Lump Sum / LB.A: (%

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ASSIGNMENT Yr Regn: 10/121/2019 SHB 772A From: Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi) Prime Mover / Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or c.c 1795 To Inspect Vehicle No: Make: Touota Pnus A/C: Insured / Std / NI / NA at Workshop m/s Maron Colour T/Radio: Insured / Std / NI / NA 418282 Sp.Reading Eng/No: Insured: JTDKN 361865753302 C/No: Policy No. Gen. Cond: Good / Fair Poor / Burnt Claims No. Steering: In orde / Jammed / Leaked / Burnt or Sum Insured: Brake: Inbrder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / \$/Rim / STD A/Rim or Make of Veh: 195 /65 RIS Tyre Size: 195/65 RIS (Policy Condition) N/S 0/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Touring Rear Bal. or Market Value: Front R/Bal. R/Bal. Consistent?: Yes or No mm IDAC Accident Rport: L/Bal. L/Bal. Consistent?: Yes or No mm GIA / PR Seen: D.O.A. /6/01/2021 D.O.I. 18/01/2021 Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt /(Rear)/)O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction TD Finalize amount \$2,750. Repair day 4 days. (L/S, before gst). TAX/01/21/202 & SMIC 10624 RED: 5251.77; 65% Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp S + RS.__SI : Interview (\$ **Photos** : Tech. Invs (\$ **บั**ตรร Reper Format:

Weellend (\$

TOTAL



SS1E2111000C / SMRT AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 18/01/2021 16:15 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (18/01/2021 16:15 (SGT))

SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

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

18/01/2021 16:15 (SGT) 16/01/2021 10:40 (SGT) Jalan Bukit Merah, Singapore JUNCTION OF JALAN BUKIT MERAH & LOWER DELTA ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB772A

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

AZMY BIN MOHD AMIN

SXXXX396D 04/08/1963

Outdoor



iving Pass 22/05/1982 experience 38 YEARS AND 8 MONTHS 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 Collision - Head to Rear 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? 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 STATIONARY ALONG JALAN BUKIT MERAH WITH ONE PASSENGER (MALE CHINESE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. WHEN THE TRAFFIC LIGHT TURNED GREEN, FRONT VEHICLE MOVED AND I FOLLOWED. AFTER WHICH THE FRONT VEHICLE STOPPED AND I STOPPED AS WELL.
I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SMC1062U HAD COLLIDED ONTO THE REAR OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC1062U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour -

e Category
le of Driver
Intact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Private car NGAN HENG KWEE ETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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)

Lunderstand, 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 "Porsonal Information") and disclose and transfer such Personal Information to all insurer(s) w ho 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Lower Delta Rd

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

Witnessed by Reporting Centre Personnel

Sketch Plan

EKETCH PLAN #2

escribe Circumstances of the Accident	
,	

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 & Time

Witnessed by Reporting Centre Personnel



Case Details

Case Reference Number :

TAX/01/21/2028

Type of Repair : Accident Repair

Vehicle Registration Number: SHB772A

Company Type : SMRT Taxis Pte Ltd

Estimation ID: EST-13765-ID

Assigned By: Taxi Claims Manager

Toom

Insurance Company Name: NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 16/01/2021 02:40 AM

Vehicle Age(In Months): 73

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Recomm	nendati	on						Surve	yor 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			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Check V	
One Time Key In	Main			UNDER COVER SUB- ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give ~ XI KC	
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give V	
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give V XSVC	
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check ~ X SVC	
One Time Key In	Main			SEALANT SIKAFLEX	3	37.00	111.00	0.00	111.00	Replace	0	0	Not Give VX SVC	
One Time Key In	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.92	Replace	1	755.92	Replace VCKY	
One Time Key In	Main			TAILGATE DOOR GLASS MOULDING, RH	1	29.40	29.40	25.00	22.05	Replace	1	22.05	Replace V/NU	
One Time Key	Main			TAILGATE DOOR GLASS MOULDING; LH	1	29.40	29.40	25.00	22.05	Replace	1	22.05	Replace Y / NEC	

Total Spare Part Cost 4,716.80

Surveyor Total 1,953.28

Lump Sum Discount (%) 0.00

Lump Sum Dis (%)

Final Sur Total 1,562.62

20

Final Spare Part Cost 4,716.80

411

				SMRT Recomm	nendat	ion						Surve	yor 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			TAILGATE TRIM, LH	1	85.90	85.90	25.00	64.43	Replace	0	0	Not Give V
One Time Key In	Main			TAILGATE TRIM, RH	1	88.30	88.30	25.00	66.22	Replace	0	0	Not Give Y
One Time Key In	Main			TAILGATE TRIM, LOWER	1	180.70	180.70	25.00	135.52	Replace	1	0	Old Darr V
One Time Key In	Main			TAILGATE TRIM, UPPER	1	49.60	49.60	25.00	37.20	Replace	0	0	Not Give VX SVC
One Time Key In	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	1	493.5(Replace Y /CRV,
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.9!	Replace Y/CRU
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00 0.00	15.75	Replace	10	15.75	Replace V NE
One Time Key In	Main			PIXEL STICKER BUMPER	1	60.00 205.70	120.00 205.70	25.00	154.27	Replace Replace	2	120.00	Replace Y/Ne(
One Time Key In	Main Main			REINFORCEMENT REAR ARM SUB-ASSY. RR	1	139.60	139.60	25.00	104.70	Replace	0	0	Check × Su
One Time Key In	Main			BUMPER RH ARM SUB-ASSY. RR	1	139.60	139.60	25.00	104.70	Replace	0	0 	Check × XSu
Time Key In	Main			BUMPER LH ANTENNA,ELECTRICAL	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give - XSV
Time Key In One	Main			LOWER REAR SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.01	Replace - ShuH
Time Key In One	Main			BUMPER SIDE	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ~ \ Suc
Time Key In One	Main			RETAINER RR/LH BUMPER SIDE	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ~ XSU
Time Key In				RETAINER RR/RH									, 0.0

Total Spare Part Cost 4,716.80

Surveyor Total 1,953.28

20

Lump Sum Discount (%) 0.00

Lump Sum Dis (%)

Final Spare Part Cost 4,716.80

Final Sur Total 1,562.62

				SMRT Recomm	endat	on						Surve	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/Repla	ce Remarks
One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give	· XSVC
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	~ Xsu
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give	·Xsu
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	xin
						To	otal Spare F	art Cost	4,716.80		Su	rveyor Total	1,953.28	
						Lum	p Sum Disc	ount (%)	0.00		Lump	Sum Dis (%)	20	
						Fi	nal Spare F	art Cost	4,716.80		Fi	nal Sur Total	1,562.62	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
1	Main	TO REPAIR REAR PORTION	676.00	350
Total:			676.00	350.00

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	M ain	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	
4	Main	TO RESPRAY TAIL GATE	378.00	200	
Total:			1,116.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(Remarks
1	Main	TO TRANSFER REAR TAILGATE MECHANISM	120.00	60	
2	Main	TO REMOVE AND REFIX REAR WINDSCREEN	120.00	100	/

Total:

804.00

280.00

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO REMOVE AND REFIX TAILGATE GLASS	120.00	80	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Б	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
7	Main	TO WASH AND VACUUM	60.00	0	
В	Main	TOWING CHARGE	84.00	0	
Total			804.00	280.00	

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,716.80	1,562.62
Total Labour Cost	676.00	350.00
Total Spray Painting	1,116.00	400.00
Other	804.00	280.00
Overall Total	7.312.80	2,592.62
Lump Sum Repair Option		Ø
Lump Sum Total	7,300.00	2,600.00
Surveyor Approved Amount		2,600.00
No of Repair Days*	6	3 3 dy,
Remarks		L/S, after paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		
		Save

18/01/2021

Survey Date

A / A

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	Commons
Owner ID Type:	Company
Owner ID: Vehicle Details	369K
Vehicle No.:	SHB772A
Vehicle to be Exported:	No No
Intended Deregistration Date:	19 Jan 2021
Vehicle Make:	TOYOTA
·	
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6222824
Chassis No.:	JTDKN36U805753302
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	10 Dec 2014
First Registration Date:	10 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Dec 2022
PARF Rebate Amount:	\$5,257.00
Intended COE Rebate Details	
COE Expiry Date:	09 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$12,194.00
Total Rebate Amount:	\$17,451.00
Message	

The information contained herein is correct as at 19 Jan 2021