

ASS. REC. BY: Sun Pin-REF: EQ

CC3/EQI21003929/Qvf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLK 100U

Policy No. _____

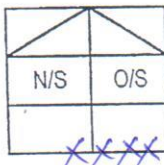
Claims No. DM21HO00514-JG

Sum Insured: _____ Excess: _____

(Client'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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB5500K Yr Regn: 12/12/2019Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi Prime Mover /

Truck / Trailer or _____

Make: Toyota Prius FL C.C. 1795Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 138381 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKB3F45030 88704Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt or _____Brake: ☒ Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / ☒ S/Rim / STD A/Rim or _____Tyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or Sailun

Front _____ Rear _____

R/Bal. 6 mm / R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 24/03/2021 D.O.I. 25/03/2021Survey held at SMRT.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

27/4/21 Final fig \$850.13 confirmed by email (Red 4180.67,83%)

TP
TAX/03/21/2076
SLK 100U

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/4/21-Typist

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: TPLump Sum / L&J: \$850.13

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

SS1E213P0005 / SMRT AUTOMOTIVE SERVICES PTE LTD
 ENTRY DATE & TIME: 25/03/2021 10:01 (SGT)
 SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
 VERSION: 1 (25/03/2021 10:01 (SGT))

Your NCD will be affected due to late reporting

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	25/03/2021 10:01 (SGT)
Date of Accident	24/02/2021 09:30 (SGT)
Exact Location of Accident	Fernvale Link, Singapore
Additional Location Information	FERNVALE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5500K
-----------------------------	----------

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
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-20095484MFSH
Cover Note Number	-

DRIVER

Name of Driver	TAN GUO YONG (CHEN GUOYONG)
NRIC No	SXXXX314H

Date Of Birth	21/06/1984
Occupation	Outdoor
Date Of Driving Pass	10/11/2010
Driving experience	10 YEARS AND 3 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	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?	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 STATIONARY ALONG FERNVALE LINK WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD, AS I WAS LOOKING OUT FOR THE ONCOMING TRAFFIC, SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLK100U 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?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK100U
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 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)**
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.
(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 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

Fernvale Link

Witnessed by Reporting Centre Personnel



A - SHB 5500K

B - SLK 100U



Case Details

Case Reference Number : TAX/03/21/2076
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB5500K

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-14350-ID
 Assigned By : Tan Lee Ge #

Insurance Company Name : EQ Insurance Company Ltd
 Accident Date and Time : 24/03/2021 01:30 AM
 Vehicle Age(In Months) : 15

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			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	1	0	Repair	✓ X R
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	✓ X
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	✓ X
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	✓ X
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	✓ X
One Time Key In	Main			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	0	0	Not Give	✓ X
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.30	22.60	25.00	16.95	Replace	0	0	Not Give	✓ X
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	✓ X
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	0	0	Not Give	✓ X

Total Spare Part Cost 2,813.29

Surveyor Total 430.13

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 2,813.29

Final Sur Total 430.13

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			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	1	280.88	Replace	✓ CR4
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	22.00	22.00	25.00	16.50	Replace	0	0	Not Give	✓ Xsrc
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1	39.00	39.00	25.00	29.25	Replace	1	29.25	Replace	✓ SCR
One Time Key In	Main			COVER, REAR FLOOR UNDER, RH	1	175.10	175.10	25.00	131.32	Replace	0	0	Not Give	✓ X
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	229.90	229.90	25.00	172.43	Replace	0	0	Not Give	✓ X
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, RH	1	339.60	339.60	10.00	305.64	Replace	0	0	Not Give	✓ X
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	1	261.00	261.00	10.00	234.90	Replace	0	0	Not Give	✓ X
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
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	651.00	651.00	25.00	488.25	Replace	0	0	Not Give	✓ X
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	✓ X
Total Spare Part Cost									2,813.29	Surveyor Total 430.13				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									2,813.29	Final Sur Total 430.13				

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	
Total:			738.00	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	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	2,813.29	430.13
Total Labour Cost	507.00	200.00
Total Spray Painting	738.00	200.00
Other	360.00	20.00
Overall Total	4,418.29	850.13
Lump Sum Repair Option		☐
Lump Sum Total	0.00	850.13
Surveyor Approved Amount		850.13
No of Repair Days*	5	2 <i>2 days</i>
Remarks	-	P/P. Before paint photo. <i>P/P</i>
Surveyor Name		Sun Pin (LKK)

Estimator Assessment(\$)

Surveyor Assessment(\$)

Signature



Save

Clear

Survey Date

25/03/2021

- 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.:	SHB5500K
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F08472
Chassis No.:	JTDKB3FU503088704
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	12 Dec 2019
First Registration Date:	12 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2027
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	11 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$21,447.00
Total Rebate Amount:	\$32,344.00
Message	
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 26 Mar 2021

OK