

ASS. REC. BY: Sun Pin

REF:

CT1

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

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: SHB 5185 L Yr Regn: 01/11 /2017Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: Toyota Prius 4 C.C. 1795Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 369903 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FUX03573209Gen. Cond: Good / (Fail) / 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

Sailun

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 24/11/2020.D.O.I. 26/11/2020Survey 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/11/20/2055

G21090 M

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

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

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	25/11/2020 14:14
Date Of Accident	24/11/2020 19:25
Exact Location Of Accident	JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5185L
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	MOHAMED RAMZAN BIN MOHD DALI
NRIC No	SXXXX283C
Date Of Birth	14/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2006
Driving Experience	14 YEARS AND 4 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 - 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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/2020/1125/2026 NO PAX

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	GZ1090M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUM HO WENG
NRIC/Passport Number	SXXXX868E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMED RAMZAN BIN MOHD DALI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

FOURTH
7. WEST AVE 1

A-SUBS 105L
B-GZ 1090M

7. EAST ST 21

7. EAST ST 24

7. EAST AVE 1

25/11/2020

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

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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.:



**SINGAPORE
POLICE FORCE**



T/20201125/2026

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20201125/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2020 10:35		Vide Report No.:		Station Diary No.: 30
Informant's Particulars				
Name of Informant: MOHAMED RAMZAN BIN MOHD DALI		Address: APT BLK 917 JURONG WEST STREET 91 #11-138 SINGAPORE 640917		
ID Type / ID No.: NRIC NO / S7250283C		Contact No.: Home/Office: Mobile: 92291664		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 14/09/1972	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2020 19:25	Type of Location: Straight Road
Location: JURONG EAST AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ1090M	Lorry					0
SHB5185L	Car					0



**SINGAPORE
POLICE FORCE**



T/20201125/2026

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20201125/2026

CONTINUATION OF REPORT

Brief Details.

On 24/11/2020 at about 1925hrs, I was driving my SMRT taxi bearing registration number SHB5185L along Jurong East Ave 1 towards Jurong West Ave 1 on the left lane of a 2-lane road and nothing was amiss.

Upon approaching junction of Jurong East St 21, I noticed that there was a lorry bearing registration GZ1090M moving on the right lane. Subsequently the said lorry was trying to change onto my lane, I then sounded my hon twice. In that juncture the said lorry left portion swiped onto my taxi's right portion.

The lorry however did not make a stop and went into an SPC kiosk nearby. I then gave him a chased and confronted him. The said driver was one namely Sum Hoh Weng (S0591868E) who claimed that he did not hit onto my vehicle. Thereafter both parties exchanged particulars and agreed to pursue personal insurance.

I wish to state that my taxi's right portion suffered a long scratch mark and dents. There is an in-built CCTV installed in my vehicle. There was no one injured at that point of time. No traffic police or ambulance attended to scene.

On 25/11/2020 at about 0900hrs, I had went to seek further medical assistance and was given 3-days medical leave due to my right shoulder injury.

Hence I am making this report for Traffic Police assistance.



**SINGAPORE
POLICE FORCE**



T/20201125/2026

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20201125/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 SYED NAFIS BIN SYED HUSSAIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/11/2020 10:35

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN EVE
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



Case Details

Case Reference Number :

TAX/11/20/2055

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB5185L

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-13265-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : China Taiping Insurance (Singapore) Pte Ltd

Accident Date and Time : 24/11/2020 11:25 AM

Vehicle Age(In Months) : 36

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval				
				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	1	57.68	Replace	✓ BR
One Time Key In	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			GRILLE SUB-ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			COVER ASSY, ENGINE UNDER CENTER SET	1	452.80	452.80	25.00	339.60	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			COVER, ENGINE UNDER CENTER	1	94.50	94.50	25.00	70.88	Replace	0	0	Not Give	✓ X su
One Time Key In	Main			LAMP ASSY, FOG, RH	1	910.20	910.20	25.00	682.65	Replace	0	0	Not Give	✓ X su

Total Spare Part Cost 10,979.70

Surveyor Total 2,834.18

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 8,783.76

Final Sur Total 2,267.34

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			UNIT, HEADLAMP, RH	1	2,558.90	2,558.90	25.00	1,919.18	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	52.90	25.00	39.67	Replace	1	39.67	Replace	✓ / NEC
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			SEAL SUB-ASSY, RH	1	50.20	50.20	25.00	37.65	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			PROTECTOR, FR FENDER RH	1	90.40	90.40	25.00	67.80	Replace	0	0	Not Give	✓ X SUC
One Time Key In	Main			APRON SUB-ASSY, FRONT FENDER, RH	1	944.20	944.20	25.00	708.15	Replace	0	0	Check	✓ X SUC
One Time Key In	Main			CAP SUB-ASSY, WHEEL	1	175.80	175.80	25.00	131.85	Replace	1	131.85	Replace	✓ / SCR
One Time Key In	Main			WHEEL, DISC FRONT	1	1,555.10	1,555.10	25.00	1,166.32	Replace	1	0	Repair	✓ X R
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	0	0	Not Give	✓ 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			MOULDING ASSY, BODY ROCKER PANEL, RH	1	576.00	576.00	25.00	432.00	Replace	0	0	Not Give	✓ X SUC
One Time Key In	Main			PANEL SUB-ASSY, FRONT DOOR RH	1	1,249.60	1,249.60	25.00	937.20	Replace	1	937.20	Replace	✓ / CRU
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			CHECK ASSY, FRONT DOOR	1	153.50	153.50	25.00	115.13	Replace	0	0	Not Give	✓ X SUC

Total Spare Part Cost 10,979.70

Surveyor Total 2,834.18

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 8,783.76

Final Sur Total 2,267.34

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			HINGE ASSY, FRONT DOOR, UPPER RH	1	82.10	82.10	25.00	61.57	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			HINGE ASSY, FRONT DOOR, LOWER RH	1	92.10	92.10	25.00	69.07	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			PANEL SUB-ASSY, REAR DOOR, RH	1	1,243.90	1,243.90	25.00	932.93	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			HINGE ASSY, REAR DOOR, UPPER RH	1	83.30	83.30	25.00	62.47	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			HINGE ASSY, REAR DOOR, LOWER RH	1	73.30	73.30	25.00	54.97	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			CHECK ASSY, REAR DOOR	1	153.50	153.50	25.00	115.13	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			PIXEL STICKER	1	60.00	60.00	0.00	60.00	Replace	0	0	Not Give	✓ X sue
One Time Key In	Main			MIRROR ASSY, OUTER REAR VIEW, RH	1	1,373.50	1,373.50	10.00	1,236.15	Replace	1	1,236.1	Replace	✓ /CRY
One Time Key In	Main			COVER, OUTER MIRROR, RH	1	89.50	89.50	25.00	67.13	Replace	1	0	Repair	✓ X R
Total Spare Part Cost									10,979.70	Surveyor Total 2,834.18				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									8,783.76	Final Sur Total 2,267.34				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	676.00	500	
Total:			676.00	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	
Total:			2,412.00	730.00	


S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	Main	TO RESPRAY FRONT BUMPER LOWER GRILLE	180.00	0	
3	Main	TO RESPRAY FRONT FENDER RH	378.00	200	
4	Main	TO RESPRAY APRON PANEL RH	180.00	0	
5	Main	TO RESPRAY RIM	180.00	50	
6	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	
7	Main	TO RESPRAY FRONT DOOR RH	378.00	200	
8	Main	TO RESPRAY REAR DOOR RH	378.00	0	
9	Main	RESPRAY MIRROR COVER RH	180.00	80	
Total:			2,412.00	730.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TRANSFER DOOR MECHANISM	120.00	60	
2	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
3	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30	
4	Main	TO REMOVE AND REFIX WING MIRROR	120.00	30	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
6	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
7	Main	TO WASH AND VACUUM	60.00	0	
Total:			720.00	200.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	8,783.76	2,267.34
Total Labour Cost	676.00	500.00
Total Spray Painting	2,412.00	730.00

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Other	720.00	200.00
Overall Total	12,591.76	3,697.34
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	12,600.00	3,700.00
Surveyor Approved Amount		3,700.00
No of Repair Days*	6	4 <i>4 days</i>
Remarks		L/S, after 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.:	SHB5185L
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS099592
Chassis No.:	JTDKB3FUX03573209
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	01 Nov 2017
First Registration Date:	01 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Oct 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	31 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$20,613.00
Total Rebate Amount:	\$24,363.00
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