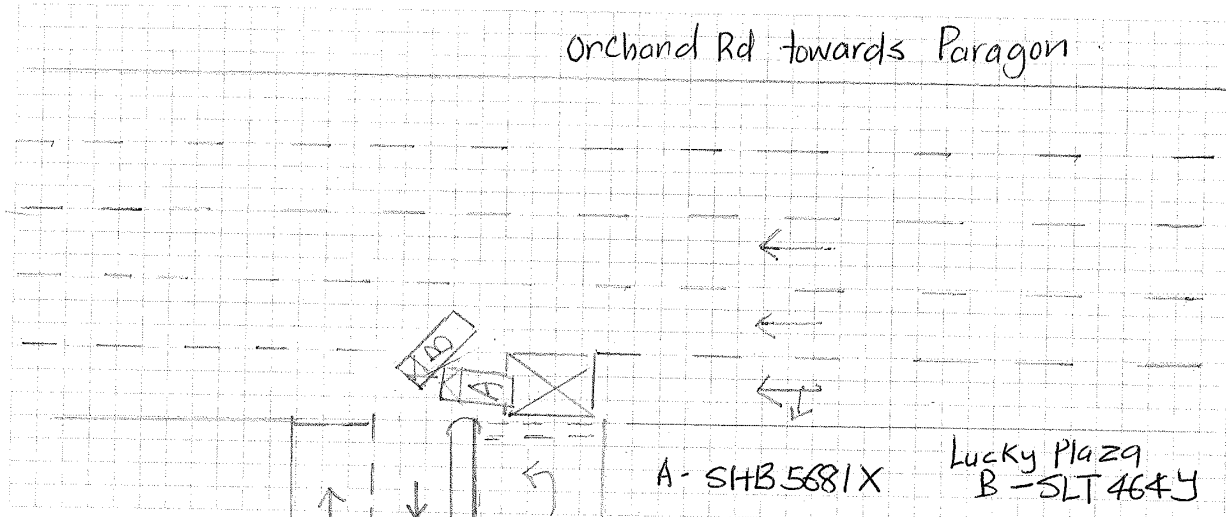
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT464Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM MONG KONG
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper. In the bottom left corner, there is a small, faint circular stamp that appears to contain the letters "M R".

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:

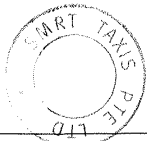
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

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.



Policyholder's Signature
Date & Time:

[Signature] 21/07/2020 13:15 hrs

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

[Signature] 21/7/2020

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Case Details

Case Reference Number :
TAX/07/20/2040
Type of Repair : Accident Repair
Vehicle Registration Number :
SHB5681X

Company Type : SMRT Taxis Pte Ltd
Estimation ID : EST-12108-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Accident Date and Time : 21/07/2020 03:33 AM
Vehicle Age(In Months) : 7

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

Type text here

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				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			COVER, FR BUMPER	1	521.00	521.00	25.00	390.75	Replace	1	390.75	Replace	✓ / DP
One Time Key In	Main			SUPPORT, FR BUMPER RH	1	80.10	80.10	25.00	60.07	Replace	0	0	Not Give	✓ X SVC
One Time Key In	Main			COVER, FR BUMPER RH	1	30.20	30.20	25.00	22.65	Replace	1	22.65	Replace	✓ / SCR
One Time Key In	Main			GRILLE, RADIATOR	1	178.60	178.60	25.00	133.95	Replace	1	133.95	Replace	✓ / SCR
One Time Key In	Main			COVER ASSY, ENGINE	1	241.90	241.90	25.00	181.43	Replace	0	0	Not Give	✓ X SVC
One Time Key In	Main			MOULDING, FRONT BUMPER SIDE, RH	1	95.60	95.60	25.00	71.70	Replace	1	71.70	Replace	✓ / SCR
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	✓ / Net
One Time Key In	Main			ABSORBER, FR BUMPER	1	80.20	80.20	25.00	60.15	Replace	0	0	Not Give	✓ X SVC
One Time Key In	Main			REINFORCEMENT FRONT UPPER	1	716.60	716.60	25.00	537.45	Replace	0	0	Not Give	✓ X SVC

Total Spare Part Cost 8,119.22

Surveyor Total 3,026.64

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 8,119.22

Final Sur Total 3,026.64

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			REINFORCEMENT FRONT LOWER	1	248.10	248.10	25.00	184.57	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			ABSORBER, FR BUMPER LOWER	1	132.70	132.70	25.00	99.52	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			EXTENSION SUB-ASSY, RH	1	120.10	120.10	25.00	90.07	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			EXTENSION SUB-ASSY, LH	1	120.10	120.10	25.00	90.07	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			GRILLE SUB-ASSY	1	422.50	422.50	25.00	316.88	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			HOOD SUB-ASSY	1	983.10	983.10	25.00	737.33	Replace	1	0	Repair	✓ X Svc
One Time Key In	Main			SUPPORT, RADIATOR UPPER RH	1	78.90	78.90	25.00	59.18	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			UNIT , HEADLAMP , RH	1	2,637.60	2,637.60	10.00	2,373.84	Replace	1	2,373.1	Replace	✓ CRA
One Time Key In	Main			LAMP ASSY, FOG, RH	1	237.10	237.10	10.00	213.39	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			FENDER SUB-ASSY, FR , RH	1	977.80	977.80	25.00	733.35	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			LINER, FR FENDER, RH	1	202.50	202.50	25.00	151.88	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			EMBLEM, SIDE PANEL (HYBRID)	1	54.60	54.60	25.00	40.95	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			WHEEL, DISC FRONT	1	1,879.40	1,879.40	25.00	1,409.55	Replace	0	0	Not Give	✓ X Svc
Total Spare Part Cost									8,119.22	Surveyor Total 3,026.64				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									8,119.22	Final Sur Total 3,026.64				

Labour's Cost Detail

21/07/2020

<https://vacsweb.smrt.com.sg/estimation.aspx>

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	845.00	200	
Total:			845.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPSRAY FRONT BUMPER	378.00	200	
2	Main	TO REPSRAY FRONT HOOD	378.00	200	
3	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	
4	Main	TO RESPRAY FRONT FENDER RH	378.00	0	
5	Main	TO RESPRAY RIM	180.00	0	
Total:			1,494.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	
4	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	
5	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	
7	Main	TO WASH AND VACUUM	60.00	0	
Total:			780.00	50.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	8,119.22	3,026.64
Total Labour Cost	845.00	200.00

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spray Painting	1,494.00	400.00
Other	780.00	50.00
Overall Total	11,238.22	3,876.64
Lump Sum Repair Option	Type text here	
Lump Sum Total	0.00	3,876.64
Surveyor Approved Amount	13029.54	3,876.64
No of Repair Days*	8	3 3 days
Remarks	-	P/P, before paint photo

Surveyor Name

Sun Pin (LKK)

Signature



Save

Clear

Survey Date

21/07/2020

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: