

ASS. REC. BY: Sun Pin

REF:

A15**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: SHB57024 Yr Regn: 30/11/2017Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /

Truck / Trailer or

Make: Toyota Prius 4 c.c. 1795Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 224356 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKBJFU403575745Gen. 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 Sailun

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 11/01/2021 D.O.I. 12/01/2021Survey held at SMART.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 _____

TPTAX/01/21/2017SIVA 80492

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: _____

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Format: _____

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

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 Submission	11/01/2021 16:08 (SGT)
Date of Accident	11/01/2021 08:36 (SGT)
Exact Location of Accident	Tanjong Pagar, Singapore
Additional Location Information	TANJONG PAGAR ROAD / DUXTON HILL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5702U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-20095484MFSH
Cover Note Number	-

DRIVER

Name of Driver	KHO PENG TEE
NRIC No	SXXXX321A
Date Of Birth	29/10/1964
Occupation	Outdoor

Driving Pass	27/07/1982
g experience	38 YEARS AND 6 MONTHS
der	Male
obile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG TANJONG PAGAR TOWARDS MAXWELL ROAD WITH ONE PASSENGER ON BOARD. SUDDENLY A VEHICLE SMA8049Z CAME OUT FROM DUXTON HILL WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA8049Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Driver
et Number
ess
address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

EUGENE

-
-
-
-
-
-
-

SKETCH PLAN

lanjong tagar Road

Duxton Hill

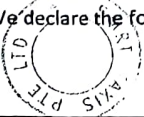
A- SHB57024

B-SMA8049Z

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: _____

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

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:

W/

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Mu 11/1/2021

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



Case Details

Case Reference Number : TAX/01/21/2013
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB5702U

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-13679-ID
 Assigned By : Claiming Case Owner Team

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd
 Accident Date and Time : 11/01/2021 12:30 AM
 Vehicle Age(In Months) : 38

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 ✓ CR4
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	0	0	Not Give ✓ X SUC
One Time Key In	Main			COVER, FR BUMPER LH	1	28.10	28.10	25.00	21.08	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			REINFORCEMENT FRONT UPPER	1	691.10	691.10	25.00	518.33	Replace	0	0	Check ✓ X SUC
One Time Key In	Main			ABSORBER, FR BUMPER	1	70.30	70.30	25.00	52.72	Replace	0	0	Check ✓ X SUC
One Time Key In	Main			EXTENSION SUB-ASSY, LH	1	116.30	116.30	25.00	87.22	Replace	0	0	Check ✓ X SUC
One Time Key In	Main			EXTENSION SUB-ASSY, RH	1	116.30	116.30	25.00	87.22	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			REINFORCEMENT FRONT LOWER	1	238.50	238.50	25.00	178.88	Replace	0	0	Check ✓ X SUC

Total Spare Part Cost 5,724.40

Surveyor Total 371.63

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 1,908.48

Final Sur Total 297.30

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			ABSORBER, FR BUMPER LOWER	1	117.00	117.00	25.00	87.75	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	0	0	Check ✓ X sue
One Time Key In	Main			GRILLE SUB-ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0	Not Give ✓ X sue
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 sue
One Time Key In	Main			COVER ASSY, ENGINE	1	180.10	180.10	25.00	135.07	Replace	0	0	Not Give ✓ X sue
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 sue
One Time Key In	Main			COVER, ENGINE UNDER CENTER	1	94.50	94.50	25.00	70.88	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			LAMP ASSY, FOG, LH	1	910.20	910.20	10.00	819.18	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			UNIT, HEADLAMP, RH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	0	0	Check ✓ X sue
One Time Key In	Main			LINER, FR FENDER, LH	1	194.30	194.30	25.00	145.73	Replace	0	0	Not Give ✓ X sue
Total Spare Part Cost									5,724.40	Surveyor Total 371.63			
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20			
Final Spare Part Cost									1,908.48	Final Sur Total 297.30			

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	338.00	200	✓
Total:			338.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			558.00	200.00	

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	
Total:			558.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPLACE SUNDRY PARTS	100.00	0	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	20	✓
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	✓
4	Main	TO WASH AND VACUUM	60.00	0	
Total:			340.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,908.48	297.30
Total Labour Cost	338.00	200.00
Total Spray Painting	558.00	200.00
Other	340.00	40.00
Overall Total	3,144.48	737.30
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	3,150.00	750.00
Surveyor Approved Amount		750.00
No of Repair Days*	5	2
Remarks		L/S, after paint photo
Surveyor Name		Sun Pin (LKK)

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:

2 dys

Estimator Assesment(\$)

Surveyor Assesment(\$)

Signature



Save

Clear

Survey Date

12/01/2021

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB5702U
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS110382
Chassis No.:	JTDKB3FU403575795
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	30 Nov 2017
First Registration Date:	30 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$20,484.00
Total Rebate Amount:	\$24,234.00
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 Jan 2021

OK