

ASS. REQ. BY: Sun Pin

REF:

CS/GA/20008894/Qtf3.

## ASSIGNMENT

From:

Date:

Veh No:

SHE 381 Z.Yr Regn: 14/12/2017

Estimated Cost:

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No:

Make:

Toyota Prius 4c.c. 1796

at Workshop m/s

Colour:

MaroonA/C: Insured / Std / NI / NA

of

Sp. Reading

208820T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

JTDK33FU503576633

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

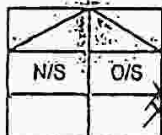
Modl: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

F: 195/65 R15R: 195/65 R15

Remark: The veh had commenced its repair at the time of inspection.



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

TOYO / YOKO or

Sailun.

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

21/08/2020

D.O.I.

25/08/2020

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SMART

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

TP

TAX/08/20/2057.

PC 6798 L

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Phone

Others

TOTAL

Report Form:

Lump Sum / L.E. / C:

(Effat Amerion)  
(LEK)

## 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	22/08/2020 08:57
Date Of Accident	21/08/2020 15:30
Exact Location Of Accident	CLEMENTI WEST STREET 2 CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF381Z
<b>Insured/Policyholder</b>	
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	SOH CHEE HOE (SU ZHIHAO)
NRIC No	SXXXX583Z
Date Of Birth	18/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	12 YEARS AND 11 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 ENTERING THE CAR PARK ALONG CLEMENTI WEST STREET 2. I SAW A VAN STATIONARY ON MY RIGHT AT THE EXIT OF THE CAR PARK STOP LINE. AS SUCH I PROCEEDED TO TURN RIGHT INTO THE CAR PARK. SUDDENLY I FELT AN IMPACT AT THE RIGHT REAR PORTION OF MY TAXI. THE VAN PC6798L DID NOT HAVE A PROPER LOOKOUT, AS A RESULT COLLIDED ONTO THE RIGHT REAR 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	PC6798L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHINNIAH MURUGESAN
NRIC/Passport Number	GXXXX255W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

A hand-drawn diagram of a street intersection. A horizontal line represents the street, with the label "CLEMENTI WEST ST 2" written below it. A vertical line represents the intersection. Two vehicles, labeled "A" and "B", are shown at the intersection. Vehicle "A" is a rectangle with a diagonal line from the top-left to the bottom-right. Vehicle "B" is a rectangle with a diagonal line from the top-right to the bottom-left. Arrows indicate movement directions: an arrow pointing up and to the right is above vehicle "A"; an arrow pointing down and to the left is above vehicle "B"; an arrow pointing right is to the right of vehicle "B"; and four arrows pointing left are below the horizontal line, two to the left of the intersection and two to the right.

B-PC 6798L

21/8/2020

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. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears to be from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

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

clarify the foregoing

y respect

21/8/2020

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:

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



## Case Details

Case Reference Number : TAX/08/20/2057  
 Type of Repair : Accident Repair  
 Vehicle Registration Number : SHF381Z

Company Type : SMRT Taxis Pte Ltd  
 Estimation ID : EST-12404-ID  
 Assigned By : Selena Tan Lee See

Insurance Company Name : Great American Insurance Company  
 Accident Date and Time : 21/08/2020 07:29 AM  
 Vehicle Age(In Months) : 32

## 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			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	1	0	Repair	✓ X sue
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	1	3.80	3.80	25.00	2.85	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	1	3.80	3.80	25.00	2.85	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	1	3.80	3.80	25.00	2.85	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	1	11.00	11.00	25.00	8.25	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			STOPPER, RR BUMPER, RH & LH	1	4.30	4.30	25.00	3.22	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			SEAL, RR BUMPER , RH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give	✓ X sue

Total Spare Part Cost 6,344.30

Surveyor Total 2,919.53

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 6,344.30

Final Sur Total 2,919.53

BOM Type	Coating 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			SEAL, RR BUMPER, LH	1	85.20	85.20	25.00	83.90	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace	✓ / Nec.
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			FILLER, RR BUMPER, RH	1	119.90	119.90	25.00	89.93	Replace	1	0	Repair	✓ X R.
One Time Key In	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			COVER, REAR FLOOR UNDER, RH	1	169.50	169.50	25.00	127.13	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			COVER, REAR FLOOR UNDER, LH	1	234.30	234.30	25.00	175.73	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			MOULDING ASSY, BODY ROCKER PANEL, RH	1	576.00	576.00	25.00	432.00	Replace	1	0	Repair	✓ X R.
One Time Key In	Main			PANEL SUB-ASSY, REAR DOOR, RH	1	1,243.90	1,243.90	25.00	932.93	Replace	1	932.93	Replace	✓ / PD.
One Time Key In	Main			HINGE ASSY, REAR DOOR, UPPER RH	1	83.30	83.30	25.00	62.47	Replace	0	0	Not Give	✓ X Svc.
One Time Key In	Main			HINGE ASSY, REAR DOOR, LOWER RH	1	73.30	73.30	25.00	54.97	Replace	1	0	Old Dam	✓ X Svc.
One Time Key In	Main			CHECK ASSY, REAR DOOR	1	153.50	153.50	25.00	115.13	Replace	0	0	Not Give	✓ X Svc

Total Spare Part Cost 6,344.30

Surveyor Total 2,919.53

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 6,344.30

Final Sur Total 2,919.53



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			PANEL SUB-ASSY, FENDER REAR RH	1	824.80	824.80	25.00	618.60	Replace	1	618.60	Replace	✓/CPV.
One Time Key In	Main			PATCH, SIDE PANEL REAR END, RH & LH	1	33.70	33.70	25.00	25.28	Replace	0	0	Check	✓XSH
One Time Key In	Main			LINER, REAR FENDER, RH	1	135.80	135.80	25.00	101.85	Replace	0	0	Check	✓XSH
One Time Key In	Main			WHEEL, DISC	1	1,555.10	1,555.10	25.00	1,166.32	Replace	1	1,166.3	Replace	✓/CH
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	✓XSH
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	0	0	Check	✓XSH
One Time Key In	Main			DOOR OUTER HANDLE REAR, RH	1	93.90	93.90	25.00	70.43	Replace	1	70.43	Replace	✓/SCR.
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	✓/Mta
Total Spare Part Cost									6,344.30	Surveyor Total 2,919.53				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									6,344.30	Final Sur Total 2,919.53				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH REAR PORTION	507.00	400	✓
Total:			507.00	400.00	

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 FENDER RH	378.00	200	✓
3	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	100	✓
Total:			1,874.00	700.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
4	Main	TO RESPRAY REAR DOOR RH	378.00	200	/
5	Main	TO RESPRAY RIM	180.00	0	
6	Main	TO RESPRAY BUMPER BEAM	180.00	0	
<b>Total:</b>			<b>1,674.00</b>	<b>700.00</b>	


**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TRANSFER DOOR MECHANISM	120.00	60	/
2	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	/
3	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30	/
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	/
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
6	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
7	Main	TO WASH AND VACUUM	60.00	0	
<b>Total:</b>			<b>720.00</b>	<b>180.00</b>	

**Summary**

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	6,344.30	2,919.53
Total Labour Cost	507.00	400.00
Total Spray Painting	1,674.00	700.00
Other	720.00	180.00
Overall Total	9,245.30	4,199.53
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	4,199.53
Surveyor Approved Amount		4,199.53
No of Repair Days*	5	4

4 days

Remarks	Estimator Assessment(\$)	Surveyor Assessment(\$)
		P/P, before paint photo
Surveyor Name		Sun Pin (LKK)
Signature		

Survey Date

25/08/2020

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	369K
<b>Vehicle Details</b>	
Vehicle No.:	SHF381Z
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8259578
Chassis No.:	JTDKB3FU503576633
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	14 Dec 2017
First Registration Date:	14 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2025
PARF Rebate Amount:	\$3,750.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	13 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$22,601.00
<b>Total Rebate Amount:</b>	<b>\$26,351.00</b>
<b>Message</b>	
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 27 Aug 2020

OK