

NTYC

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|---|-------|--|
| 1 | TOTAL | |
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[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 369K |
| Vehicle Details | |
| Vehicle No.: | SHC4130X |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 25 Sep 2020 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS HYBRID 1.8 CVT |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2017 |
| Engine No.: | 2ZRS098559 |
| Chassis No.: | JTDKB3FU903573010 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$29,007.00 |
| Original Registration Date: | 12 Oct 2017 |
| First Registration Date: | 12 Oct 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 11 Oct 2025 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 11 Oct 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$34,052.00 |
| COE Rebate Amount: | \$21,467.00 |
| Total Rebate Amount: | \$25,217.00 |
| 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 25 Sep 2020

OK

(LkC)

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 | 21/09/2020 09:18 |
| Date Of Accident | 19/09/2020 01:30 |
| Exact Location Of Accident | BENDEMEER ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4130X |
| 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 | HO KWONG MENG |
| NRIC No | SXXXX132B |
| Date Of Birth | 13/07/1949 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/04/1973 |
| Driving Experience | 47 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------|
| ss | 11 |
| Code | |
| Was driver an employee of the Insured's Company | NO |
| 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 | 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 | 1 |
| 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 STATIONARY ALONG BENDEMEER ROAD AS I WAS GOING TO TURN RIGHT INTO THE CAR PARK AND I WAS WAITING FOR THE BARRIER ARM TO BE LIFTED. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SCF9132B HAD COLLIDED ONTO THE REAR OF MY TAXI.

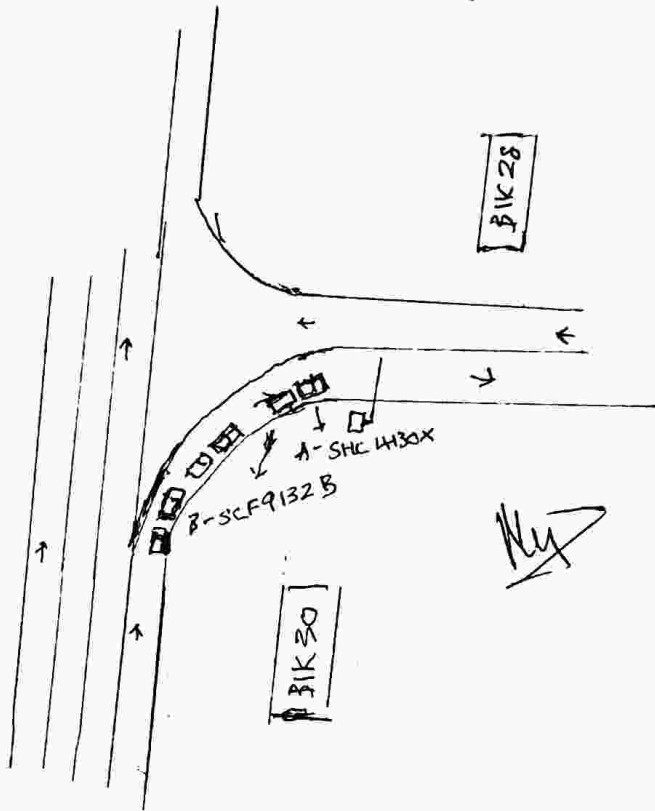
Attachment(s)

| | |
|---|-----|
| 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 | SCF9132B |
| 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

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. There is no handwriting or other markings on the paper.

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.: _____

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.:

[Signature] 21/9/2020



Case Details

Case Reference Number :
TAX/09/20/2046

Type of Repair : Accident Repair

Vehicle Registration Number :
SHC4130X

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-12674-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 19/09/2020 05:29 AM

Vehicle Age(In Months) : -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

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 R |
| One Time Key In | Main | | | REAR BUMPER REINFORCEMENT | 1 | 318.80 | 318.80 | 25.00 | 239.10 | Replace | 0 | 0 | Check ~ 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 | | | PAD, RR BUMPER, CTR | 3 | 2.20 | 6.60 | 25.00 | 4.95 | 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 | Check 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 |

Total Spare Part Cost 5,656.55

Lump Sum Discount (%) 20.00

Final Spare Part Cost 4,525.24

Surveyor Total 120.00

Lump Sum Dis (%) 20

Final Sur Total 96.00

| 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 | | | RETAINER, RR BUMPER, LH | 1 | 111.50 | 111.50 | 25.00 | 83.63 | Replace | 0 | 0 | Not Give ✓ X Svc |
| One Time Key In | Main | | | SEAL, RR BUMPER, RH | 1 | 85.20 | 85.20 | 25.00 | 63.90 | Replace | 0 | 0 | Not Give ✓ X Svc |
| One Time Key In | Main | | | SEAL, RR BUMPER, LH | 1 | 85.20 | 85.20 | 25.00 | 63.90 | 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 | 0 | 0 | Not Give ✓ X Svc |
| One Time Key In | Main | | | GUARD, RR BUMPER, LOWER | 1 | 558.30 | 558.30 | 25.00 | 418.72 | Replace | 0 | 0 | Check ✓ X Svc |
| One Time Key In | Main | | | FILLER, RR BUMPER, RH | 1 | 119.90 | 119.90 | 25.00 | 89.93 | Replace | 0 | 0 | Not Give ✓ X Svc |
| One Time Key In | Main | | | FILLER, RR BUMPER, LH | 1 | 119.90 | 119.90 | 25.00 | 89.93 | Replace | 0 | 0 | Not Give ✓ X Svc |
| One Time Key In | Main | | | COVER, GUARD RR BUMPER LOWER | 1 | 14.80 | 14.80 | 25.00 | 11.10 | Replace | 0 | 0 | Not Give ✓ X Svc |
| 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 | | | 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 | Check ✓ X Svc |
| One Time Key In | Main | | | LENS & BODY, REAR COMBINATION LAMP, RH | 1 | 438.10 | 438.10 | 10.00 | 394.29 | Replace | 0 | 0 | Check ✓ X Svc |
| One Time Key In | Main | | | LENS & BODY, REAR COMBINATION LAMP, LH | 1 | 438.10 | 438.10 | 10.00 | 394.29 | Replace | 0 | 0 | Not Give ✓ X Svc |
| One Time Key In | Main | | | LENS & BODY ASSY, RR BUMPER, RH | 1 | 486.80 | 486.80 | 10.00 | 438.12 | Replace | 0 | 0 | Check ✓ X Svc |
| One Time Key In | Main | | | LENS & BODY ASSY, RR BUMPER, LH | 1 | 486.80 | 486.80 | 10.00 | 438.12 | Replace | 0 | 0 | Not Give ✓ X Svc |

Total Spare Part Cost 5,656.55

Surveyor Total 120.00

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 4,525.24

Final Sur Total 96.00

| 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, REAR FLOOR UNDER, RH | 1 | 169.50 | 169.50 | 25.00 | 127.13 | Replace | 0 | 0 | Check | ✓ Xsuc |
| One Time Key In | Main | | | COVER, REAR FLOOR UNDER, LH | 1 | 234.30 | 234.30 | 25.00 | 175.73 | Replace | 0 | 0 | Not Give | ✓ Xsuc |
| One Time Key In | Main | | | COVER, REAR FLOOR UNDER CENTER | 1 | 222.60 | 222.60 | 25.00 | 166.95 | Replace | 0 | 0 | Not Give | ✓ Xsuc |
| One Time Key In | Main | | | SPOILER SUB-ASSY, REAR | 1 | 1,322.10 | 1,322.10 | 25.00 | 991.57 | Replace | 1 | 0 | Old Dam | ✓ Xsuc |
| One Time Key In | Main | | | END PANEL SUB-ASSY, BODY LOWER BACK | 1 | 629.80 | 629.80 | 25.00 | 472.35 | Replace | 0 | 0 | Check | ✓ Xsuc |
| One Time Key In | Main | | | SEALANT SIKAFLEX | 1 | 37.00 | 37.00 | 0.00 | 37.00 | Replace | 0 | 0 | Check | ✓ Xsuc |
| One Time Key In | Main | | | LAMP SET, STOP CENTER | 1 | 186.50 | 186.50 | 10.00 | 167.85 | Replace | 1 | 0 | Old Dam | ✓ Xsuc |
| Total Spare Part Cost | | | | | | | | | 5,656.55 | Surveyor Total 120.00 | | | | |
| Lump Sum Discount (%) | | | | | | | | | 20.00 | Lump Sum Dis (%) 20 | | | | |
| Final Spare Part Cost | | | | | | | | | 4,525.24 | Final Sur Total 96.00 | | | | |

Labour's Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|------------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO REPAIR REAR PORTION | 507.00 | 200 | ✓ |
| Total: | | | 507.00 | 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 BUMPER BEAM | 180.00 | 0 | |
| 3 | Main | TO RESPRAY FILLER RR BUMPER LH | 180.00 | 0 | |
| 4 | Main | TO RESPRAY FILLER RR BUMPER RH | 180.00 | 0 | |
| 5 | Main | TO RESPRAY REAR PANEL | 180.00 | 0 | |
| Total: | | | 1,278.00 | 200.00 | |

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|---------------|--------------|-------------------------|----------------------------|----------------------------|---------|
| 6 | Main | TO RESPRAY REAR SPOILER | 180.00 | 0 | |
| Total: | | | 1,278.00 | 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 REPLACE SUNDRY PARTS | 100.00 | 0 | |
| 3 | Main | TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 20 | |
| 4 | Main | TO WASH AND VACUUM | 60.00 | 0 | |
| Total: | | | 360.00 | 20.00 | |

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 | 4,525.24 | 96.00 |
| Total Labour Cost | 507.00 | 200.00 |
| Total Spray Painting | 1,278.00 | 200.00 |
| Other | 360.00 | 20.00 |
| Overall Total | 6,670.24 | 516.00 |
| Lump Sum Repair Option | | <input checked="" type="checkbox"/> |
| Lump Sum Total | 6,650.00 | 500.00 |
| Surveyor Approved Amount | | 500.00 |
| No of Repair Days* | 5 | 2 |
| Remarks | - | L/S, after paint photo |
| Surveyor Name | | Sun Pin (LKK) |
| Signature | |  |

Save

Clear

Survey Date

22/09/2020