ASS. REC. BY: Sun Pin MILE MS/INC20009320/QVIS
Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of GBE 6027J Policy No. 5112145075 Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) / Prime Mover / Truck / Trailer or Make: Toyota Prius FL c.c 1796 Colour Maroon A/C: Insured / Std / NI / N Sp.Reading 34241 T/Radio: Insured / Std / NI / N Eng/No: C/No: TPKB3F41030 89154
Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of GBE 6027J Policy No. 5112145075 Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) / Prime Mover / Truck / Trailer or Make: Toyota Prius FL c.c 1796 Colour Maroon A/C: Insured / Std / NI / N Sp.Reading 34241 T/Radio: Insured / Std / NI / N Eng/No: C/No: TPKB3FU1030 89154
To Inspect Vehicle No: at Workshop m/s of Colour Sp.Reading Sp.Reading Sp.Reading Sp.Reading T/Radio: Insured / Std / NI / N Eng/No: C/No: Type to Prius FL C.c. 1796 Colour Make: Toyotu Prius FL C.c. 1796 Colour Maroon A/C: Insured / Std / NI / N Sp.Reading Sp.Reading T/Radio: Insured / Std / NI / N Eng/No: Type B3 Fulo30 89154
at Workshop m/s of Sp.Reading 34241 T/Radio: Insured / Std / NI / N Insured: GBE 6027J Eng/No: Policy No. 5112145075 C/No: JTDKB3FU1030 89154
at Workshop m/s of Sp.Reading 34241 T/Radio: Insured / Std / NI / N Insured: GBE 6027J Eng/No: Policy No. 5112145075 C/No: TTPKB3FU1030 89154
Insured: GBE 6027J Eng/No: — Policy No. 5112145075 C/No: 5112145075
Policy No. 5112145075 C/No: 5112145075
NT/4404050 000
Claims No. MT/1101653-002 Gen. Cond: Good / Fairly Poor / Burnt
Sum Insured: Steering: Inforder / Jammed / Leaked / Burnt or
(Client's Record) Brake: Increar / Jammed / Leaked / Burnt or
Make of Veh: Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: \95/65 R15
(Policy Condition) R: 195/65 K15
Remark: The veh had commenced its N/S O/S BS DUNY EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.
Bal. or Market Value: Front Rear
IDAC Accident Rport: Consistent?: Yes or No R/Bal. 6 mm R/Bal. 6 n
GIA / PR Seen: Consistent?: Yes or No L/Bal mm L/Bal r
Est. Repairs:days Res.: Yes or No D.O.A. 28/08/2020 D.O.I. <u>63/09/202</u>
Lum Sum: % 3 Val.: Yes or No Survey held at SMRT.
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collis
Date / Time Action / Instruction
25/9/20 Final fig \$2042.26 confirmed by email (Red 9365.38,82%) TAX/08/20/2
GBE 6027
Date/Time, File Pass to? Preli. Report Days Of Repair: 3
Date/Time, File Pass to? Prelli. Report Days Of Repair: 3
Date/Time, File Pass to? : Preli. Report Days Of Repair: 3 1) : Final Report Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Pass to? : Preli. Report Days Of Repair: 3 : Final Report Date/Time, File Return to? Date/Time, File Return to?
Date/Time, File Pass to? : Preli. Report Days Of Repair: 3 : Final Report Resurvey No. of Trip: 1 Date/Time, File Return to? 2) 25/9/20-Typist Add Fee: : Site Insp (\$
Date/Time, File Pass to? Preli. Report Days Of Repair: 3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHD6139D
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F30201
Chassis No.:	JTDKB3FU103089154
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	26 Dec 2019
First Registration Date:	26 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	25 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$23,337.00
Total Rebate Amount:	\$34,234.00
Message	

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

The information contained herein is correct as at 07 Sep 2020 $\,$



MBR 120075038 / SART Automotive Bentces Pte Ltd - Woodlands ENTRY DATE & TIME 01/09/2020 08 16 SUBMITTED BY B. Theyel Nayagi

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/09/2020 13:13

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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	01/09/2020 09:16
Date Of Accident	28/08/2020 18:50
Exact Location Of Accident	TAMPINES CENTRAL 5
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD6139D
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-80000000
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	PEH CHENG HUAT
NRIC No	SXXXX687J
Date Of Birth	22/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1977
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	

NOEMAIL

Address

725

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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 TAMPINES CENTRAL 5 AT THE CENTER LANE. SUDDENLY I FELT AN IMPACT ON MY RIGHT OF MY VEHICLE. I ALIGHTED AND CHECKED THE VEHICLE GBE6027J HAD HIT ONTO MY RIGHT PORTION OF MY TAXI NO PASSENGER AND 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

GBE6027J

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MR MOHAMMAD

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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Line 1	Pal	W	.,
rolicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personame:	onnel's Signature

Sketch Plan Pg. 2

SKET OF MAIN

TOP DESTANT MOTICE

- 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 <u>it withful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an arimission of policy liability on the part of the insurance companies.
- S. Any false recording may be referred to the Folice 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
- By the todgment of this report to the insurers, youthereby consent to the application of this report of the central and to copies of the report being made shallable aforesaid.
- 3. Consent index the Personal Data Profesion Act (9199A)
 - i conference, autore vierge, agree ann contenutibet:
 - ivy naturer, my workshop and the General Insurance association of Singapore ("Gist"), may/are permitted to collect, use, disclose and/or process my personal data/personal information seriout in this [Sonn) 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law irms, the executary duther by of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) if:
 - 3 A. A. S. S. S. Stadio and A. C. Sallianet State of Greekelp (Special and Joseph William Special Research State of Special Research State of Special Research State of Special Research Research Special Research Special Research Research
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 - ाता हिन्द्रीय १८० . प्रदेश तर प्रवास १९ व. १८५८ होती ए प्रतिस्ताती उत्तराहरीक विशेषा के बाहिए होता वे वे वेशकार होता वर्ष के लिए स्टब्स् १९५७ हे साथ १८९८ होता वर्ष १९ व
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Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Dare & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Case Details

Case Reference Number : TAX/08/20/2083

Type of Repair : Accident Repair Vehicle Registration Number : SHD6139D

Company Type : SMRT Taxis Pie Ltd

Estimation ID : EST-12519-ID

Assigned By : Kwal Lang Gan

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 28/08/2020 10 53 AM

Vehicle Age(in Months): 8

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRTR	comm	endation						Si	urveyor 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, FRONT DOOR RH	1	1,300.70	1,300.70	25.00	975.53	Replace	0	o	Not Give ~ X S K
One Time Key In	Main			STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	O	0	Not Give ~ X SIX
One Time Key In	Main			PANEL SUB-ASSY, REAR DOOR, RH	1	1,294.90	1,294.90	25.00	971.18	Replace	1) 0 ,	Repair ×X R.
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			MOULDING ASSY, BODY ROCKER PANEL, RH	1	594.80	594.80	25.00	446.10	Replace	0	0 .	Not Give ~ X SVC
One Time Key In	Main			PANEL SUB-ASSY, FENDER REAR RH	1	871.50	871.50	25.00	653.63	Replace	1	653.63	Replace / CRY
One Time Key In	Main			LINER, REAR FENDER, RH	i	139.80	139.80	25.00	104.85	Replace	0	0	Not Give * X 5 VC
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	V O V	Not Give ~ X [VC
One Time Key In	Main			CAP SUB- ASSY, WHEEL	1 3	211.50	211.50	25.00	158.63	Replace	4	158.63	Replace -/ SCR

Total Spare Part Cost 5,657.78

Surveyor Total 932.26

Lump Sum Discount (%) 0.00

Lump Sum Dis (%)

Final Spare Part Cost 5,657.78

Final Sur Total 932.26

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				SMRT Re	conini	ndation							
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyo Quantity	r Surveyor	urveyor Approvál Repair/Replace Remarks
One Time Key In	Main			WHEEL, DISC	1	1,879.40	1,879.40	25.00	1,409.55	Replace	0	(0)	Not Give V X Suc
One Time Key In	Main			SEAL, RR BUMPER, RH	1	118.30	118.30	25.00	88.72	Replace	0	3 0 (Not Give ~ X Size
One Time Key In	Main			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	1	0	Repair ×× R
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give ~ X
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give ~ X Sm
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give - X SIC
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.30	22.60	25,00	16.95	Replace	0	o	Not Give ~ X SVC
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	0	9	Not Give V & SVC
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	0	Ø.	Not Give V X SV
One Time Key In	Main			PIXEL STICKER	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace - / Nec
						Tota	al Spare Pa	rt Cost	5,657.78			Surveyor Total	932.26
						Lump :	Sum Disco	unt (%)	0.00		Lum	p Sum Dis (%)	0
						Fina	al Spare Pa	rt Cost	5,657.78			Final Sur Total	932.26

· Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH PORTION	845.00	400	/
Total;			845.00	400.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT DOOR RH	378.00	0	
Total:			2,052.00	600.00	

03/09/2020

S.No.	Costing Type	Joh Scope	BMRT Recommendation(S)	Surveyor Remarks Adjustment(\$)
2	Main	TO RESPRAY RH REAR DOOR	378.00	200
3	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0
4	Main	TO RESPRAY REAR FENDER RH	378.00	200
5	Man:	RESPRAY WHEEL CAP	180.00	0
6	Main	TO RESPRAY RIM	180.00	0
7	Main	TO RESPRAY REAR BUMPER	378.00	200
Total:			2,052.00	600.00

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
4	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	60 /
4	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0
5	Main	TO TRANSFER DOOR MECHANISM	120.00	o
6	Main	TO REMOVE / REFIT SEAT	120.00	0
7	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	³ 0 %
8	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	o
9	Main	TO REPLACE SUNDRY PARTS	100,00	0
10	Main	TO WASH AND VACUUM	60.00	0
Total:			1,140.00	110.00

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,657.78	932.26
Total Labour Cost	0.00	400.00

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spray Peinting	0.00	800.00
Other	0.00	110.00
Overall Total	5,657.78	2,042.26
Lump Sum Repair Option		CI,
Lump Sum Total	0.00	2,042.26
Surveyor Approved Amount		2,042.26
No of Repair Days*	6	د که که ۲
Remarks	*	P/P, Before paint photo.
Surveyor Name		Sun Pin (LKK)
Signature	Con .	
		Save Clear

03/09/2020

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:

Survey Date