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## 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.:	SHC4651J
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6159387
Chassis No.:	JTDKN36U205750279
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	19 Sep 2014
First Registration Date:	19 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Sep 2022
PARF Rebate Amount:	\$5,257.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$12,515.00
<b>Total Rebate Amount:</b>	<b>\$17,772.00</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 28 Sep 2020

OK

## 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	23/09/2020 16:01
Date Of Accident	23/09/2020 13:20
Exact Location Of Accident	HARBOUR FRT CENTRE (CRUISE BAGGAGE CHECK IN AREA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4651J
<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	CHUA THIAM HUAT
NRIC No	SXXXX550H
Date Of Birth	28/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1987
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	(LOCAL) +65-80000000
Contact Number	
Email Address	NOEMAIL

Address	337A
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

#### 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 GOING TO DROP OFF MY 3 PASSENGER - 1 FEMALE AND 2 MALE ( UNKNOWN FOREIGNER RACE ) AT THE HARBOUR FRONT CENTRE (CRUISE BAGGAGE CHECK IN AREA) WHEN I WAS ABOUT TO REACHED THE DROP OFF AREA SUDDENLY A VEHICLE GBD6008U REVERSE FROM THE PARKING LOT AND HIT ONTO MY LEFT SIDE 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	GBD6008U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	LEE YONG SIK

NRIC/Passport Number

Contact Number

Address

Postcode

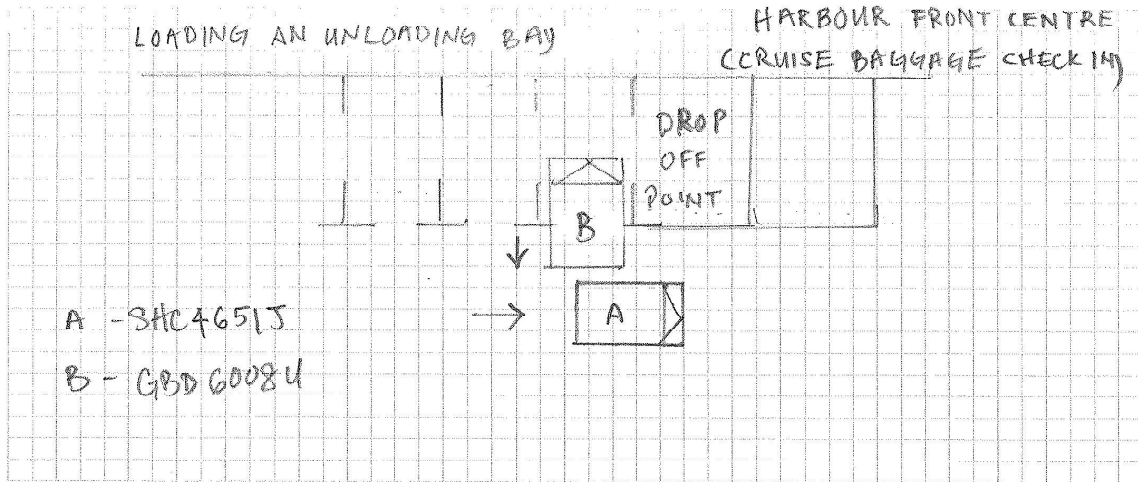
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

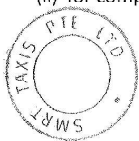
### SKETCH PLAN

#### 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)**

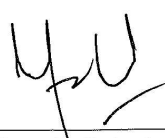
I understand, acknowledge, agree and consent that:

- (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:

 23/9/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Case Details

Case Reference Number :  
TAX/09/20/2059  
Type of Repair : Accident Repair  
Vehicle Registration Number :  
SHC4651J

Company Type : SMRT Taxis Pte Ltd  
Estimation ID : EST-12706-ID  
Assigned By : Taxi Claims Manager  
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd  
Accident Date and Time : 23/09/2020 05:22 AM  
Vehicle Age(In Months) : 72

## 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			FENDER RR/LH	1	766.80	766.80	25.00	575.10	Replace	1	575.10	Replace	✓ / CRU.	
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			QUARTER GLASS RR/LH	1	168.10	168.10	25.00	126.07	Replace	1	126.08	126.07	Replace	✓ / Nec
One Time Key In	Main			SEALANT W/SCREEN	1	37.00	37.00	0.00	37.00	Replace	1	37.00	Replace	✓ / Nec	
One Time Key In	Main			WHEEL HUB REAR	1	489.40	489.40	25.00	367.05	Replace	0	0	Not Give	✓ X SVC.	
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace	✓ / Nec	
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			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give	✓ X SVC	
Standard	Main		6505487	DOOR RR/LH	1	954.50	954.50	25.00	715.88	Replace	1	715.88	Replace	✓ / PD.	
Standard	Main		6505607	MOULDING BODY, LH	1	673.60	673.60	25.00	505.20	Replace	1	0	Repair	✓ X R	

Total Spare Part Cost 4,316.81

Surveyor Total 2,030.58

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 3,453.45

Final Sur Total 1,624.46

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		6505658	WHEEL DISC.	1	1,484.20	1,484.20	25.00	1,113.15	Replace	1	0	Repair	✓ X R
Standard	Main		6505548	BUMPER REAR	1	458.80	458.80	25.00	343.95	Replace	1	343.95	Replace	✓ /C47.
Standard	Main		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	1	71.10	Replace	✓ /BR
Standard	Main		6505617	BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Givr	✓ X SVC.
Total Spare Part Cost									4,316.81	Surveyor Total 2,030.58				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									3,453.45	Final Sur Total 1,624.46				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	1,014.00	600	✓
Total:			1,014.00	600.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR DOOR LH	378.00	200	✓
2	Main	TO RESPRAY SILL MEMBER PANEL LH	180.00	100	✓
3	Main	TO RESPRAY REAR FENDER LH	378.00	200	✓
4	Main	TO RESPRAY RIM	180.00	50	✓
5	Main	TO RESPRAY REAR BUMPER	378.00	200	✓
Total:			1,494.00	750.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	✓
2	Main	TO TRANSFER DOOR MECHANISM	120.00	60	✓
Total:			1,305.00	425.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	125.00	/
4	Main	TO REMOVE AND REFIT REAR SEAT TO FACILITATE REPAIR	120.00	30	/
5	Main	TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0	
6	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	30	/
7	Main	TO REMOVE & REFIT REAR QUARTER GLASS LH	120.00	60	/
8	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	50	/
9	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	20	/
10	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	/
11	Main	TO REPLACE SUNDRY PARTS	100.00	0	
12	Main	TO WASH AND VACUUM	60.00	0	
<b>Total:</b>			<b>1,305.00</b>	<b>425.00</b>	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,453.45	1,624.46
Total Labour Cost	1,014.00	600.00
Total Spray Painting	1,494.00	750.00
Other	1,305.00	425.00
Overall Total	7,266.45	3,399.46
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	7,250.00	3,400.00
Surveyor Approved Amount		3,400.00
No of Repair Days*	7	4 <i>4 days.</i>
Remarks	-	L/S, After paint photo.
Surveyor Name		Sun Pin (LKK)

Estimator Assessment(\$)

Surveyor Assessment(\$)

Signature



Save

Clear

Survey Date

24/09/2020

**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: