ASS REG BY: Jun Pin HEF: CTI	
ASS	IGNMENT
From: Date:	Veh No: SHP6315L YIROGN: 28/11/2017
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi Prime Mover /
QD/TP/WS/TP RES/ QD RES/ EVA/INV/ MV	Truck / Traller or
To Inspect Vehicle No:	Make: Toyota Priw 4 cc 1796
ul Workshop m/s	Colour Maroun , A/C: Insured / Sid / HI / NA
01	Sp.Reading 303722 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JINKB3F4003575261
Claims No.	Gen. Cond: Good (Fait / Poor / Burnt
Sum Insured: Excess:	Steering: Inorday / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingreen Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / \$/Rim) STD A/Rim or
	Tyre Size: F: 195/65R15
(Policy Condition)	R: 145/65R15
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or S Sailun.
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm
GIA / PR Seen; Consistent? : Yes or No	U/Bal. 6 mm U/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 29/08/2020 D.O.I. 31/08/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at SMRT.
CA I REV / REP. / 24 HRS	Des. of Damages (Frt) Rear / O/S / N/S / U/C / Roollop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chasals frame / Body Structure affected due to collision.
Dale / Time Action / Instruction	THE OTO 1 CHASAIS WAITE 1 DOGS CHACLOTS BROCKED COMMISSION.
	TP.
,,,	GBF 1772T
	TAX / 08/20/2018
	£
Dale/Tine, File Pass 10? Prell Report	0/19/
, , , rom report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
2) Add Fee:	: Site insp (\$)_s+Rs_s/
, Add 1-88,	
Report Former;	
Lump Sum / LEJ: Cs	: Westend (\$)
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MSR120074731 / SMRT Automotive Services Pte Ltd - Woodlands ENTRY DATE & TIME 31/08/2020 14 37 SUBMITTED BY: B. Theiyal Neysgi

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 aforesain

ACCIDENT	STATEMENT

 Date Of Report
 31/08/2020 14:37

 Date Of Accident
 29/08/2020 12:05

Exact Location Of Accident YISHUN BLK 435/437 CARPARK T- JUNCTION

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6315L

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
 YEO SEE HUAN

 NRIC No
 SXXXX670E

 Date Of Birth
 08/03/1982

 Occupation
 OUTDOOR

Occupation OUTDOOR
Date Of Driving Pass 20/05/2013

Driving Experience 7 YEARS AND 3 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

2

YES

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO ambulance?

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) 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 ALONG THE CAR PARK OF YISHUN AVE 6 AND I WAS GOING TO TURN LEFT. I STOPPED WHEN I SAW A VEHICLE GBF1772T INFRONT OF MY TAXI. SUDDENLY THE VEHICLE THE STARTED TO REVERSE AND I SOUNDED MY HORN TO ALERT THE THIRD PARTY. THIRD PARTY CONTINUED TO REVERSE AND HIT ONTO THE FRONT RIGHT 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

GBF1772T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KAIRUL AZMI BIN ABDUL KAHAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YEO SEE HUAN

Approximate Age Injuries Sustain

Injured person in which vehicle?

SHD6315L

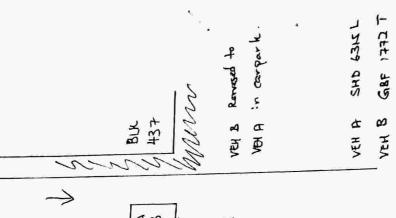
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch I	Plan	Pa.	1
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Jishun J	BLK
BLK	430
1435	mScP

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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. 31 Aug 20

M 31/8/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Sketch Plan Pg. 2

Colonies Col

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.
- 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.
- 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:
 - 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:
 - 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.

18 18 18 W

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: SHD 6315 L.

318 2020

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



Case Details

Case Reference Number :

TAX/08/20/2078

Type of Repair : Accident Repair Vehicle Registration Number :

SHD6315L

Company Type : SMRT Taxis Ple Ltd

Estimation ID : EST-12493-ID Assigned By : Taxi Claims Manager

Toam

Insurance Company Name: China Taiping Insurance (Singapore) Pte

Ltd

Accident Date and Time: 29/08/2020 04:30 AM

Vehicle Age(In Months): 33

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

	SMRT Recommendation							Surveyor Approval						
BOM 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 Re	marks
One Time Key In	Main			COVER, FR BUMPER	1	495.50	495.50	25.00	371.63	Replace	1	0	Repair ~ 🗶	R
One Time Key In	Main			COVER, FR BUMPER RH	1	28.10	28.10	25.00	21.08	Replace	0	O	Not Give 🗸	s vc
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	0	0	Not Give 🗸 💢 🗸	VC
One Time Key In	Main	¥		GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	0	.0	Not Give 🗸 🕽	ivo
One Time Key In	Main:			SUPPORT, FR BUMPER RH	1	76.90	76.90	25.00	57.68	Replace	0.	a	Check 🔾	Svc.
One Time Key In	Main			ABSORBER, FR BUMPER	1	70.30	70.30	25.00	52.72	Replace	,0.	0	Check ×	Svc
One Time Key In	Main			REINFORCEMENT FRONT UPPER	1.	691.10	691.10	25.00	518.33	Replace	0	0	Check *	src
One Time Key In	Main			ABSORBER, FR BUMPER LOWER	1	117.00	117.00	25.00	87.75	Replace	Ö	Q.	Check X 5	~ c
One Time Key In	Main			REINFORCEMENT FRONT LOWER	1	238.50	238.50	25.00	178,88	Replace	Ö	O	Check VX J	n-c

Total Spare Part Cost 8,306.41

Surveyor Total 2,342.68

Lump Sum Discount (%) 0.00

Lump Sum Dis (%)

Final Spare Part Cost 8,306.41

Final Sur Total 2,342.68

				SMRT Recor	nmend	lation						Bury	nyor Approval
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Die(%)	Final Price(\$)	Repair/ Replace	Survayor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			EXTENSION SUBASSY, RH	4	116.30	116.30	25.00	87.22	Replace	0	O	Not Give ~ X SVC
One Time Key In	Main			LAMP ASSY, FOG, RH	ΥĹ	910.20	910.20	10.00	819.18	Replace	0	0	Check ~ XSVC
One Time Key In	Main			COVER ASSY, ENGINE	4	180.10	180.10	25.00	135.07	Replace	O	0	Check -X5VC
One Time Key In	Main			HOOD SUB-ASSY	4	938.40	938.40	25.00	703.80	Replace	Ó	0	Not Give -X SVC
One Time Key In	Main			INSULATOR, HOOD	1	393.90	393.90	25.00	295.42	Replace	0	0	Not Give ~ X SVC
One Time Key In	Main			HINGE ASSY, HOOD, LH	1	57.00	57.00	25.00	42.75	Replace	:(0)	Ö	Not Give - X SVC
One Time Key In	Main			HINGE ASSY, HOOD, RH	4	57.00	57.00	25.00	42.75	Replace	0	0	Not Give ~ X SVC
One Time Key In	Main			CABLE ASSY, HOOD	1	53.20	53.20	25.00	39.90	Replace	0	ō	Not Give - XSVC
One Time Key In	Main			SUPPORT, RADIATOR UPPER RH	1	76.70	76.70	25.00	57.53	Replace	0	Õ	Not Give VX5VC
One Time Key In	Main			UNIT, HEADLAMP , RH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	1	2,303.	Replace - / CRA
One Time Key In	Main			FENDER SUB- ASSY, FR , RH	1	933.10	933.10	25.00	699.83	Replace	1	0	Repair ~ 火 R
One Time Key In	Main			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	52.90	25.00	39.67	Replace	1	39.67	Replace -/ NeC
One Time Key In	Main			SEAL SUB-ASSY, RH	1	50.20	50.20	25.00	37.65	Replace	0	0	Not Give ~ X SVC
One Time Key In	Main			LINER, FR FENDER, RH	1	198.40	198.40	25.00	148.80	Replace	0	0	Not Give ~XSVC
One Time Key In	Main			WHEEL, DISC FRONT	T II	1,555.10	1,555.10	25.00	1,166.32	Replace	0	0	Not Give ~ XSVC

Total Spare Part Cost 8,306.41

Surveyor Total 2,342.68

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 8,306.41

Final Sur Total 2,342.68

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Final Sur Total 2,342.68

	SMRT Recommendation											Bury	ryor Approval	
ВОМ Туре	Costing Type	Portion	Material Number	Part Name	Qly	List Price Per Unit(5)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Burveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key in	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give ♥ ,	XSVC
One Time Key In	Main			WIPER WASHER JAR	1	183.60	183.60	25.00	137.70	Replace	9	ø	Hot Give 🔻	xsvc
						To	ital Spare P	art Cost	8,306.41		St	irveyor Total	2,342.66	
						Lump	Sum Disc	ount (%)	0.00		Lump	Sum Dts (%)	0	

Final Spare Part Cost 8,306.41

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
ť	Main	TO REPAIR FRONT PORTION	676.00	300 /	
Total:			676.00	300.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
1	Main	TO REPSRAY FRONT BUMPER	378.00	200
2	Main	TO REPSRAY FRONT HOOD	378.00	ō
3	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0
4	Main	TO RESPRAY RIM	180.00	0
5	Main	TO RESPRAY FRONT FENDER RH	378.00	200
Total:			1,494.00	400.00

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
î	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	/
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	

780.00	50.00
100100	20,00
	780.00

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
4	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	۰ ۲	LKK Auto Consultants hence notify
5	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	 Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed
7	Main	TO WASH AND VACUUM	60.00	0.	 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company
Total:			780.00	50.00	Acknowledged by Repairer Signature: Date:

Summary

Survey Date

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	8,306.41	2.342.68
Total Labour Cost	676.00	300.00
Total Spray Painting	1,494.00	400.00
Other	780.00	50.00
Overall Total	11,256.41	3,092.68
Lump Sum Repair Option		O O
Lump Sum Total	0.00	3,092.68
Surveyor Approved Amount		.3,092.68
No of Repair Days*	6	3 3 dy 1
Remarks	-	P/P, Before paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		
		Save Clear

31/08/2020

411

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID:	369K		
ehicle Details			
ehicle No.:	SHD6315L		
ehicle to be Exported:	No		
ntended Deregistration Date:	03 Sep 2020		
ehicle Make:	TOYOTA		
'ehicle Model:	PRIUS HYBRID 1.8 CVT		
rimary Colour:	Maroon		
Nanufacturing Year:	2017		
ngine No.:	2ZRS108267		
hassis No.:	JTDKB3FU003575261		
Maximum Power Output:	90.0 kW (120 bhp)		
pen Market Value:	\$29,007.00		
Original Registration Date:	28 Nov 2017		
irst Registration Date:	28 Nov 2017		
ransfer Count:	0		
ctual ARF Paid:	\$5,000.00		
ntended PARF Rebate Details			
ARF Eligibility:	Yes		
ARF Eligibility Expiry Date:	27 Nov 2025		
ARF Rebate Amount:	\$3,750.00		
ntended COE Rebate Details			
OE Expiry Date:	27 Nov 2025		
OE Category:	A - Car up to 1600cc & 97kW (130bhp)		
OE Period(Years):	8		
QP Paid:	\$33,596.00		
OE Rebate Amount:	\$21,977.00		
otal Rebate Amount:	\$25,727.00		
Message Message			

The information contained herein is correct as at 03 Sep 2020

ОК

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