

ASS. REC. BY: Sun Pin.

REF:

NTUC**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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

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: SHF 1040B Yr Regn: 23/12/2014

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

Truck / Trailer or

Make: Toyota Prius C.C. 1765Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 637110 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKN36U305754972

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 Touring

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/11/2020 D.O.I. 04/11/2020Survey held at SMARTDes. 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

TPTAX/11/20/2007SKY 4850 RFinalize amount \$1,050. Repair day 3 days  
(RED8075.94;88%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B. (\$) \_\_\_\_\_

Days Of Repair: 3

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

[> Back to OneMotoring](#)

## 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.:	SHF1040B
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1476221
Chassis No.:	JTDKN36U305754972
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	23 Dec 2014
First Registration Date:	23 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Dec 2022
PARF Rebate Amount:	\$5,661.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$13,750.00
<b>Total Rebate Amount:</b>	<b>\$19,411.00</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 05 Nov 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	04/11/2020 08:47
Date Of Accident	03/11/2020 22:20
Exact Location Of Accident	KEONG SAIK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF1040B
<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	ROSLI BIN AHMAD
NRIC No	SXXXX252A
Date Of Birth	10/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/09/1980
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	706
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)	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 STRAIGHT ALONG KEONG SAIK ROAD WHEN THE VEHICLE SKV4850R DASHED OUT FROM THE PARALLEL PARKING LOT AND HIT ONTO THE LEFT PORTION OF MY TAXI.

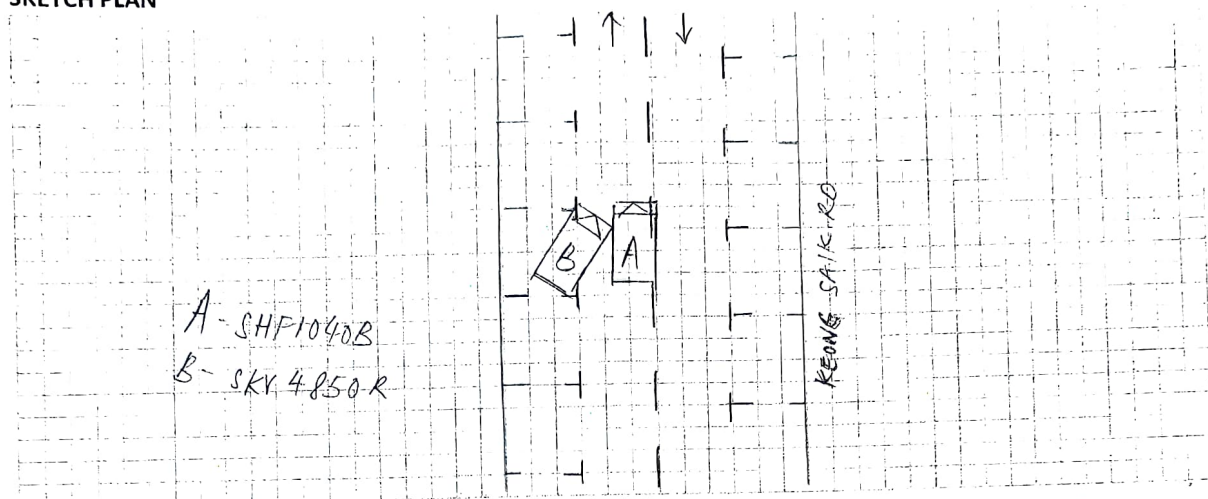
#### Attachment(s)

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	SKV4850R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

## DECLARATION

**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.:



Case Details

**Case Reference Number :**  
TAX/11/20/2007

**Type of Repair :** Accident Repair

**Vehicle Registration Number :**  
SHF1040B

**Company Type :** SMRT Taxis Pte Ltd

**Estimation ID :** EST-13074-ID

**Assigned By :** Taxi Claims Manager Team

**Insurance Company Name :** NTUC Income Insurance Co-operative Ltd

**Accident Date and Time :** 03/11/2020 02:20 PM

**Vehicle Age(In Months) :** 71

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 FRT	1	482.00	482.00	25.00	361.50	Replace	1	0	Repair	X R
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	0	0	Not Give	X SUC
One Time Key In	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	0	0	Not Give	X SUC
One Time Key In	Main			LENS & BODY, FR TURN LH	1	511.80	511.80	10.00	460.62	Replace	0	0	Not Give	X SUC
One Time Key In	Main			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	0	0	Check	X SUC
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	X SUC
One Time Key In	Main			WHEEL DISC. FRONT	1	1,484.20	1,484.20	25.00	1,113.15	Replace	1	0	Repair	X R
One Time Key In	Main			FENDER FRT/LH	1	723.40	723.40	25.00	542.55	Replace	1	0	Repair	X R
One Time Key In	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace	/ Nec
										38.93				

Total Spare Part Cost6,023.28

Lump Sum Discount (%)20.00

Final Spare Part Cost4,818.62

Surveyor Total98.92

Lump Sum Dis (%)20

Final Sur Total79.14

M Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval					Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace		
One Time Key In	Main			FENDER LINER FRT/LH	1	171.70	171.70	25.00	128.77	Replace	0	0	Check	✓	X SUC
One Time Key In	Main			FENDER LINER PAD, FR WHEEL. LH	1	49.30	49.30	25.00	36.97	Replace	0	0	Not Give	✓	X SUC
One Time Key In	Main			MOULDING BODY, LH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Give	✓	X SUC
One Time Key In	Main			DOOR FRT/LH	1	894.40	894.40	25.00	670.80	Replace	1	0	Repair	✓	X R
One Time Key In	Main			STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	✓	/ Nec
One Time Key In	Main			MIRROR ASSY, LH	1	1,224.90	1,224.90	25.00	918.68	Replace	0	0	Not Give	✓	X SUC
One Time Key In	Main			MIRROR LAMP LH	1	65.30	65.30	10.00	58.77	Replace	0	0	Not Give	✓	X SUC
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	107.40	107.40	25.00	80.55	Replace	0	0	Not Give	✓	X SUC
Total Spare Part Cost									6,023.28	Surveyor Total		98.92			
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20			
Final Spare Part Cost									4,818.62	Final Sur Total		79.14			

**Labour's Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	845.00	500	✓
Total:			845.00	500.00	

**Spray Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPSRAY FRONT BUMPER	378.00	200	✓
2	Main	TO RESPRAY FRONT FENDER LH	378.00	200	✓
3	Main	TO RESPRAY RIM	180.00	50	✓
Total:			1,674.00	650.00	



	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
	Main	TO RESPRAY FRONT DOOR LH	378.00	200	
5	Main	TO RESPRAY VIEW MIRROR	180.00	0	
6	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	
<b>Total:</b>			<b>1,674.00</b>	<b>650.00</b>	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
2	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	20	
3	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	20	
4	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	20	
5	Main	TO TRANSFER DOOR MECHANISM	120.00	0	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	
7	Main	TO WASH AND VACUUM	60.00	0	
<b>Total:</b>			<b>820.00</b>	<b>90.00</b>	

**Summary**

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,818.62	79.14
Total Labour Cost	845.00	500.00
Total Spray Painting	1,674.00	650.00
Other	820.00	90.00
Overall Total	8,157.62	1,338.92
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	8,150.00	1,350.00
Surveyor Approved Amount		1,350.00
No of Repair Days*	6	3

Estimator Assessment(\$)

Surveyor Assessment(\$)

marks

L/S, after paint photo.

Surveyor Name

Sun Pin (LKK)

Signature



9125.94

Save

Clear

Survey Date

04/11/2020

**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: