

ASS. REC. BY: Sun Pin

REF:

NTUC**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: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

XXX	
N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB853A Yr Regn: 10/10/2017

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

Truck / Trailer or _____

Make: Toyota Prius 4 C.C. 1795Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 382793 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDJCB3F4903572536

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65 R16R: 195/65 R16

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. 23/03/2021 D.O.I. 25/03/2021Survey held at SMRTDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP
TAX/03/21/2015
SKB3685M.

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

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

Report Format: _____

Lump Sum / I.B.I. (\$) _____

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB853A
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS096093
Chassis No.:	JTDKB3FU903572536
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	10 Oct 2017
First Registration Date:	10 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Oct 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	09 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$19,304.00
Total Rebate Amount:	\$23,054.00
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

SS1E213P0002 / SMRT AUTOMOTIVE SERVICES PTE LTD
 ENTRY DATE & TIME: 25/03/2021 09:37 (SGT)
 SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
 VERSION: 1 (25/03/2021 09:37 (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 09:37 (SGT)
Date of Accident	23/03/2021 18:00 (SGT)
Exact Location of Accident	304 Choa Chu Kang Loop, Singapore
Additional Location Information	BLK 304 CHOA CHU KANG LOOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB853A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@SMR.COM.SGT
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	YEO TIONG GUAN
NRIC No	SXXXX842D

Date Of Birth	14/02/1965
Occupation	Outdoor
Date Of Driving Pass	19/06/1985
Driving experience	35 YEARS AND 9 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	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	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	ANGEL SEOW
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 EXITING THE CAR PARK OF BLK 304 CHOA CHU KANG LOOP WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. I WAS STATIONARY AS I WAS WAITING FRONT THE FRONT VEHICLES TO MOVE. SUDDENLY A VEHICLE SKB3685M WHICH WAS IN FRONT OF MY TAXI REVERSED AND HIT ONTO THE FRONT RIGHT PORTION 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	SKB3685M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

WITNESS DETAILS

WITNESS 1

Name	ANGEL SEOW
Phone	-
Email	-

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

Yeo 24/3-21
Policyholder's Signature / Date & Time

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

Mr 25/3/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 304 Choa Chu Kang Loop

A- SHB853A

B- SKB3685M

Describe Circumstances of the Accident

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



Case Details

Case Reference Number :

TAX/03/21/2075

Type of Repair : Accident Repair

Vehicle Registration Number : SHB853A

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-14351-ID

Assigned By : Wei Siong #

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 23/03/2021 10:00 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/Replace	Remarks
One Time Key In	Main			COVER, FR BUMPER	1	495.50	495.50	25.00	371.63	Replace	1	0	Repair	✗ R
One Time Key In	Main			SUPPORT, FR BUMPER RH	1	76.90	76.90	25.00	57.68	Replace	1	57.68	Replace	✓ B R
One Time Key In	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	1	61.72	Replace	✓ B R
One Time Key In	Main			REINFORCEMENT FRONT UPPER	1	691.10	691.10	25.00	518.33	Replace	0	0	Check	✗
One Time Key In	Main			ABSORBER, FR BUMPER	1	70.30	70.30	25.00	52.72	Replace	0	0	Check	✗
One Time Key In	Main			EXTENSION SUB-ASSY, LH	1	116.30	116.30	25.00	87.22	Replace	0	0	Check	✗
One Time Key In	Main			EXTENSION SUB-ASSY, RH	1	116.30	116.30	25.00	87.22	Replace	0	0	Check	✗
One Time Key In	Main			REINFORCEMENT FRONT LOWER	1	238.50	238.50	25.00	178.88	Replace	0	0	Check	✗
One Time Key In	Main			ABSORBER, FR BUMPER LOWER	1	117.00	117.00	25.00	87.75	Replace	0	0	Not Give	✗

Total Spare Part Cost 8,261.85

Surveyor Total 2,557.26

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 6,609.48

Final Sur Total 2,045.81

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			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	0	0	Check	✓ X
One Time Key In	Main			GRILLE SUB-ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0	Check	✓ X
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	0	0	Not Give	✓ X
One Time Key In	Main			COVER ASSY, ENGINE	1	180.10	180.10	25.00	135.07	Replace	0	0	Not Give	✓ X
One Time Key In	Main			COVER ASSY, ENGINE UNDER CENTER SET	1	452.80	452.80	25.00	339.60	Replace	0	0	Not Give	✓ X
One Time Key In	Main			LAMP ASSY, FOG, RH	1	910.20	910.20	10.00	819.18	Replace	0	0	Not Give	✓ X
One Time Key In	Main			UNIT, HEADLAMP, RH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	1	2,303.01	Replace	✓ Sch
One Time Key In	Main			FENDER SUB-ASSY, FR, RH	1	933.10	933.10	25.00	699.83	Replace	1	0	Old Dam	✓ X
One Time Key In	Main			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	52.90	25.00	39.67	Replace	0	0	Not Give	✓ X
One Time Key In	Main			LINER, FR FENDER, RH	1	198.40	198.40	25.00	148.80	Replace	0	0	Not Give	✓ X
One Time Key In	Main			PAD, FR WHEEL RH	1	57.70	57.70	25.00	43.28	Replace	0	0	Not Give	✓ X
One Time Key In	Main			WHEEL, DISC FRONT	1	1,555.10	1,555.10	25.00	1,166.32	Replace	0	0	Not Give	✓ X
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	0	0	Not Give	✓ X
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	✓ X
One Time Key In	Main			BRACKET, FR BUMPER	1	99.80	99.80	25.00	74.85	Replace	1	74.85	Replace	✓ CRA
Total Spare Part Cost									8,261.85	Surveyor Total 2,557.26				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									6,609.48	Final Sur Total 2,045.81				

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			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace	✓ PD
One Time Key In	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	1	25.00	Replace	✓ CRA
Total Spare Part Cost									8,261.85	Surveyor Total				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				
Final Spare Part Cost									6,609.48	Final Sur Total				
										2,557.26				
										20				
										2,045.81				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT 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 REPSRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT BUMPER LOWER GRILLE	180.00	0	
3	Main	TO RESPRAY FRONT FENDER RH	378.00	0	
4	Main	TO RESPRAY RIM	180.00	0	
Total:			1,116.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	
2	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	
4	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
Total:			480.00	20.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO WASH AND VACUUM	60.00	0	
Total:			480.00	20.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	6,609.48	2,045.81
Total Labour Cost	507.00	200.00
Total Spray Painting	1,116.00	200.00
Other	480.00	20.00
Overall Total	8,712.48	2,465.81
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	8,700.00	2,450.00
Surveyor Approved Amount		2,450.00
No of Repair Days*	5	2
Remarks	-	L/S, After paint photo.
Surveyor Name		Sun Pin (LKK)

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: