ASS. REC. BY: Sun Pin | REF: CS/SM020008635/Quff3

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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 4740K. Yr Regn: 22/01/2016

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 933748. T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: JTDKN36U805766860

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: 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 Atrezzo

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	17/08/2020	D.O.I.	18/08/2020

Survey held at SMRT

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

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

Date / Time	Action / Instruction
	TP
	TAX/08/20/2041
	SFZ 3222Z
	LUMP SUM $1200, 3DAYS
	RED:8254.2;87%

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2)

Report Formed :

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 SI	
Photos	
Others	
TOTAL	

(Sompo Insurance)

MSR120069846 / SMRT Automotive Services Pte Ltd - Woodlands
ENTRY DATE & TIME: 17/08/2020 15:24
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 truthful 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	17/08/2020 15:24
Date Of Accident	17/08/2020 13:50
Exact Location Of Accident	QUEENSWAY TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC4740K
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	JUSTIN CHUA YONG TIAN
NRIC No	SXXXX628A
Date Of Birth	08/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1988
Driving Experience	31 YEARS AND 7 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 ON THE EXTREME LEFT LANE ALONG QUEENSWAY TOWARDS FARRER ROAD. SUDDENLY A VEHICLE SFZ3222Z CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

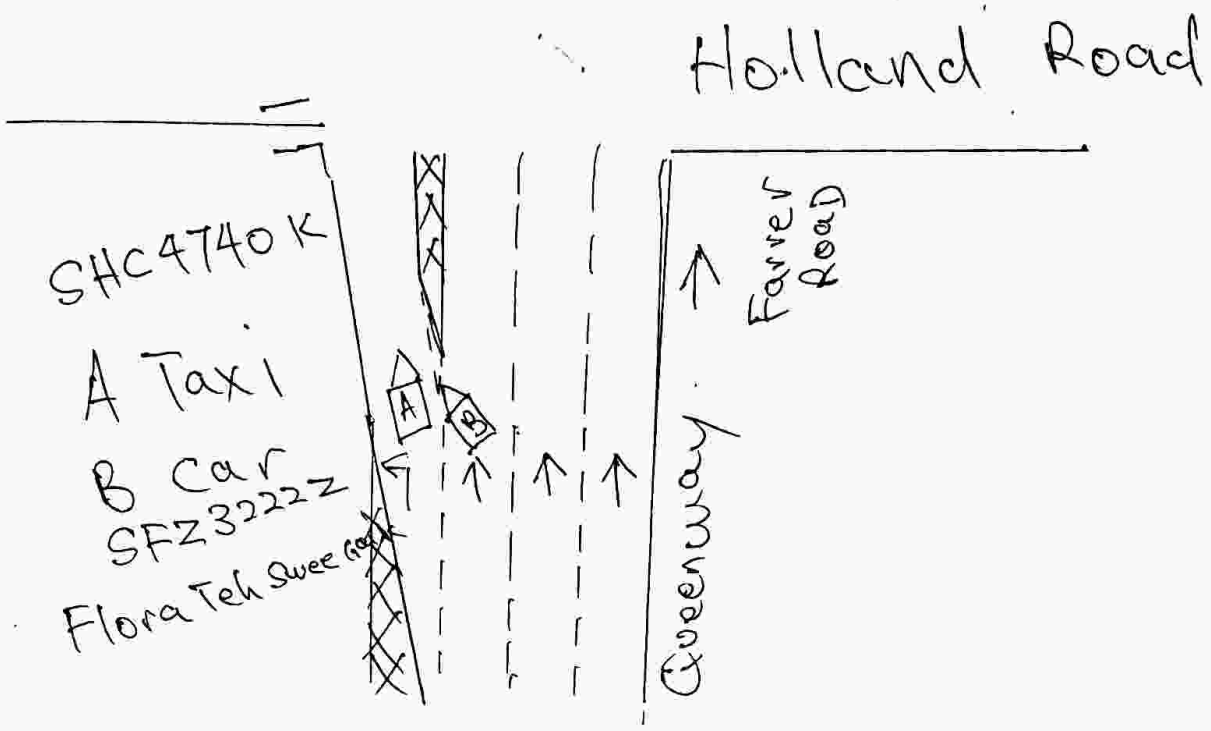
Attachment(s)

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	SFZ3222Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FLORA TEH SWEE GAIK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



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
	17/8/2020	17/8/2020

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: 17/08/2020	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 17/8/2020

SMRT AUTOMOTIVE

Case Details

Case Reference Number : TAX/08/20/2041
Type of Repair : Accident Repair
Vehicle Registration Number : SHC4740K

Company Type : SMRT Taxis Pte Ltd
Estimation ID : EST-12361-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : Sompo Insurance Singapore Pte. Ltd
Accident Date and Time : 17/08/2020 05:51 AM
Vehicle Age(In Months) : 55

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
Standard	Main		6505557	FENDER FRT/RH	1	723.40	723.40	25.00	542.55	Replace	1	0	Repair	X R
Standard	Main		6505640	NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace	/ Nec
Standard	Main	BODY RH	6505606	MOULDING BODY, RH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Give	X SVC
Standard	Main	BODY RH	6505528	DOOR FRT/RH	1	894.40	894.40	25.00	670.80	Replace	1	0	Repair	X R
Standard	Main	VE	6505466	MIRROR LAMP RH	1	65.30	65.30	10.00	58.77	Replace	0	0	Not Give	X SVC
Standard	Main	BODY RH	6505598	COVER, OUTER MIRROR, RH	1	107.40	107.40	25.00	80.55	Replace	0	0	Not Give	X SVC
Standard	Main		6505548	BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	0	0	Not Give	X SVC
Standard	Main	BODY RH	6505486	DOOR RR/RH	1	954.50	954.50	25.00	715.88	Replace	1	0	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
One Time Key In	Main			DOOR OUTER HANDLE FRT/RH	1	370.80	370.80	25.00	278.10	Replace	0	0	Not Give	X SVC
One Time Key In	Main			PIXEL STICKER	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	/ Nec
One Time Key In	Main			PIXEL STICKER	1	60.00	60.00	0.00	60.00	Replace	0	0	Not Give	X SVC

Total Spare Part Cost	4,149.79	Surveyor Total	188.32
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20
Final Spare Part Cost	0.00	Final Sur Total	150.66

				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 RR/RH	1	766.80	766.80	25.00	575.10	Replace	1	0	Repair	X R
One Time Key In	Main			STICKER DECAL SMRT	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	✓ NEC
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	✓ NEC
One Time Key In	Main			CAP SUB-ASSY, WHEEL	1	174.10	174.10	25.00	130.57	Replace	0	0	Not Give	X SMC

Total Spare Part Cost	4,149.79	Surveyor Total	188.32
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20
Final Spare Part Cost	0.00	Final Sur Total	150.66

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO REPAIR RH PORTION	676.00	200	✓
Total:			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO RESPRAY FRONT FENDER RH	378.00	200	✓
2	Main	TO RESPRAY FRONT DOOR RH	378.00	200	✓
3	Main	TO RESPRAY REAR DOOR RH	378.00	200	✓
4	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	
5	Main	TO RESPRAY REAR FENDER RH	378.00	200	✓
6	Main	RESPRAY WHEEL CAP	180.00	0	
7	Main	TO RESPRAY REAR BUMPER	378.00	0	
8	Main	RESPRAY MIRROR COVER RH	180.00	0	
Total:			2,430.00	800.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	
4	Main	TO WASH AND VACUUM	60.00	0	
Total:			**340.00**	**30.00**	

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	0.00	150.66
Total Labour Cost	676.00	200.00
Total Spray Painting	2,430.00	800.00
Other	340.00	30.00
Overall Total	3,446.00	1,180.66
Lump Sum Repair Option	8897.60	☑
Lump Sum Total	3,450.00	1,200.00
Surveyor Approved Amount		1,200.00
No of Repair Days*	6	3 3 days
Remarks	-	Surveyor Remarks
Surveyor Name		Sun Pin (LKK)
Signature		

Save Clear

Survey Date 18/08/2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHC4740K
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6558518
Chassis No.:	JTDKN36U805766860
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	$29,508.00
Original Registration Date:	22 Jan 2016
First Registration Date:	22 Jan 2016
Transfer Count:	0
Actual ARF Paid:	$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Jan 2024
PARF Rebate Amount:	$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jan 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$45,307.00
COE Rebate Amount:	$19,365.00
Total Rebate Amount:	**$23,115.00**
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 20 Aug 2020

OK