

ASS. REC. BY: Sun Pin

REF:

CS/EG/20008537/09/27

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
X	X

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: SH3 1336 U Yr Regn: 28/11/2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Prius c.c. 1796

Colour: Maroon A/C: Insured / Std / NI / NA

Sp. Reading: 251281 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU403574338

Gen. Cond: Good / Fail / 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 Touring

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/08/2020 D.O.I. 17/08/2020

Survey held at SMRT.

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
19/08/20 @ 3.32pm	revised to EGRO via Merimen.
04/09/20 @ 5.46pm	Sun Pin finalised final fig \$958.73, 2 days (Red \$2335.77, 71%)

TP
TAX/08/20/2038
SJM 89449

Date/Time, File Pass to? : Prel. Report
 : Final Report

1) 07/09 Typist
Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

Report Format : MER-TP
Comp Sum / I.B.I. (\$) 958.73

(Ergo)

MSR12008081 / SMRT Automotive Services Pte Ltd - Woodlands
ENTRY DATE & TIME: 14/08/2020 15:43
SUBMITTED BY: B. Theyal Nayag

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: 14/08/2020 15:43
 Date Of Accident: 14/08/2020 08:25
 Exact Location Of Accident: AMK AVE 3 TOWARDS SERANGOON NORTH
 Country/State of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SHB1336U

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: ONG SWEE CHYE
 NRIC No: SXXXX039B
 Date Of Birth: 10/03/1963
 Occupation: OUTDOOR
 Date Of Driving Pass: 22/05/1981
 Driving Experience: 39 YEARS AND 2 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 COLLISION - HEAD TO REAR
 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) 3
 Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE
 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 ANG MO KIO AVE 3 TOWARDS SERANGOON NORTH WITH TWO FEMALE PASSENGER (WIFE & DAUGHTER) I STOPPED AT THE TRAFFIC LIGHT THAT WAS ON RED, SUDDENLY I FELT AN IMPACT FROM MY REAR OF MY TAXI. I ALIGHTED AND CHECKED THE VEHICLE SJN8944G HAD HIT ONTO MY REAR OF MY TAXI NO INJURY

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 SJN8944G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number

Address

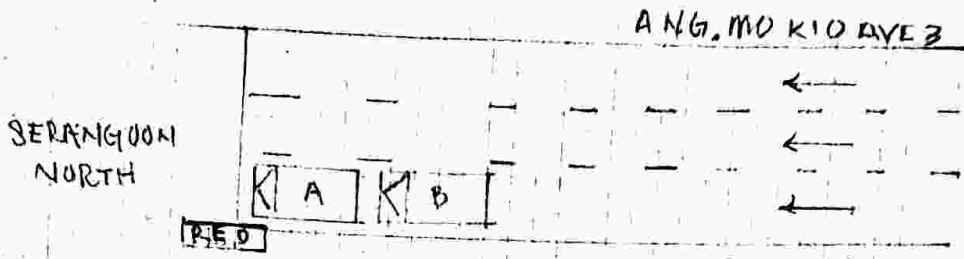
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



A - 2HB 13364
B - 9JN 8944G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[Large empty lined area for describing the accident circumstances]

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature] 14/8/20
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:


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

 14/8/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Case Details

Case Reference Number : TAX/08/20/2038
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB1336U

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-12333-ID
 Assigned By : Selena Tan Lee See

Insurance Company Name : ERGO Insurance Pte Ltd
 Accident Date and Time : 14/08/2020 12:25 AM
 Vehicle Age(In Months) : 33

Documents / Photographs

View Documents / Photographs

Total Documents: 0

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	1	0	Repair	X R
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 1	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	X SV
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 2	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	X SV
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 3	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	X SV
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	X SV
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give	X SV
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	1	418.73	Replace	/CRM/SCR
One Time Key In	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	0	0	Not Give	X SV
One Time Key In	Main			FILLER, RR BUMPER, LH	1	119.90	119.90	25.00	89.93	Replace	0	0	Not Give	X SV

Total Spare Part Cost	1,499.10	Surveyor Total	538.72
Lump Sum Discount (%)	0.00	Lump Sum Dis (%)	0
Final Spare Part Cost	1,499.10	Final Sur Total	538.72

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	SMRT Recommendation				Repair/Replace	Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)		Surveyor Final Price(\$)	Repair/Replace	Surveyor Final Price(\$)	
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Given	XSV
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Not Given	XSV
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	/ NEC
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	0	0	Not Given	XSV
Total Spare Part Cost									1,499.10	Surveyor Total		538.72		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									1,499.10	Final Sur Total		538.72		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	338.00	200	/
Total:			338.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	/
2	Main	TO RESPRAY REAR BUMPER REINFORCEMENT	180.00	0	
3	Main	TO RESPRAY FILLER RR BUMPER LH	180.00	0	
Total:			738.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	/
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			360.00	20.00	

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
4	Main	TO WASH AND VACUUM	60.00	0	
Total:			360.00	20.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,499.10	538.72
Total Labour Cost	338.00	200.00
Total Spray Painting	738.00	200.00
Other	360.00	20.00
Overall Total	2,935.10	958.72
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	958.72
Surveyor Approved Amount		958.72
No of Repair Days*	3	2 <i>2 days</i>
Remarks	-	P/P, before paint photo

Surveyor Name

Sun Pin (LKK)

Signature



Save Clear

Survey Date 17/08/2020

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:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB1336U
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS103807
Chassis No.:	JTDKB3FU403574338
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	27 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$22,152.00
Total Rebate Amount:	\$25,902.00
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 18 Aug 2020

OK