SS1E213C0002 / SMRT AUTOMOTIVE SERVICES PTE LTD EMTRY DATE & TIME: 12/03/2021 14:00 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)

VERSION: 1 (12/03/2021 14:00 (SGT))

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 Country/State of Loss

12/03/2021 14:00 (SGT) 11/03/2021 09:25 (SGT) Hougang Street 21, Singapore HOUGANG STREET 21 BLK 210 CAR PARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB5851Y

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) +65-68662672 (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

Private car

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

SOH KENG BOON (SU QINGWEN) SXXXX021D 18/05/1973 Outdoor



Date Of Driving Pass Driving experience

Gender

Mobile 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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

01/01/2000

Male

No Hirer

No

Clear

Dry

No

No

Yes

1

No

Yes

No

Thomson Neighbourhood Police Post

Blk 25 Sin Ming Road #01-180 Singapore 570025

(Phone) +65-18004529999

(Fax) +65-65535740

2

21 YEARS AND 2 MONTHS

(Phone) +65-68662672

TARC@SMRT.COM.SG

Hit and run / Vandalism / Damaged whilst parked

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SKP3051T

Private car

Andidant range CE1E212COORS

Page 2 of 12

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

WITNESS DETAILS

WITNESS 1

Name PASSERBY

Phone

Email -

SKETCH PLAN

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- 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 addident (all insurer(s) who have insured vehicle(s) involved in this addident shall be collectively referred to as the "Insurers"), the insurers' law yers/law firms, the Monetary Authority of Singapore and any refevant 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 enquries 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 wiell 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

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

Hougary st 21 Blk 210 Car Park

Sketch Plan

A-SHB58514

R-SKP3051T

Describe Circumstances of the	ne Accident	
	the control and water. It is not proposed to the later to the control of the cont	
and the second of the second s		
		,
Declaration		
I'We declare the foregoing particular	s are true in every respect.	
		1
	d .	Jun 11/3/202
	W.	(MM 11/3/202
	A The	//
Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	& Time	Personnel





1 of 3

Report No. T/20210311/2077

Police Station Of Origin Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No. 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.
11/03/2021 15:03	·	17

Informa	nt's Partic	ulars		7.7			
Name of Informant: SOH KENG BOON			Address: APT BLK 604A PUNGGOL 821604	ROAD #16 764 SINGAPORE			
ID Type / ID No.: NRIC NO / S7317021D			Contact No.: Home/Office:	Mobile: 94873993			
National SINGAP	ity: ORE CITIZ	EN	Email.				
Sex: Male	Age:	Date of Birth: 18/05/1973	Type of Informant: Driver				
Race: Chinese Occupation: Taxi driver			Language:	Institution / School Name			
			Driving Licence Information Class: 2B,2A,2,3	Date of Expiry:			

Seneral Inform	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/03/2021 09:25	Type of Location Straight Road
Location:				
HOUGANG S	TREET 21	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: One Way		Traffic Control. Not Controlled		Traffic Volume No Traffic
Type of Collis	ion:			Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SHB5851Y	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	0	
SKP3051T	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Blue	Slightly Damaged	0	



1/20210311/2077

Police Station Of Origin Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Report No. T/20210311/2077

2 of 3

CONTINUATION OF REPORT

Brief Details.

Tel No 1800-4529999

On 11/03/2021, 0925hrs. My vehicle(SHB5851Y) was parked stationary waiting for a parking lot. Subsequently, one vehicle (SKP3051T) behind me collided onto the rear of my vehicle. I then got out of the vehicle and told the driver to park one side so that we can settle the issue. However, he immediately left the vicinity. I wish to state that I have an In-Car camera installed on my vehicle, there is a crack on the left rear of my vehicle and I felt pain on my neck and lower back thus I visited Sin Min Clinic and received seven(7) days MC





Police Station Of Origin Thomson NPP 25 Sin Ming Road #01 180 SINGAPORE 570025 Tel No. 1800 4529999

3 of 3 Report No. T 20210311/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report

IMPORTANT. Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant

E / Sgt 1 SHAWN KOH	
Signature Of Interpreter Not applicable	Date/Time. 11/03/2021 15:03
Officer In Charge Of Case TP / HRT / SI KALESWARI PALANI Contact No. 65476902	Classification Of Case
Authentication Stamp	



Case Details

Case Reference Number: TAX/03/21/2035

Type of Repair : Accident Repair

Vehicle Registration Number: SHB5851Y

Company Type: SMRT Taxis Pte Ltd

Estimation ID: EST-14207-ID Assigned By: Taxi Claims Manager Team Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd

Accident Date and Time: 11/03/2021 01:25 AM

Vehicle Age(In Months): -

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/Repla	ace Remarks
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace	·/Chy
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace	->Nec
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			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	·Xsx
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	·Xsn
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	•Xsvc
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Giv€	Xsn
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	.X 5rc
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check	·Xsr
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Giv€	•XSrc

Total Spare Part Cost 4,366.03

Surveyor Total 479.70

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Spare Part Cost 3,492.82

Final Sur Total 383.76

	SMRT Recommendation						Surveyor Approval							
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Repla	ce Remarks
One Time Key	Main			BUMPER SEAL, RR LH	1	Unit(\$) 88.90	88.90	25.00	66.68	Replace	0	0	Not Giv€	·Xsv
In One Time Key	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Giv€	·Xsu
In One Time Key	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Check	-Xsie
In One Time Key	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Giv€	- Ksn
In One Time Key	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Check	Xsvc
In One Time Key	Main			UNDER COVER SUB- ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	Xsic
In One Time Key	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give	·Xsu
in One Time Key	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	Xsve
In One Time Key	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	· Xsv
In One Time Key	Main			TAIL LAMP RH	1	557.80	557.80	10.00	502.02	Replace	0	0	Not Give	Xsu
In One Time Key	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	0	0	Not Give	Xsu
In One Time Key	Main			FENDER RR/LH	1	766.80	766.80	25.00	575.10	Replace	0	0	Not Give	Xsu
In One Time Key	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Giv€ \	. Du
In One Time Key	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	. Lsu
In One Time Key	Main			FENDER LINER R/LH	1	141.30	141.30	25.00	105.98	Replace	0	0	Not Give	. Lsu
In							al Spare P		4,366.03 20.00			veyor Total		
						- p		(/4/			_amp c	(/0)	20	

Final Spare Part Cost 3,492.82

Final Sur Total 383.76

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
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 FRONT FENDER LH	378.00	0
Total:			1,116.00	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	20	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
4	Main	TO WASH AND VACUUM	60.00	0	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	
Total:			656.88	316.88	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,492.82	383.76
Total Labour Cost	507.00	200.00
Total Spray Painting	1,116.00	200.00
Other	656.88	316.88
Overall Total	5,772.70	1,100.64
Lump Sum Repair Option		

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Lump Sum Total	5,750.00	1,100.00
Surveyor Approved Amount		1,100.00
No of Repair Days*	5	2 2dys
Remarks		L/S, after paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		
		Save
Survey Date	12/03/2021	

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 <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

Owner ID Type:	Company
Owner ID:	• /
Owner ID: Vehicle Details	369K
Vehicle No.:	SHB5851Y
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6560060
Chassis No.:	JTDKN36U905766897
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29.508.00
Original Registration Date:	22 Jan 2016
First Registration Date:	22 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	. ,
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Jan 2024
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jan 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,307.00
COE Rebate Amount:	\$16,137.00
Total Rebate Amount:	\$19,637.00
Message	

The information contained herein is correct as at 15 Mar 2021

ОК

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