:Tech. Invs (\$

Weekend (\$

Reper Format:

Lump Sum / LBJ: (\$

Others

TOTAL

© 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

- 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 01/03/2021 12:25 (SGT) Date of Accident 26/02/2021 11:45 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information PIE

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB680G

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 AHMAD KABEER KHAN S/O ABDUL KARIM

NRIC No SXXXX190Z Date Of Birth 30/06/1965

Occupation Outdoor

Page 1 of 13

Date Of Driving Pass 12/03/1987 Driving experience 33 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number Email Address TARC@SMRT.COM.SG Address 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 **UNKNOWN** Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Rochor Neighbourhood Police Centre Police Station Name (Phone) +65-18002949999 Police Station Phone No (Fax) +65-63918583 Alt. Police Station Phone No 11 Kampong Kapor Road Singapore 208678 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210226/2074

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBN5167Y
Vehicle Manufacturer Vehicle Model Vehicle Variant -



| Vehicle Colour Vehicle Category | - Motorcycle |
|---|-----------------|
| Name of Driver | - |
| Contact Number | - |
| Address | -, |
| Address complement | - |
| Postcode | 1- |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

SHC829R Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name 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)

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person | UNKNOWN |
|---|----------|
| Address | -, |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBN5167Y |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

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 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 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 wibrkshop 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;
- $(\overline{\mathfrak{m}})$ 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 GM 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 (& Time towards Change Airpot Sketch Plan

A - SYB680G B - FBN5/67Y C - SHC829R.

Describe Circumstances of the Accident

| | The second control of | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | and the second s | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | The state of the s | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 10000000000000000000000000000000000000 | MANUSCHICK CONTROLOGICALIST CONTROLOGICA | |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| the second secon | | |
| | | |
| | | |
| | | |
| | | |
| Declaration | | |
| Declaration | | |
| | | |
| | lars are true in every respect | |
| | lars are true in every respect | |
| We declare the foregoing particu | lars are true in every respect | |
| | lars are true in every respect | |
| We declare the foregoing particu | | |
| We declare the foregoing particu | | Jun 27/2/2021 |
| We declare the foregoing particu | | Jun 27/2/2021 |
| We declare the foregoing particu | Atword, | and any interest control of the cont |
| We declare the foregoing particu | | Witnessed by Reporting Centre |



Case Details

Case Reference Number:

TAX/02/21/2065

Type of Repair : Accident Repair Vehicle Registration Number :

SHB680G

Company Type: SMRT Taxis Pte Ltd

Estimation ID : EST-14082-ID
Assigned By : Taxi Claims Manager

Toon

Insurance Company Name: NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 26/02/2021 03:45 AM

Vehicle Age(In Months): 40

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

| | | | | SMRT Red | omme | endation | | | | | | Su | rveyor 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 | | | PANEL SUB-ASSY, FRONT DOOR LH | 1 | 1,249.60 | 1,249.60 | 25.00 | 937.20 | Replace | 0 | 0 | Not Give 🗸 | × |
| One Time Key In | Main | | | STICKER DECAL SMRT (DOOR) | 1 | 60.00 | 60.00 | 0.00 | 60.00 | Replace | 1 | 60.00 | Replace V | Nec |
| One Time Key In | Main | | | DOOR OUTER HANDLE FRONT, LH | 1 | 378.90 | 378.90 | 25.00 | 284.17 | Replace | 0 | 0 | Not Giv€ ✔ | * |
| One Time Key In | Main | | | MOULDING ASSY, BODY ROCKER PANEL, LH | 1 | 576.00 | 576.00 | 25.00 | 432.00 | Replace | 1 | 0 | Repair → | XR |
| One Time Key In | Main | | | PANEL SUB-ASSY, REAR DOOR, LH | 1 | 1,243.90 | 1,243.90 | 25.00 | 932.93 | Replace | 1 | 0 | Repair ∨ | XR. |
| One Time Key In | Main | | | PIXEL STICKER | 1 | 60.00 | 60.00 | 0.00 | 60.00 | Replace | 0 | 0 | Not Giv€ ✓ | X |
| One Time Key In | Main | | | PANEL SUB-ASSY, FENDER REAR LH | 1 | 824.80 | 824.80 | 25.00 | 618.60 | Replace | 1 | 618.60 | Replace Y | / CRY |
| One Time Key In | Main | | | HINGE ASSY, REAR DOOR, UPPER LH | 1 | 83.30 | 83.30 | 25.00 | 62.47 | Replace | 0 | 0 | Not Giv€ ✓ | * |

Total Spare Part Cost 3,557.47

Surveyor Total 678.60

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

20

Final Spare Part Cost 2,845.98

Final Sur Total 542.88

| 4 | | | | SMRT Red | comme | endation | | | | | | Sur | veyor Approval | |
|--------------------------|-----------------|---------|--------------------|---|-------|----------------------------------|-------------------|----------|--------------------|--------------------|----------------------|--------------------------------|----------------|----------|
| BC [™] 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 | | | HINGE ASSY, REAR DOOR, LOWER LH | 1 | 73.30 | 73.30 | 25.00 | 54.97 | Replace | 0 | 0 | Not Giv€ ✓ | X |
| One Time Key In | Main | | | CHECK ASSY, REAR DOOR | 1 | 153.50 | 153.50 | 25.00 | 115.13 | Replace | 0 | 0 | Not Giv€ ✓ | × |
| | | | | | | То | tal Spare P | art Cost | 3,557.47 | | 8 | Surveyor Total | 678.60 | |
| | | | | | | Lump | Sum Disc | ount (%) | 20.00 | | Lumj | Sum Dis (%) | 20 | |
| | | | | | | Fin | nal Spare P | art Cost | 2,845.98 | | F | inal Sur Total | 542.88 | |

Labour's Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|----------------------|----------------------------|----------------------------|---------|
| 1 | Main | TO REPAIR LH PORTION | 845.00 | 400 | |
| Total: | | | 845.00 | 400.00 | |

Spray Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Remarks Adjustment(\$) |
|--------|--------------|-------------------------------------|----------------------------|------------------------------------|
| 1 | Main | TO RESPRAY FRONT DOOR LH | 378.00 | 0 |
| 2 | Main | TO RESPRAY ROCKER PANEL MOULDING | 180.00 | 100 |
| 3 | Main | TO RESRAY REAR DOOR LH | 378.00 | 200 |
| 4 | Main . | TO RESPRAY REAR FENDER LH | 378.00 | 200 |
| Total: | | | 1,314.00 | 500.00 |

Other Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|-------|--------------|---|----------------------------|----------------------------|---------|
| 1 | Main | TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 20 | _ |
| 2 | Main | TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 30 | |
| 3 | Main | TO REMOVE / REFIT SEAT | 120.00 | 0 | |
| 4 | Main | TO TRANSFER DOOR MECHANISM | 120.00 | 0 | |

Total:

580.00

50.00

Save

Clear

| ,S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|-------------------------|----------------------------|----------------------------|---------|
| 5 | Main | TO REPLACE SUNDRY PARTS | 100.00 | 0 | |
| 6 | Main | TO WASH AND VACUUM | 60.00 | 0 | , |
| Total: | | | 580.00 | 50.00 | |

Summary

| | Estimator Assesment(\$) | Surveyor Assesment(\$) |
|--------------------------|-------------------------|------------------------|
| Total Spare Part Detail | 2,845.98 | 542.88 |
| Total Labour Cost | 845.00 | 400.00 |
| Total Spray Painting | 1,314,00 | 500.00 |
| Other . | 590.00 | 50.00 |
| Overall Total | 5.584.98 | 1,492.88 |
| Lump Sum Repair Option | | • |
| Lump Sum Total | 5.600.00 | 1,500.00 |
| Surveyor Approved Amount | | 1,500.00 |
| No of Repair Days* | 6 | 3 |
| Remarks | • | L/S, after paint photo |
| Surveyor Name | | Sun Pin (LKK) |
| Signature | M | |

Survey Date

01/03/2021

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.: | SHB680G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 04 Mar 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS HYBRID 1.8 CVT |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2017 |
| Engine No.: | 2ZRS098976 |
| Chassis No.: | JTDKB3FU303573097 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$29,007.00 |
| Original Registration Date: | 12 Oct 2017 |
| First Registration Date: | 12 Oct 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 11 Oct 2025 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 11 Oct 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$34,052.00 |
| COE Rebate Amount: | \$19,589.00 |
| Total Rebate Amount: | \$23,339.00 |
| Message | |

The information contained herein is correct as at 04 Mar 2021