

ASS. REC. BY: Sun PinREF: ECICS.**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
XXX	

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 4754X Yr Regn: 01/04/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1796Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 612808 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKN364805767751

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or Firenza

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/10/2020 D.O.I. 28/10/2020Survey held at SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP
TAX/10/20/2058

SJC3845

SUBMIT L/S \$500.00 (RED: \$3600.00, 87%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 18/11/20 TYPIST

Report Format:

Lump Sum / L/S \$500.00

Days Of Repair: 2Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHC4754X
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR1673589
Chassis No.:	JTDKN36U805767751
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	01 Apr 2016
First Registration Date:	01 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Mar 2024
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,862.00
COE Rebate Amount:	\$15,755.00
Total Rebate Amount:	\$19,505.00
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 30 Oct 2020

OK

CECILS
Lok

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	27/10/2020 16:29
Date Of Accident	27/10/2020 06:30
Exact Location Of Accident	WOODLANDS AVE 12 TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4754X
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	TAN GEOK SWEE
NRIC No	SXXXXX703C
Date Of Birth	27/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1987
Driving Experience	33 YEARS AND 7 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 - RELIEF
 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 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) 3
 Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 2 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 TRAVELLING ALONG WOODLANDS AVENUE 12 TOWARDS SLE WITH TWO PASSENGERS (FEMALE) ON BOARD. I WAS APPROACHING THE TRAFFIC JUNCTION AND THE LIGHT TURNED RED, AS SUCH I STOPPED. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SJF384S 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? YES
 Remarks/ Reasons: FILE TOO BIG
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF384S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TER TZE HERNG ROY (DAI ZHIHENG)
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Woodlands Ave 12

A - SHC 4754X
B - SJF 384S

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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.



M 27/10/2020

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/10/20/2058
Type of Repair : Accident Repair
Vehicle Registration Number : SHC4754X

Company Type : SMRT Taxis Pte Ltd
Estimation ID : EST-13004-ID
Assigned By : Tan Lee Ge #

Insurance Company Name : ECICS Limited
Accident Date and Time : 26/10/2020 10:30 PM
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			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	0	Repair	x R
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	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			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	x Svc
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	x Svc
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	x Svc
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Check	x Svc
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	x Svc
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	x Svc
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	x Svc

Total Spare Part Cost 2,659.97

Surveyor Total 120.00

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 20

Final Spare Part Cost 2,659.97

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			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Check	✓ X sue
One Time Key In	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	✓ X sue
Total Spare Part Cost									2,659.97	Surveyor Total 120.00				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									2,659.97	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	338.00	200	✓
Total:			338.00	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	
Total:			738.00	200.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO RESPRAY REAR PANEL	180.00	0	
Total:			738.00	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	0	
4	Main	TO WASH AND VACUUM	60.00	0	
Total:			360.00	0.00	

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	2,659.97	96.00
Total Labour Cost	338.00	200.00
Total Spray Painting	738.00	200.00
Other	360.00	0.00
Overall Total	4,095.97	496.00
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	4,100.00	500.00
Surveyor Approved Amount		500.00
No of Repair Days*	5	2 2 days
Remarks	-	L/S, After paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		

SaveClear

