ASSIGN From: Date: Ve	sh No: SHC 4725E Yr Regn: 24/10/2014.
From: Date: Ve	sh No: SHC 4725E Yr Regn: 24/10/2014
Estimated Cost:	
Zournated Oost.	rpe: M.Car / M.Cycle / Bus / Van / Lorry (Taxx) Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	ake: Toyota Priys c.c 1745
at Workshop m/s	olour Maroun A/C: Insured / Std / NI / NA
	p.Reading 541361 T/Radio: Insured / Std / NI / NA
Insured:	ing/No:
Policy No. 5090045261-03 (20/05/20-19/05/21)	JTDKN3647057 52481
Claims No. MT/1122397-001	Gen. Cond: Good / Fair / Poor / Burnt
	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Irorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 95/65 R15
(Policy Condition)	R: 195/65 R15
Torrana The Vertical States	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or Touring
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm R/Bal. 6 mm
GIA / PR Seen:Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 4/01/202 D.O.I. 15/01/2021
Lum Sum: % 3 Val.: Yes or No	Survey held at SMRT.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	The U.O. I Observed I Dealer Standard and the collision
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	TP
23/02/21@4.07pm Sun Pin finalised with Poh	Suan LS \$1250, 2 days. TAX/01/21/2021
(Red \$5342.90, 81%)	FBF34825.
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
1)01/03 Typist; Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2)Add Fe	ee:: Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Repeterment: TP	:Tech. Invs (\$) Others
Lump Sum (1.5.1.4) 1250)	:Weel:end (\$)

SSIE211F0001 / SMRT AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 15/01/2021 09:32 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (15/01/2021 09:32 (SGT))



G 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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/01/2021 09:32 (SGT) 14/01/2021 12:45 (SGT) West Coast Rd, Singapore WEST COAST ROAD TOWARDS CLEMENTI AVENUE 2/AYE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC4725E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

SMRT TAXIS PTE LTD

1XXXXX369K

TARC@SMRT.COM.SG

(Phone) +65-68662671

(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Toyota

Prius

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

First Capital **ThirdParty**

Yes

D-20095484MFSH

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

HOO KUM TONG SXXXX835G 22/01/1974 Outdoor

M Anidant ranat \$51531150001

Driving Pass g experience

hder √obile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG WEST COAST ROAD TOWARDS CLEMENTI AVE 2/AYE. A VEHICLE IN FRONT OF MY TAXI CAME TO A HALT, I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A MOTORCYCLEFBF3982S HAD COLLIDED ONTO THE LEFT REAR OF MY TAXI.

12/11/2003

Male

11

No

No

Hirer

Side Swipe

Clear

Dry

No

No

Yes

No

No

No

17 YEARS AND 2 MONTHS

(Phone) +65-68662672

TARC@SMRT.COM.SG

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

Contact Number Address

Address complement

FBF3482S

Motorcycle

LEON TAN YI KAI

(Assidant range SS1E311E0001

Page 2 of 10

nce Company Name
ure Of Damage
etails of property damaged in accident
No. Of Passenger (Including Driver)

Clement Ave 2

West Coast Road to AYE city | Twas

H4725E in B > FBF 34828

Wagning Was 455.

Declaration

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

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

lu 14/1/2021

Witnessed by Reporting Centre

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

- (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' law yers/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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



Case Details

Case Reference Number:

TAX/01/21/2021

Type of Repair : Accident Repair Vehicle Registration Number :

SHC4725E

Company Type: SMRT Taxis Pte Ltd

Estimation ID: EST-13744-ID

Assigned By: Taxi Claims Manager

Insurance Company Name : NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 14/01/2021 04:45 AM

Vehicle Age(In Months): 75

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Recomm	nendati	ion						Survey	or 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/Repl	ace Remarks
One Time Key In	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.93	Replace	1	0	Repair	×
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.9	Replace	*/CRY
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace	·/Nec
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.0	Replace	/NR
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	X
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	• X
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	*
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Check	*
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1 .	180.0	Replace	Shuy

Total Spare Part Cost 3,366.62

Surveyor Total 784.95

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

20

Final Spare Part Cost 2,693.30

Final Sur Total 627.96

SMRT Recommendation

Surveyor Approval

BOM Type	Costing Type	Portion	Material Number	Part Name	Oty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	77.10	Replace	•	71.10	Replace Y	/BK
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	đ	đ	Not Give 💙	X
One Time Key In	Main			BUMPER SEAL RR LA	4	88.90	88.90	25.00	66.68	Replace	O	đ	Not Give	X
One Time Key In	Main			BUMPER LIP COVER BB/LH	1	72.20	72.20	25.00	54,15	Replace	1	54.15	Replace ✓	
One Time Key In	Main			BUMPER LIP COVER RRIGH	1	118,10	178,10	25.00	88.57	Replace	0	0	Not Giv€ ✓	
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	o	Not Giv€ ✓	
Time Key In	Main			UNDER COVER BUB-	,	514.50 63.90	514.50 63.90	25.00 25.00	385.88 47.92	Replace Replace	0	0	Not Giv€ ✓	
Time Key tr	Mair			SHELD	,	602.10	602.10	25.00	451.58	Replace	0	0	Not Give ✓	
Time Key in	Mair			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Check V	
Time Key	-			Constitution of the Consti	,		V. 200	0.00	37.00	портасо	0	0	Not Give	

Total Spare Part Cost 3,366.62

Surveyor Total 784,95

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

(%) 20

Final Spare Part Cost 2,693.30

400.00

Fina

Final Sur Total 627.96

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	507.90	250	
Total:			507.00	250.00	

Spray Cost Detail

S.No. Costing Type Job Scope \$MRT Surveyor Remarks Recommendation(\$) Adjustment(\$)

Total: 1.116.00

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S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY TAIL GATE	378.00	200	ye en en en
2	Main	TO RESPRAY REAR BUMPER	378.00	200	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0	
4	Main	TO RESPRAY REAR PANEL	180.00	0	
Total:			1,116.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT. Recommendation(\$)	Surveyor Remarks Adjustment(\$)
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
5	Main	TOWING CHARGE	56.00	0
6	Main	TO TRANSFER REAR TAILGATE MECHANISM	120.00	0
Total:			536.00	40.00

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,693.30	627.96
Total Labour Cost	507.00	250.00
Total Spray Painting	1,116.00	400.00
Other	536.00	40.00
Overall Total	4,852.30	1,317.96
Lump Sum Repair Option	n	Ø
Lump Sum Total	4,850.00	1,300.00
Surveyor Approved Amount		1,300.00
No of Repair Days*	5	2

...

2021

nttps://vacswep.smrt.com.sg/⊨stimation.aspx

Estimator Assesment(\$)

Surveyor Assesment(\$)

Remarks

L/S, After paint photo.

Surveyor Name

Sun Pin (LKK)

Signature

Save Clear

Survey Date

15/01/2021

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.:	SHC4725E
Vehicle to be Exported:	No
ntended Deregistration Date:	18 Jan 2021
√ehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6206705
Chassis No.:	JTDKN36U705752481
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	24 Oct 2014
First Registration Date:	24 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
ntended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Oct 2022
PARF Rebate Amount:	\$5,257.00
ntended COE Rebate Details	
COE Expiry Date:	23 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$11,228.00
Total Rebate Amount:	\$16,485.00
Message	

The information contained herein is correct as at 18 Jan 2021

ОК

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