

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	26/11/2020 09:53
Date Of Accident	25/11/2020 19:50
Exact Location Of Accident	MARINE PARADE RD TOWARDS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6269L
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	CHEONG KUT SHUN
NRIC No	SXXXX865I
Date Of Birth	28/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1998
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

11
 11
 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? YES
 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 MARINE PARADE ROAD TOWARDS STILL ROAD WITH ONE PASSENGER ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLE5840R HAD COLLIDED ONTO THE REAR OF MY TAXI.

Attachment(s)

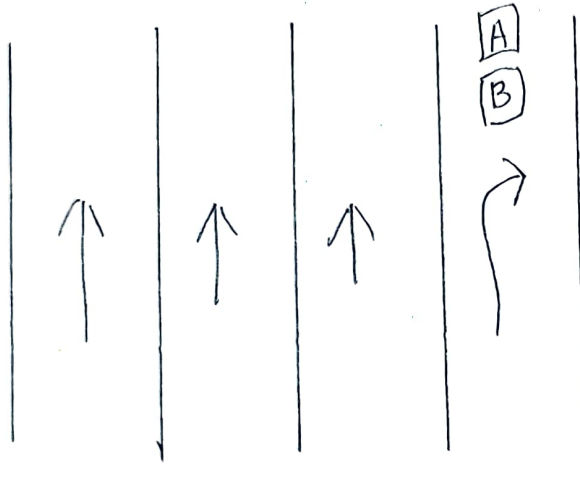
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE TOO BIG
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE5840R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

marine Parade towards still Road -



[A] SHB6269L
[B] SLE5840R

26/11/2020

MR

DECLARATION

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

Policyholder's Signature
Date & Time:

h 26/11/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Mr 26/11/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN**IMPORTANT NOTICE**

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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.



h 26/11/2020

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/11/20/2057
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHD6269L

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-13271-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd
 Accident Date and Time : 25/11/2020 11:50 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	0	Repair	✓ X R
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.30	22.60	25.00	16.95	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	1	280.88	Replace	✓ CRU

Total Spare Part Cost 2,647.68

Surveyor Total 425.63

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 2,647.68

Final Sur Total 425.63

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, GUARD RR BUMPER LOWER	1	22.00	22.00	25.00	16.50	Replace	0	0	Not Give	Xsu
One Time Key In	Main			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	3	24.75	Replace	/Nec
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	Xsu
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	Xsu
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	Xsu
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	72.00	72.00	10.00	64.80	Replace	0	0	Check	Xsu
One Time Key In	Main			REVERSE SENSOR, REAR BUMPER	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	Xsu
One Time Key In	Main			COVER, REAR FLOOR UNDER, RH	1	175.10	175.10	25.00	131.32	Replace	0	0	Not Give	Xsu
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	229.90	229.90	25.00	172.43	Replace	0	0	Not Give	Xsu
One Time Key In	Main			COVER, REAR FLOOR UNDER, LH	1	241.90	241.90	25.00	181.43	Replace	0	0	Not Give	Xsu
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			END PANEL SUB-ASSY, BODY LOWER BACK	1	651.00	651.00	25.00	488.25	Replace	0	0	Not Give	Xsu
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xsu
Total Spare Part Cost									2,647.68	Surveyor Total 425.63				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									2,647.68	Final Sur Total 425.63				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			507.00	200.00	

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


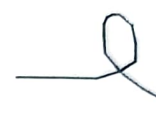
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY REAR PANEL	180.00	0	
Total:			738.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20	
3	Main	TO REMOVE AND REFIT WIRE HARDESS	120.00	20	
4	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
6	Main	TO WASH AND VACUUM	60.00	0	
Total:			600.00	60.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,647.68	425.63
Total Labour Cost	507.00	200.00
Total Spray Painting	738.00	200.00
Other	600.00	60.00
Overall Total	4,492.68	885.63
Lump Sum Repair Option		<input type="checkbox"/>

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Lump Sum Total	0.00	885.63
Surveyor Approved Amount		885.63
No of Repair Days*	5	2 <i>2 days</i>
Remarks		P/P, before paint photo
Surveyor Name		Sun Pin (LKK)
Signature		
Survey Date	26/11/2020	

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:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHD6269L
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F33082
Chassis No.:	JTDKB3FU303089219
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
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
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:	\$22,572.00
Total Rebate Amount:	\$33,469.00
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 03 Dec 2020

OK