ASS. REC. BY: Sun Pr REF: Al G	ASSIGNMENT	
From: Date:	Veh No: SHB 62   C Yr Regn: 02/03/2	1016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /	
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Toyota Prive cc 179	15
at Workshop m/s	Colour Marcon. A/C: Insured / Std / NI	/ NA
xf	Sp.Reading 448782 T/Radio: Insured / Std / N	I/NA
nsured:	Eng/No:	
Policy No.	C/No: JTPKN 364X 05758784	
Claims No.	Gén. Cond: Good Fair / Poor / Burnt	
ium Insured: Excess:	Steering: Inorde) / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil (S/Rim)/ STD A/Rim or	
	Tyre Size: F: 195/65R15	
(Policy Condition)	R: 195/65 R15	
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	4
repair at the time of inspection.	TOYO/YOKO or Firenza.	
al. or Market Value:	Front Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6	mm
IA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal.	mm
st Repairs: days Res.: Yes or No	D.O.A. 36/07/2020 D.O.I. 03/05/2020	
um Sum: % 3 Val.: Yes or No	Survey held at SIM RT.	_
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle:  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co	ollision.
Date / Time   Action / Instruction	-7.0	
	700	
	IAX/07/20/20 SKE 8878A	66_
	SKE 8818H	;
		~
5		* 10
proces		· · ·
ate/Time, File Pass to? Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
ate/Time, File Return to?	Transportation:	
Α	dd Fee: Site Insp (\$ )_s+Rs_si	
***	: Interview (\$ ) Photos	
eport Format :	: Tech, Invs (\$) Others	
ump Sum / I.B.J: (\$ )	:Weel:end (\$	
<del></del>	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.:	SHB621C
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR1513948
Chassis No.:	JTDKN36UX05758789
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	02 Mar 2015
First Registration Date:	02 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Mar 2023
PARF Rebate Amount:	\$5,661.00
Intended COE Rebate Details	
COE Expiry Date:	01 Mar 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,092.00
COE Rebate Amount:	\$16,439.00
Total Rebate Amount:	\$22,100.00
Message	

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 04 Aug 2020  $\,$ 

ОК

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MSR120064862 / SMRT Automotive Services Pie Ltd - Woodlands ENTRY DATE & TIME 03/08/2020 08 33 SUBMITTED BY B. Thaiyal Nayagi

#### 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 <u>truthful</u> 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 Report	03/08/2020 08:33	
Date Of Accident	30/07/2020 16:30	
Exact Location Of Accident	HOLLAND ROAD TOWARDS CORONATION ROAD	
Country/State of Loss	SINGAPORE	

DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SHB621C				

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

ume of accident

HIRE AND REWARD

Are you claiming under your own insurance policy

for repair to your vehicle?

110

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 TAN AI BOON
NRIC No SXXXX842G
Date Of Birth 15/07/1958
Occupation OUTDOOR
Date Of Driving Pass 30/03/1979

Driving Experience 41 YEARS AND 4 MONTHS

Gender MAL

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident
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.

Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME: : UNKNOWN

GENDER:

: MALE

**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 STATIONARY ALONG HOLLAND ROAD TOWARDS CORONATION ROAD WITH ONE PASSENGER (MALE ) ON BOARD AS I WAS LOOKING OUT FOR ONCOMING TRAFFIC BEFORE I PROCEEDED. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SKE8878A HAD COLLUDED ONTO THE REAR OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKE8878A

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

	Sketch Plan Pg. 1
SIXTH AVE	CORCNATION RD WEST AMB LARRER RD
	HOLLAND ROAD
· -	$\rightarrow$ $\rightarrow$
HOLLAND ROAT	
	-
DECLARATION  I/We declare the foregoing particular	alars are true in avery respect.
Policyholder's Signature Date & Time:	Driver's Signature  (If driver is not the policyholder)  Name  Name  Name  Name  Name

#### 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:

- 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)
  - (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
- 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
- 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

NRIC/FIN No .:



448732 KM

Surveyor Approval

### Case Details

Case Reference Number: TAX/07/20/2068

Type of Repair : Accident Repair

Vehicle Registration Number: SHB621C

Company Type: SMRT Taxis Pte Ltd

Estimation ID : EST-12209-ID

Assigned By: Tan Lee Ge#

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd

Accident Date and Time: 30/07/2020 08:30 AM

Vehicle Age(in Months): 64

# Documents / Photographs

View Documents / Photographs

Total Documents: 1

SMRT Recommendation

### **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			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	O.	Repair × X R
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	0	0	Not Give ~ XIVE
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check ~X SVC
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check •×
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check - XSVC
One Time Key In	Main			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	9	Not Give V
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give ~ XSVC
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	ž	120.00	Replace - / NeC
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	9.	0	Not Give ~XSVC

Total Spare Part Cost 2,515.44

Surveyor Total 120.00

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

20

Final Spare Part Cost 2,012.35

Final Sur Total 96.00

	SMRT Recommendation										Surv	eyor Approval	ı	
BOM Type	Costing Type	Portion	Material Number	Part Name	Qly	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Repl	ace Remarks
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	٠X٢٠(
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	×sv
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	İ	94.80	94.80	25.00	71.10	Replace	Ō	0	Not Give	-Xsvc
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	f	94.60	94.80	25.00	71.10	Replace	0	0	Not Giv€	·xsvc
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	o	Not Give	· XSVC
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give	-X2rc
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	o	Not Give	~XIN
One Time Key In	Main			TAIL LAMP BRACKET, LH	1	30.70	30.70	25.00	23.02	Replace	0	0	Not Give	<b>*</b> 1v(
						To	otal Spare F	Part Cost	2,515.44		:	Surveyor Total	120.00	
						Lum	p Sum Disc	ount (%)	20.00		Lum	p Sum Dis (%)	20	
						Fi	inal Spare i	art Cost	2,012.35		Í	Final Sur Total	96.00	
Labor	ur's Cost	Detail												
	. Costin	g Type	Job Sco			SM Red	RT commenda		Surveyor Adjustment	Rem: (\$)	arks			
1	Main		TO REP	AIR REAR PORTION		:6	76.00		200					
Total	lt					676	5.00		200.00					
Spra	y Cost D	etail												
S.No	o. Costii	ng Type	Job Sc	рре		SM Re-	RT commenda		Surveyor Adjustment	Rem	arks			
1	Main		TO RES	SPRAY REAR BUMPER			78.00	•	200					
2	Main		TO RES	SPRAY BUMPER BEAN	ľ	1	80,00		0.					
3	Main		TO RES	SPRAY REAR PANEL		.1	80.00		0					
Tot	al:					73	8.00		200.00					

#### Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)
ă	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20
2	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	ō
3	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0
4	Main	TO WASH AND VACUUM	60.00	0
5	Main	TO REPLACE SUNDRY PARTS	100.00	0
6	Main	TOWING CHARGE	56.00	0
Total:			616.00	20.00

### 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) in 1st be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Save

Clear

Remarks

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,012.35	96.00
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	616.00	20.00
Overall Total	4,042.35	516.00
Lump Sum Repair Option		•
Lump Sum Total	4,050.00	500.00
Surveyor Approved Amount		500.00
No of Repair Days*	5	2 2 dy
Remarks		L/S, after paint photo.
Surveyor Name		Sun Pin (LKK)
Signature	<b>b</b>	

Survey Date

03/08/2020