

SS. 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.

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB5953L Yr Regn: 19/12/2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or _____

Make: Toyota Prius. Hybrtd. C.C. 1795Colour: Maroon. A/C: Insured / Std / NI / NASp. Reading: 330624. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKB3FV 503580083Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or Atrezzo

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 10/11/2020 D.O.I. 11/11/2020Survey held at SMRT.Des. of Damages: Frnt / 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/11/20/2022.
XE 2055T.

Date/Time, File Pass to?

☐ : Preli. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Report Format: _____

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

Days Of Repair: _____

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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB5953L
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8291451
Chassis No.:	JTDKB3FU503580083
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	19 Dec 2017
First Registration Date:	19 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	18 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$21,762.00
Total Rebate Amount:	\$25,512.00
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 13 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	11/11/2020 11:04
Date Of Accident	10/11/2020 19:30
Exact Location Of Accident	OLD TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5953L
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	S AASAITHAMBY
NRIC No	SXXXX392A
Date Of Birth	06/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2002
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	441
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	HIT BY FALLEN TREE / OTHER OBJECTS
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: : MALE
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 STRAIGHT ALONG OLD TAMPINES ROAD AT THE CENTRE LANE WITH TWO PASSENGERS ON BOARD WHEN SUDDENLY A WOODEN BLOCK DROP OFF FROM THE TRUCK (XE2055T) WHICH IN FRONT OF ME AND RESULTED THE WOODEN BLOCK HIT ONTO THE FRONT PORTION OF MY TAXI. SUBSEQUENTLY I STOPPED MY TAXI AT THE ROAD SIDE AS THE WOODEN BLOCK WAS STUCKED UNDERNEATH MY FRONT BUMPER.

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	XE2055T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

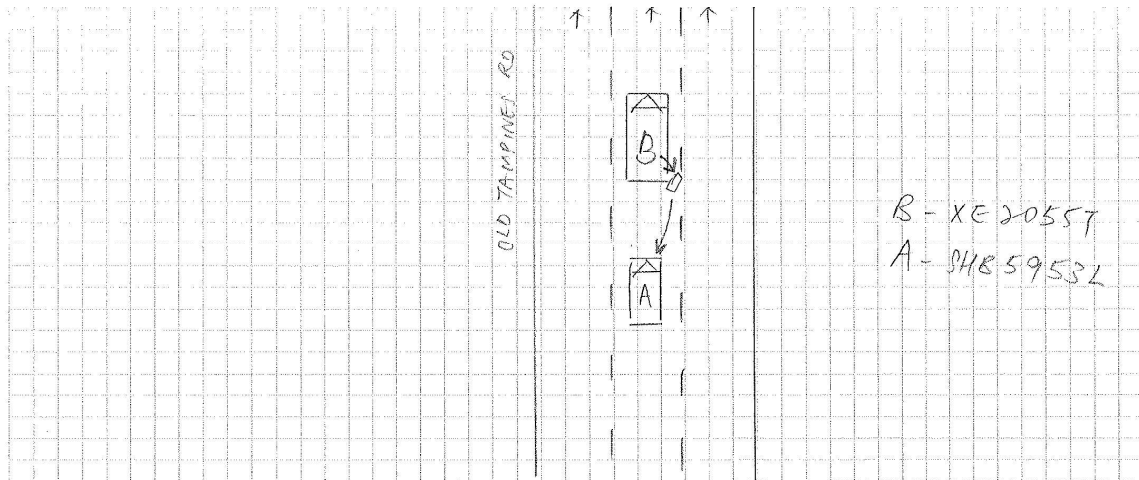
Insurance Company Name

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 & 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

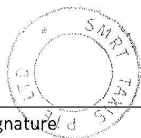
SKETCH PLAN

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:

 11/11/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Case Details

Case Reference Number : TAX/11/20/2022

Company Type : SMRT Taxis Pte Ltd

Insurance Company Name : NTUC Income

Type of Repair : Accident Repair

Estimation ID : EST-13136-ID

Insurance Co-operative Ltd

Vehicle Registration Number : SHB5953L

Assigned By : Taxi Claims Manager Team

Accident Date and Time : 10/11/2020 11:30 AM

Vehicle Age(In Months) : 35

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, FR BUMPER	1	495.50	495.50	25.00	371.63	Replace	1	371.63	Replace	✓ CRU.
One Time Key In	Main			SUPPORT, FR BUMPER RH	1	76.90	76.90	25.00	57.68	Replace	0	0	Not Give	✓ X SUC
One Time Key In	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	1	61.72	Replace	✓ / BR
One Time Key In	Main			REINFORCEMENT FRONT LOWER	1	238.50	238.50	25.00	178.88	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	0	0	Not Give	✓ X SUC
One Time Key In	Main			COVER ASSY, ENGINE	1	180.10	180.10	25.00	135.07	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace	✓ / Nec
One Time Key In	Main			COVER ASSY, ENGINE UNDER CENTER SET	1	452.80	452.80	25.00	339.60	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			COVER, ENGINE UNDER CENTER	1	94.50	94.50	25.00	70.88	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			COVER, ENGINE UNDER, REAR	1	36.50	36.50	25.00	27.38	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			LAMP ASSY, FOG, RH	1	910.20	910.20	10.00	819.18	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			LAMP ASSY, FOG, LH	1	910.20	910.20	10.00	819.18	Replace	0	0	Not Give	✓ X SUC
One Time Key In	Main			SUPPORT SUB-ASSY LOWER	1	397.40	397.40	25.00	298.05	Replace	0	0	Not Give	✓ X SUC
Total Spare Part Cost									10,343.63	Surveyor Total 444.60				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									8,274.90	Final Sur Total 355.68				

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			GRILLE SUB-ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0	Not Give	X SUC
One Time Key In	Main			WHEEL, DISC FRONT	2	1,555.10	3,110.20	25.00	2,332.65	Replace	0	0	Not Give	X SUC
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	2	554.20	1,108.40	25.00	831.30	Replace	0	0	Not Give	X SUC
One Time Key In	Main			TYRE	2	126.74	253.48	0.00	253.48	Replace	0	0	Not Give	X SUC
One Time Key In	Main			LINER, FR FENDER, LH	1	194.30	194.30	25.00	145.73	Replace	0	0	Not Give	X SUC
One Time Key In	Main			PAD, FR WHEEL LH	1	57.70	57.70	25.00	43.28	Replace	0	0	Not Give	X SUC
One Time Key In	Main			LINER, FR FENDER, RH	1	198.40	198.40	25.00	148.80	Replace	0	0	Check	X SUC
One Time Key In	Main			PAD, FR WHEEL RH	1	57.70	57.70	25.00	43.28	Replace	0	0	Not Give	X SUC
One Time Key In	Main			MEMBER SUB-ASSY, FR RH	1	2,012.70	2,012.70	25.00	1,509.53	Replace	0	0	Not Give	X SUC
One Time Key In	Main			"MEMBER SUB-ASSY, FR LH "	1	1,959.50	1,959.50	25.00	1,469.63	Replace	0	0	Not Give	X SUC
Total Spare Part Cost									10,343.63	Surveyor Total		444.60		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									8,274.90	Final Sur Total		355.68		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT 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 REPSRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT BUMPER LOWER GRILLE	180.00	0	
3	Main	TO RESPRAY RIM	360.00	0	
4	Main	TO RESPRAY FRT MEMBER,LH	180.00	0	
5	Main	TO RESPRAY FRT MEMBER,RH	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 REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	240.00	0	
2	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	
4	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
5	Main	TO WASH AND VACUUM	60.00	0	
Total:			600.00	80.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	8,274.90	355.68
Total Labour Cost	507.00	200.00
Total Spray Painting	1,278.00	200.00
Other	600.00	80.00
Overall Total	10,659.90	835.68
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	10,650.00	850.00
Surveyor Approved Amount		850.00
No of Repair Days*	5	2 <i>2 days</i>
Remarks	-	L/S, after paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		

Save

Clear

Survey Date

11/11/2020

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: