

ASS. REC. BY: Sun Pin.

REF:

CTI

## 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
X	X

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHD6285P Yr Regn: 26/12/2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Toyota Prius FL c.c. 1795Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 114536 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FU003089260Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Order / Jammed / Leaked / Burnt orBrake: In order / Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or DunlopFront R/Bal. 6 mmRear R/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 20/11/2020 D.O.I. 23/11/2020Survey held at SMRTDes. 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/11/20/2041

SLP 5404J.

Date/Time, File Pass to?

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

2) \_\_\_\_\_

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

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

Days Of Repair: \_\_\_\_\_

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

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

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

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

S + RS. SI

Photos

Others

TOTAL

China Taping  
L 1211

## 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	21/11/2020 10:50
Date Of Accident	20/11/2020 19:20
Exact Location Of Accident	SIN MING AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6285P
<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	LEE SEK HOE
NRIC No	SXXXXX535B
Date Of Birth	01/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail 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 - 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	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

### 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 SIN MING AVENUE WITH ONE PASSENGER (MALE CHINESE) AS IT WAS THE RED TRAFFIC LIGHT. WHEN THE TRAFFIC LIGHT TURNED GREEN, BEFORE I COULD PROCEED, I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLP5404J 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	SLP5404J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS FONG
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

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:

*[Signature]* 21/11/20

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

*[Signature]* 21/11/2020

**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:

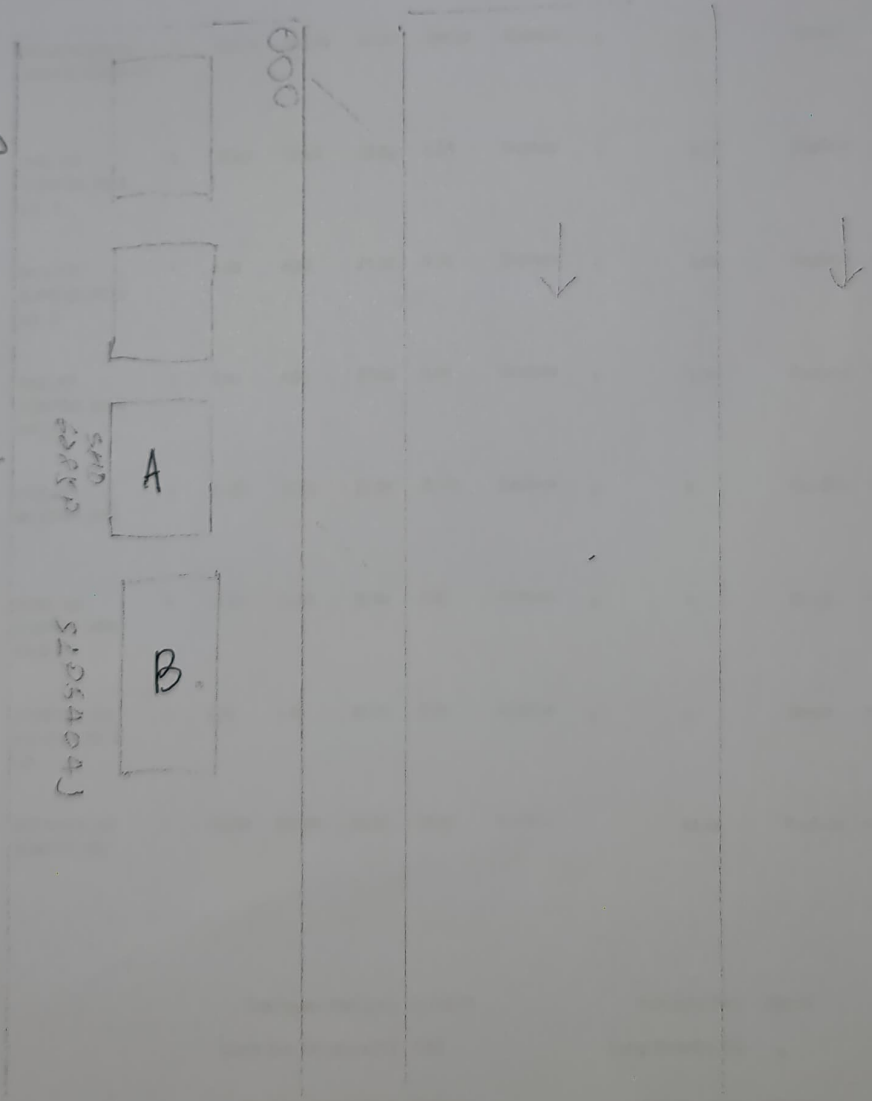
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*John*  
2/11/20



Sin ming Ave

7:20pm





Case Details

Case Reference Number :  
TAX/11/20/2041  
Type of Repair : Accident Repair  
Vehicle Registration Number :  
SHD6285P

Company Type : SMRT Taxis Pte Ltd  
Estimation ID : EST-13224-ID  
Assigned By : Tan Lee Ge #

Insurance Company Name : China Taiping Insurance (Singapore) Pte Ltd  
Accident Date and Time : 20/11/2020 11:20 AM  
Vehicle Age(In Months) : 11

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	485.60	485.60	25.00	364.20	Replace	1	364.20	Replace	✓ / CRU
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	✓ X SVC
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	1	11.00	11.00	25.00	8.25	Replace	1	8.25	Replace	✓ / Nec
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	1	4.00	4.00	25.00	3.00	Replace	1	3.00	Replace	✓ / Nec
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	1	4.00	4.00	25.00	3.00	Replace	1	3.00	Replace	✓ / Nec
One Time Key In	Main			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	0	0	Not Give	✓ X SVC
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	1	11.30	11.30	25.00	8.48	Replace	0	0	Check	✓ X SVC
One Time Key In	Main			STOPPER, RR BUMPER, RH & LH	1	4.50	4.50	25.00	3.38	Replace	0	0	Check	✓ X SVC
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	1	99.45	Replace	✓ / BR
Total Spare Part Cost									2,703.98	Surveyor Total 828.15				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									2,703.98	Final Sur Total 828.15				



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	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	✓ X suc
One Time Key In	Main			SEAL, RR BUMPER, RH	1	118.30	118.30	25.00	88.72	Replace	0	0	Not Give	✓ X suc
One Time Key In	Main			SEAL, RR BUMPER, LH	1	118.30	118.30	25.00	88.72	Replace	0	0	Not Give	✓ X suc
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	✓ / NEC
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	0	0	Check	✓ X suc
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	22.00	22.00	25.00	16.50	Replace	1	16.50	Replace	✓ / Mis.
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1	39.00	39.00	25.00	29.25	Replace	0	0	Not Give	✓ X suc
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	39.00	39.00	25.00	29.25	Replace	0	0	Not Give	✓ X suc
One Time Key In	Main			COVER, REAR FLOOR UNDER, RH	1	175.10	175.10	25.00	131.32	Replace	0	0	Check	✓ X suc
One Time Key In	Main			COVER, REAR FLOOR UNDER, LH	1	241.90	241.90	25.00	181.43	Replace	0	0	Check	✓ X suc
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	229.90	229.90	25.00	172.43	Replace	0	0	Check	✓ X suc
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	1	180.00	Replace	✓ / show
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	651.00	651.00	25.00	488.25	Replace	0	0	Not Give	✓ X suc
Total Spare Part Cost									2,703.98	Surveyor Total 828.15				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									2,703.98	Final Sur Total 828.15				

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 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	20	
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	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,703.98	828.15
Total Labour Cost	507.00	200.00
Total Spray Painting	738.00	200.00
Other	360.00	40.00
Overall Total	4,308.98	1,268.15
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	1,268.15
Surveyor Approved Amount		1,268.15
No of Repair Days*	5	3

**Surveyor Assessment(\$)**

P/P, Before paint photo.

Sun Pin (LKK)



Clear

23/11/2020

- 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

Signature:

Date:

[> 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.:	SHD6285P
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F34828
Chassis No.:	JTDKB3FU003089260
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	26 Dec 2019
First Registration Date:	26 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	\$10,897.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$22,649.00
<b>Total Rebate Amount:</b>	<b>\$33,546.00</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 25 Nov 2020

OK