

ASS. REC. BY: Sun PinREF: NTYC

NS/INC20007932/Qqf3

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: _____

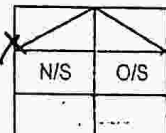
Policy No. 5103352795-01(27/08/2019-26/08/2020)Claims No. MT/1101260-001

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: 2 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 5636C Yr Regn: 17/12/2014Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or _____

Make: Toyota Prius FL. c.c. 1796Colour: Maroon. A/C: Insured / Std / NI / NASp. Reading: 63026 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU703084932Gen. 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 R15R: 195/65 R15

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

TOYO / YOKO or Roadstone.

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/07/2020 D.O.I. 28/07/2020Survey held at SMRT.Des. of Damages: Frt / Rear / O/S / (N/S) / UIC / Rooftop or

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

Date / Time | Action / Instruction

25/08/20 @ 12.42pm Sun Pin finalised with Poh Suan final fig \$2273.07 TP.
(Red \$7452.97, 77%) TA x 107/20/2054
FRN 2624 P.

Date/Time, File Pass to?

☐

Preli. Report

1) 26/08 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S+RS, SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: TP~~Temp Sum~~ / I.B.I. (\$) 2273.07

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB5636C
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F19282
Chassis No.:	JTDKB3FU703088932
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:	\$23,560.00
Total Rebate Amount:	\$34,457.00
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 03 Aug 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	27/07/2020 16:26
Date Of Accident	27/07/2020 14:30
Exact Location Of Accident	DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5636C
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	CHAN SOO CHIEW
NRIC No	SXXXX439A
Date Of Birth	29/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1969
Driving Experience	51 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	390
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200728/2037

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	FBN2624P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

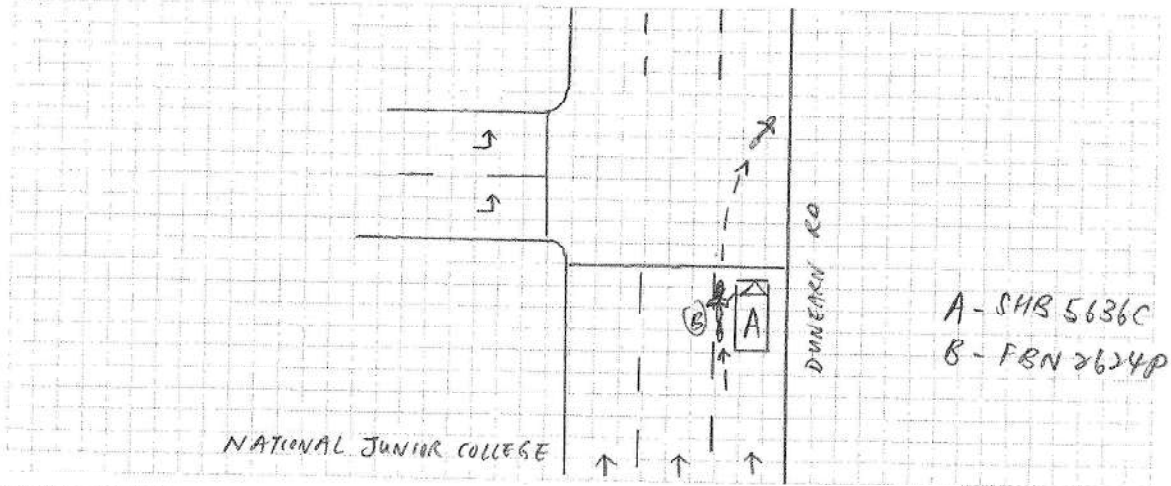
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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:

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

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



**SINGAPORE
POLICE FORCE**



T/20200728/2037

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20200728/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2020 12:14	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars

Name of Informant: CHAN SOO CHIEW			Address: APT BLK 390 YISHUN AVENUE 6 #10-1058 SINGAPORE 760390	
ID Type / ID No.: NRIC NO / S2144439A			Contact No.: Home/Office: Mobile: 98261021	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 71	Date of Birth: 29/06/1949	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/07/2020 14:30	Type of Location: T-Junction
Location: Along Road 1 DUNEARN ROAD				
Traffic light junction next to National Junior College.				
Weather: Raining	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBN2624P	Motorcycle				No Damage	0
SHB5636C	Car				Totally Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200728/2037

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE.768827
Tel No: 1800-8529999

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Report No. T/20200728/2037

CONTINUATION OF REPORT

Driver			
Name.	CHAN SOO CHIEW		ID No. S2144439A
Related Vehicle	NIL		Contact No. 98261021
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date and time I was traveling along Dunearn Road when I came to a stop at a red light, at a T-junction next to National Junior College. I was the first car at the stop line and was in the first lane of the 3 lane carriageway.

At this point in time, a motorbike (FBN2624P) rode past the left side of my vehicle and swiped my side mirror, causing it to be torn off and damaged. The rider was observed to have skidded and fell in front of my vehicle. I then got out of my vehicle and approached her, to check if she was okay and to inform her that she had damaged my side mirror. I asked her for her particulars in order to claim insurance, but she did not reply me and sped off on her vehicle.

I then proceeded to drop off the 1 passenger in my car and proceeded to SMRT to lodge a report with them. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20200728/2037

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20200728/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 BERNARD LAU MENG WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/07/2020 12:14

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 005

Authentication Stamp
NP168



Signature:

Singapore Police Force



Case Details

Case Reference Number :

TAX/07/20/2054

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB5636C

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-12161-ID

Assigned By : Taxi Claims Manager
TeamInsurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 27/07/2020 06:30 AM

Vehicle Age(In Months) : 7

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

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			FENDER SUB-ASSY, FR , LH	1	977.80	977.80	25.00	733.35	Replace	1	0.00	Repair	~ X R
One Time Key In	Main			LINER, FR FENDER, LH	1	210.30	210.30	25.00	157.73	Replace	0	0.00	Not Give	~ X sue
One Time Key In	Main			EMBLEM, SIDE PANEL (HYBRID)	1	54.60	54.60	25.00	40.95	Replace	1	40.95	Replace	~ / Nec
One Time Key In	Main			PILLAR, FRONT BODY, LH	1	350.00	350.00	25.00	262.50	Replace	0	0.00	Not Give	~ X sue
One Time Key In	Main			WHEEL, DISC FRONT	1	1,879.40	1,879.40	25.00	1,409.55	Replace	1	0.00	Repair	~ X R
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0.00	Not Give	~ X sue
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	668.90	668.90	25.00	501.67	Replace	0	0.00	Not Give	~ X sue
One Time Key In	Main			PANEL SUB-ASSY, FRONT DOOR LH	1	1,300.70	1,300.70	25.00	975.53	Replace	1	0.00	Repair	~ X R
One Time Key In	Main			STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	~ / NEC
Total Spare Part Cost									5,739.87	Surveyor Total 1,463.07				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0.00				
Final Spare Part Cost									5,739.87	Final Sur Total 1,463.07				

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			COVER SUB-ASSY, FRONT PILLAR , UPR LH	1	100.40	100.40	25.00	75.30	Replace	1	75.30	Replace	✓ / SCR	
One Time Key In	Main			MIRROR ASSY, OUTER REAR VIEW , LH	1	1,339.30	1,339.30	10.00	1,205.37	Replace	1	1,205.37	Replace	✓ / CR4	
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	108.60	108.60	25.00	81.45	Replace	1	81.45	Replace	✓ / CRA	
One Time Key In	Main			GLASS, FRONT DOOR FIX WINDOW , LH	1	69.90	69.90	25.00	52.43	Replace	0	0.00	Not Givr	✓ XSK	
One Time Key In	Main			WEATHERSTRIP, FRONT DOOR FIX WINDOW , LH	1	76.40	76.40	25.00	57.30	Replace	0	0.00	Check	✓ XSK	
Total Spare Part Cost									5,739.87	Surveyor Total			1,463.07		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)			0.00		
Final Spare Part Cost									5,739.87	Final Sur Total			1,463.07		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	507.00	200.00	
Total:			507.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT FENDER LH	378.00	200.00	
2	Main	RESpray MIRROR COVER LH	180.00	80.00	
3	Main	TO RESPRAY FRONT PILLAR LH	180.00	0.00	
4	Main	TO RESPRAY RIM	180.00	50.00	
5	Main	TO RESPRAY FRONT DOOR LH	378.00	200.00	
Total:			1,296.00	530.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
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S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPLACE SUNDRY PARTS	100.00	0.00	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20.00	
3	Main	TO WASH AND VACUUM	60.00	0.00	
4	Main	TO REMOVE AND REFIX WING MIRROR	120.00	30.00	
5	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30.00	
6	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00	
Total:			600.00	80.00	

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:

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,739.87	1,463.07
Total Labour Cost	507.00	200.00
Total Spray Painting	1,296.00	530.00
Other	600.00	80.00
Overall Total	8,142.87	2,273.07
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	2,273.07
Surveyor Approved Amount		2,273.07
No of Repair Days*	5	2 <i>2 days</i>
Remarks	-	P/P, before paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		<i>Sun Pin</i>
Survey Date	28/07/2020	<input type="button" value="Save"/> <input type="button" value="Clear"/>