ASSIGNMENT

Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxly Prime Mover / Truck / Trailer or Make: Toyota Prius. c.c 1795 at Workshop m/s Colour Maroon A/C: Insured / Std / NI / NA Sp. Reading 548635 T/Radio: Insured / Std / NI / NA Insured: Eng/No: C/No: JTp KN 36u 705752481 Gen. Cond: Good Fairy Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or	From: Date:	Veh No: SHC 4125 E Yr Regn: 24/10/2014
Make: Tourte Prius	Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /
To inspect vehicle No. Insured: Sp. Reading 5+86.35 Tradio: Insured Istal INI NA Steering fords J. Jammed I. Leaked I Burnt or Brake: Incords J. Jammed I. Leaked I Burnt or Brake: Incords J. Jammed I. Leaked I Burnt or Brake: Incords J. Jammed I. Leaked I Burnt or Brake: Incords J. Jammed I. Leaked I Burnt or Brake: Incords J. Jammed I. Leaked I Burnt or Tyre Size: F: 195/65 R15 R: 145/65 R15	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
AC: Insured Std NI NA Sp. Reading	2	INIGNE.
Sp. Reading 54-86-35 T/Radio: Insured Std NI NA Insured:	at Warkshap m/p	Colour Marcon A/C: Insured / Std / NI / NA
Policy No. Claims No. Commission Engage	of	Sp.Reading 548635 T/Radio: Insured / Std / NI / NA
Claims No. Sum Insured: Excess: Gen. Cond: Good (Faily Poor / Burnt. Sleering: forder / Jammed / Leaked / Burnt or Brake: Iorder / Jammed / Leaked / Burnt or Brake: Iorder / Jammed / Leaked / Burnt or Brake: Iorder / Jammed / Leaked / Burnt or Modi: Nil / [Filtin] / STD A/Rim or Tyre Size: F: 195 / 65 R (I S Rear I S V S V S V S V S V S V S V S V S V S	Insured:	Eng/No:
Claims No. Sum Insured: Excess: Excess:	Policy No.	C/No: JTOKN 364 705752481
Collect's Record) Make of Veh: (Policy Condition) Remark: The Veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No CLA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction Park / O2/21/2047. SLX \$50 1 T Add Fee: Contacted: Days Of Repair: Resurvey No. of Trip: Transportation: Add Fee: Site Insp (\$ She s	Claims No.	
Make of Veh: Modi: NII RRID STD A/RIM or	Sum Insured: Excess:	
Policy Condition Policy Cond	(Client's Record)	Brake: liorde / Jammed / Leaked / Burnt or
Policy Condition Remark: The veh had commenced its repair at the time of inspection. N/S O/S	Make of Veh:	
Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport		
repair at the time of inspection. Bal. or Market Value: IDAC Accident Root: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Doubles: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT The UIC / Chassis frame / Body Structure affected due to collision. TR TRX/ O2/21/2014.7. SLX \$50 1 T Describes, File Pass 107 Describes, File Pass 107 Describes, File Return 107 Add Fee: Site Insp (\$	(Policy Condition)	
Bal. or Market Value: IDAC Accident Root:	Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
DAC Accident Report Consistent? : Yes or No Cid / PR Seen: Consistent? : Yes or No Cid / PR Seen: Consistent? : Yes or No Cid / PR Seen: Gays Res.: Yes or No Cid / PR Seen: Survey Red at Cid / C	repair at the time of inspection.	TOYO / YOKO or Sailun.
DAC Accident Root: Consistent? : Yes or No Call / PR Seen: Consistent? : Yes or No Call / PR Seen: days Res.: Yes or No Call / REV / REP. / 24 HRS Vehicle: IN/OUT The U/C / Chassis frame / Body Structure affected due to collision.	Bal. or Market Value:	<u> </u>
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date/Time Action / Instruction TR TAX/ 02/21/2047. SLX \$50 17 DeterTime, File Pass to? Final Report Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: Site Insp (\$) S+RS_SI Interview (\$) Photos Hepp—Formal: Lump Sum / I.B. J.: (": "Weel-and (\$)) Weel-and (\$) Others Tech. Invs (\$) Others	IDAC Accident Rport: Consistent? : Yes or No	,
Est. Repairs: days ILIM Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time	GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Date: Person Contacted: 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	Est. Repairs: days Res.: Yes or No	D.O.A. 14/02/2021 D.O.I. 22/02/2021
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.	Lum Sum: % 3 Val.: Yes or No	
Date / Time Action / Instruction TR TAX / O2/21/2041. Date / Time Action / Instruction TR TAX / O2/21/2041. SLX \$50 1 T Date/Time, File Pass to? Preli. Report Preli. Report Resurvey No. of Trip: Survey Fee: Transportation: Transportation: Survey Fee: Instruction TR TAX / O2/21/2041. Date/Time, File Pass to? Preli. Report Preli. Report Preli. Resurvey No. of Trip: Survey Fee: Transportation: Preli. Report Preli. Report Preli. Report Preli. Report Preli. Report Transportation: Preli. Report P		Des. of Damages: Frt / Rear) O/S / N/S / U/C / Rooftop or
Date / Time Action / Instruction TR TAN/ 02/21/2047. SLX \$50 1 T	Vehicle: IN / OUT	
TR T/N/ 02/21/2047. SLX \$50 1] Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee: Transportation: Date/Time, File Return to? Survey Fee: Transportation: Survey Fee: Site Insp (\$)s * RSsisis * RSsis * RSsisis * RSsisis * RSsis * RS		The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee: Transportation: Date/Time, File Return to? Survey Fee: Transportation: Date/Time, File Return to? Survey Fee: Transportation: Date/Time, File Return to? Survey Fee: Date/Time, File Return t	Date / Time Action / Instruction	TR
Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee: Transportation: Date/Time, File Return to? Add Fee: Site Insp (\$)s + RSSI Interview (\$) Photos Transportation: Interview (\$) Photos Transportation: Survey Fee: Transportation: Survey Fee: Transportation: Survey Fee: Survey Fee: Transportation: Survey Fee: Su		TAX/02/21/2047.
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos Pep Formal: : Tech. Invs (\$) Others Lump Sum / I.B.I: (\$)		SLX 850 1 T
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos Pep Formal: : Tech. Invs (\$) Others Lump Sum / I.B.I: (\$)		
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos Pep Formal: : Tech. Invs (\$) Others Lump Sum / I.B.I: (\$)		
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos Pep Formal: : Tech. Invs (\$) Others Lump Sum / I.B.I: (\$)		
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos Pep Formal: : Tech. Invs (\$) Others Lump Sum / I.B.I: (\$)		
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos Pep Formal: : Tech. Invs (\$) Others Lump Sum / I.B.I: (\$)		
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: 2) Add Fee: : Site Insp (\$)s+Rssi : Interview (\$) Photos Pep Formal: : Tech. Invs (\$) : Weekend (\$)	Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Date/Time, File Return to?	; Final Report	Resurvey No. of Trip: Survey Fee:
: Interview (\$) Photos Rep Formai :		Transportation:
: Interview (\$) Photos : Rep Format : : Tech. Invs (\$) Others Lump Sum / L.B. : (\$) : Weekend (\$)	2) Add Fe	e:
Lump Sum / LB.I: (\$)		: Interview (\$) Photos
Lump Sum / L.B.J.: (%) : Weel:end (%)	Repetition :	: Tech. Invs (\$) Others
		:Weel:end (\$
		TOTAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 1. Prease report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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

20/02/2021 09:36 (SGT) 19/02/2021 09:50 (SGT) Pasir Panjang Rd, Singapore PASIR PANJANG ROAD TOWARDS CITY 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

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

Assidant ranget SC1E212K0004

TAN CHIN SENG SXXXX687H 04/12/1953 Outdoor

Driving Pass g experience der

6bile 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?

PASSENGER 1

Name

Gender

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 STATIONARY ALONG PASIR PANJANG WITH ONE PASSENGER (MALE INDIAN) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT, SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLX8507J HAD COLLIDED ONTO THE REAR OF MY TAXI.

11/03/1972

Male

No

No

Hirer

Clear

Dry

No

2

No

Yes

2

No

Male

No

Nο

UNKNOWN

48 YEARS AND 11 MONTHS

(Phone) +65-68662672

TARC@SMRT.COM.SG

Collision - Head to Rear

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

SLX8507J

Private car

Assidant rapart SE1E313K0004

(1)	12011	DRIVER HP.		
A) SHC	8) 567 85073 (HONDA)			
1 de 1	10			
1				
				-
	PASIR PA	UTANG RO	040.	-
	PASIR PA	VIBNE RO	040.	-
		VIBNE RO	040.	-
	PASIR PA	VIBNE RO	040.	-

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

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 GA 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(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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Mrsight 9 F RESPON

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Case Details

Case Reference Number: TAX/02/21/2047

Type of Repair : Accident Repair

Vehicle Registration Number : SHC4725E

Company Type: SMRT Taxis Pte Ltd

Estimation ID : EST-14019-ID

Assigned By: Taxi Claims Manager Team

Insurance Company Name : AIG Asia Pacific

Insurance Pte Ltd

Accident Date and Time: 19/02/2021 01:50 AM

Surveyor Approval

Vehicle Age(In Months): -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

SMRT Recommendation

Estimation Details

Spare Part's Cost Detail

				SMRT Recomm	nendat	ion						Juliey	or Approva.
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 REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.9	Replace Y/CRY
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace V
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.0	Replace Y/NU
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 • X
One Time Key In	Main .			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give 🗸 🗶
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give 🗸 🗶
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give 🕶 🗶
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give 🗸 🗶
One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give 🔻 🗶
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give 🗸
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give 🗸 🗶

Total Spare Part Cost 3,442.89

Surveyor Total 479.70

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Spare Part Cost 2,744.71

Final Sur Total 383.76

				SMRT Recom	mendati	lon						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/Rep	lace Remarks
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	~ ⊀
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	*
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	* ×
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give	×X
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	~ X
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	××
One Time Key In	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.92	Replace	0	0	Not Give	~ X
One Time Key In	Main			NUMBER PLATE	1	15.00	15.00	0.00	15.00	Replace	0	O ,	Not Give	* X
One Time Key In	Main			NUMBER PLATE FRAME	1	12.00	12.00	0.00	12.00	Replace	0	0	Not Give	* X
						То	tal Spare P	art Cost	3,442.89		Sun	eyor Total	479.70	
						Lump	Sum Disco	ount (%)	20.00		Lump St	ım Dis (%)	20	
						Fir	nal Spare P	art Cost	2,744.71		Fina	l Sur Total	383.76	
4 10000														- TEERS

Labour's	Cost	Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	507.00	200	
Total:			507.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
1	Main	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	0
Total:			1,116.00	200.00

Other Cost Detail

I Mary H. I see A see a self-table Above a see .

S No	o. Costing Type	Job Scope	SMRT	Surveyor	Remarks
3.110.	.,,,,		Recommendation(\$)	Adjustment(\$)	

			•	_
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
1	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30
2	Main	TO TRANSFER REAR TAILGATE MECHANISM	120.00	0
3	Main	TO REPLACE SUNDRY PARTS	100.00	0
4	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20
5	Main	TO WASH AND VACUUM	60.00	0
Total:			480.00	50.00

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,744.71	383.76
Total Labour Cost	507.00	200.00
Total Spray Painting	1,116.00	200.00
Other	480.00	50.00
Overall Total	4,847.71	833.76
Lump Sum Repair Option		Ø
Lump Sum Total	4,850.00	850.00
Surveyor Approved Amount		850.00
No of Repair Days*	5	2 2 days
Remarks		L/S, after paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		
		Save
Survey Date	22/02/2021	

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

/ehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	369K
Vehicle No.:	SHC4725E
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Feb 2021
Vehicle 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
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Oct 2022
PARF Rebate Amount:	\$5,257.00
Intended 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:	\$10,612.00
Total Rebate Amount:	\$15,869.00
Message	

The information contained herein is correct as at 23 Feb 2021

ОК