© 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

20/01/2021 16:02 (SGT) 19/01/2021 15:20 (SGT) Bedok North Rd, Singapore

BEDOK NORTH ROAD, BEFORE TURNING TO TAMPINES AVE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHF233T

INSURED/POLICYHOLDER

Country/State of Loss

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

TAN KIANG CHIANG (CHEN JIANZHANG) SXXXX213H

05/09/1980

M Assidant ranget CC1E211VAAAC

apation Outdoor e Of Driving Pass 03/04/2010 riving experience 10 YEARS AND 9 MONTHS Gender Mobile 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? 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 ON 19/01/21 AT ABOUT 1520HRS, I WAS TRAVELLING ALONG BEDOK NORTH RD WITH A PASSENGER, I STOPPED MY VEHICLE AT THE JUNCTION OF BEDOK NORTH RD & TAMPINES AVE 10 WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. SUDDENLY A VEHICLE (GBG2379J) HAD HIT ONTO REAR PORTION OF MY VEHICLE. 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 GBG2379J

A Araidant warrant CO4E044160000			
	-0		

Vehicle Variant

Vehicle Manufacturer Vehicle Model

Vehicle Colour

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

Commercial vehicle ANG PENG SOON

KETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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 "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer) 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

mr 20/01/21

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

١١/١/٩٤

Witnessed by Reporting Centre Personnel

Sketch Plan

Bartley Flynn Arc 10

Bartley Arc 10

Bartley A- SHF 223T

Flynn A- SHF 223T

Northold

B

Northold

KETCH PLAN #2

escribe Circumstances of the Accident	
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Declaration

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

Witnessed by Reporting Centre Personnel



Case Details

Case Reference Number:

TAX/01/21/2038

Type of Repair : Accident Repair

Vehicle Registration Number: SHF233T

Company Type: SMRT Taxis Pte Ltd

Estimation ID: EST-13780-ID
Assigned By: Taxi Claims Manager

Toon

Insurance Company Name: NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 19/01/2021 07:20 AM

Vehicle Age(In Months): 37

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Recom	menda	ation						Surv	eyor 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	423.90	423.90	25.00	317.92	Replace	1	0	Repair × X K
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Check ~ XSK
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	1	3.30	3.80	25.00	2.85	Replace	0	0	Not Give X
One Time Key In	M ain			PAD, RR BUMPER, RH & LH , 2	1	3.80	3.80	25.00	2.85	Replace	0	0	Not Give ~ X SVC
One Time Key In	M ain			PAD, RR BUMPER, RH & LH , 3	1	3.80	3.80	25.00	2.85	Replace	0	0	Not Give ~ X 5 x
One Time Key In	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	0	0	Not Give Y
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	0	0	Not Give 🗸 💢
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give ~ XSK
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 S FC

Total Spare Part Cost 2,693.04

Surveyor Total 120.00

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 2,154.43

Final Sur Total 96.00

				SMRT Recom	menda	ation						Surv	eyor 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/Replac	e Remarks
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	0	0	Check	Xsu
One Time Key In	Main			FILLER, RR BUMPER , RH	1	119.90	119.90	25.00	89.93	Replace	O	0	Not Giv€ >	X su
One Time Key In	Main			FILLER, RR BUMPER , LH	1	119.90	119.90	25.00	89.93	Replace	0	0	Not Give ∨	Xsu
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	14,80	14.80	25.00	11.10	Replace	0	0	Not Giv∈ ∨	Xsu
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace V	/Nec
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give ~	Xsu
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0	Not Give V	Xsu
One Time Key In	M ain			COVER, REAR FLOOR UNDER , RH	1	169.50	169.50	25.00	127.13	Replace	0	0	Not Give	Xsn
One Time Key In	M ain			COVER, REAR FLOOR UNDER , LH	1	234.30	234.30	25.00	175.73	Replace	0	0	Not Give ~	Xsv
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0	Not Give	Xm
One Time Key In	Main			END PANEL SUB- ASSY, BODY LOWER BACK	1	629.80	629.80	25.00	472.35	Replace	0	0	Not Giv€ ~	X suc
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	XSK
							tal Spare P					rveyor Total	120.00	
							Sum Disco		20.00			Sum Dis (%)	20 96.00	
						Fin	al Spare P	art Cost	2,154.43		FII	nal Sur Total	30.00	

Labour's Cost Detail

Total:

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	507.00	200	

507.00 200.00

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Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	1
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY REAR PANEL	180.00	0	
4	Main	TO RESPRAY FILLER RR BUMPER LH	180.00	0	
5	Main	TO RESPRAY FILLER RR BUMPER RH	180.00	0	
Total:			1,098.00	200.00	

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	0
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
Total:			360.00	20.00

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,154.43	96.00
Total Labour Cost	0.00	200.00
Total Spray Painting	0.00	200.00
Other	0.00	20.00
Overall Total	2,154.43	516.00
Lump Sum Repair Option		
Lump Sum Total	2,150.00	500.00
Surveyor Approved Amount		500.00
No of Repair Days*	5	2 2 dys

	Estimator Assesment(*)	Surveyor Assessment(v)
Remarks	•	L/S, after paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		
		Save Clear

Survey Date

20/01/2021

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

Acknowledged by Repairer Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHF233T
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8257107
Chassis No.:	JTDKB3FU003576362
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	14 Dec 2017
First Registration Date:	14 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	13 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$20,893.00
Total Rebate Amount:	\$24,643.00
Message	

The information contained herein is correct as at 21 Jan 2021