

Sun Pin

NTUC

NS/INC21003163/Qqd3

## ASSIGNMENT

From

Date

Estimated Cost

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No. 5114565431-01 (02/12/20-01/12/21)

Claims No. MT/1123793-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
XXX	

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 52170D

Regd: 30/11/2020

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Prius 4 FL

C.C. 1795 1798

Colour

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

41468

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTbKBSFU40J091674

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65 R15

R: 195/65 R15

BS / (DUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

05/03/2021

D.O.I.

09/03/2021

Survey held at

SM RT.

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

23/04/21@9.43am Sun Pin finalised with Poh Suan final fig \$1337.08, 3 days. TP TAX/03/21/2018

(Red \$6968.76, 84%)

SLE 3246K.

MV:

PV:

Nett:

Date/Time: File Faxes In?

☐

: Preli. Report

27/04 Typist

☐

: Final Report

Date/Time: File Photos In?

By

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S + P.S. \$

Photos

Other

Total

Grat Fees:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Wash (\$

Report Estimated:

TP

1337.08

# 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 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. 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	08/03/2021 09:42 (SGT)
Date of Accident	05/03/2021 21:44 (SGT)
Exact Location of Accident	Kramat Rd, Singapore
Additional Location Information	KRAMAT ROAD TOWARDS CTE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5217D
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### 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	PURVIS TAY
NRIC No	SXXXX422I
Date Of Birth	08/03/1973
Occupation	Outdoor

Valid Of Driving Pass	09/09/2000
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
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	Other
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?	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	Female

#### 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 TRAVELLING ALONG KRAMAT ROAD TOWARDS CTE WITH ONE PASSENGER (FEMALE INDIAN) ON BOARD.. TRAFFIC WAS HEAVY AT THE POINT OF TIME. VEHICLE INFRONT OF MY TAXI JAMMED BRAKE. I APPLIED MY BRAKE TO STOP AND MANAGED TO STOP IN TIME. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLE3240K HAD COLLIDED ONTO THE REAR OF MY TAXI.

#### 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	SLE3240K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### 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 willful 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)**

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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Kramat Road towards CTE

A - 5217D

B - SLE3240K

Describe Circumstances of the Accident

Lined area for describing the circumstances of the accident.

Declaration

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

Policyholder's Signature - Date & Time

By 06052021  
Driver's Signature (if driver is not the policyholder) - Date & Time

June 6/3/2021  
Witnessed by Reporting Center Personnel



## Case Details

**Case Reference Number :**

TAX/03/21/2018

**Company Type :** SMRT Taxis Pte Ltd**Insurance Company Name :** NTUC Income Insurance Co-operative Ltd**Type of Repair :** Accident Repair**Estimation ID :** EST-14166-ID**Accident Date and Time :** 05/03/2021 01:44 PM**Vehicle Registration Number :**

SHB5217D

**Assigned By :** Taxi Claims Manager

Team

**Vehicle Age(In Months) :** 4

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

SMRT Recommendation										Surveyor 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			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	1	364.20	Replace	✓ CRU.
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 3	1	11.00	11.00	25.00	8.25	Replace	1	8.25	Replace	✓ Nec
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 2	1	4.00	4.00	25.00	3.00	Replace	1	3.00	Replace	✓ Nec
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 1	1	4.00	4.00	25.00	3.00	Replace	1	3.00	Replace	✓ Nec
One Time Key In	Main			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	3	24.75	Replace	✓ Nec
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	1	11.30	11.30	25.00	8.48	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	✓ X Svc

Total Spare Part Cost 4,960.70

Surveyor Total 867.08

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 4,960.70

Final Sur Total 867.08

SMRT Recommendation											Surveyor 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			SEAL, RR BUMPER, LH	1	118.30	118.30	25.00	88.72	Replace	0	0	Not Give ✓ X Svc
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace ✓ / Nec
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	1	280.88	Replace ✓ / CRU
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	22.00	22.00	25.00	16.50	Replace	0	0	Not Give ✓ X Svc
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	39.00	39.00	25.00	29.25	Replace	1	29.25	Replace ✓ / Svc
One Time Key In	Main			COVER, REAR FLOOR UNDER, RH	1	175.10	175.10	25.00	131.32	Replace	0	0	Check ✓ X Svc
One Time Key In	Main			COVER, REAR FLOOR UNDER, LH	1	241.90	241.90	25.00	181.43	Replace	0	0	Check ✓ X Svc
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	229.90	229.90	25.00	172.43	Replace	0	0	Check ✓ X Svc
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, LH	1	339.60	339.60	10.00	305.64	Replace	0	0	Not Give ✓ X Svc
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1	261.00	261.00	10.00	234.90	Replace	0	0	Not Give ✓ X Svc
One Time Key In	Main			LAMP ASSY, REAR, LH	1	293.60	293.60	10.00	264.24	Replace	0	0	Not Give ✓ X Svc
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace ✓ / Nec
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give ✓ X Svc
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	651.00	651.00	25.00	488.25	Replace	0	0	Check ✓ X Svc
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give ✓ X Svc

Total Spare Part Cost 4,960.70

Surveyor Total 867.08

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 4,960.70

Final Sur Total 867.08



SMRT Recommendation											Surveyor 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			WHEEL DISC	1	1,879.40	1,879.40	25.00	1,409.55	Replace	0	0	Not Give	✓
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	✓
Total Spare Part Cost									4,960.70	Surveyor Total		867.08		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									4,960.70	Final Sur Total		867.08		

**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 Adjustment(\$)	Remarks
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 RIM	180.00	0	
Total:			918.00	200.00	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
2	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20	
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			600.00	70.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
6	Main	TO WASH AND VACUUM	60.00	0	
Total:			600.00	70.00	

## Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	4,960.70	867.08
Total Labour Cost	507.00	200.00
Total Spray Painting	918.00	200.00
Other	600.00	70.00
Overall Total	6,985.70	1,337.08
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	1,337.08
Surveyor Approved Amount		1,337.08
No of Repair Days*	5	3 
Remarks	-	P/P, before paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		

Survey Date

09/03/2021

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	369K
<b>Vehicle Details</b>	
Vehicle No.:	SHB5217D
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2020
Engine No.:	2ZR2G84474
Chassis No.:	JTDKB3FU403091674
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	30 Nov 2020
First Registration Date:	30 Nov 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2028
PARF Rebate Amount:	\$10,897.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Nov 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$29,180.00
COE Rebate Amount:	\$28,156.00
<b>Total Rebate Amount:</b>	<b>\$39,053.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 10 Mar 2021

OK