

08/11/13 wef
ASS. REC. BY: Rasul

REF:

NS/INC21007406/R1qc

369k

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:

NTUC

Policy No.

Claims No. MT/1136877-002

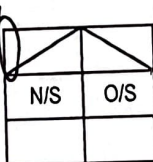
Sum Insured: Excess:

(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: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

Veh No:

5HC 46863

Yr Regn: 2014 / SEP

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

Truck / Trailer or

Make:

TOYOTA PRIMS TAXI (SMRT) c.c 1798

Colour

MARON

A/C: Insured / Std / NI / NA

Sp.Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

3TDKN 364 505750406

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:

R:

195/65R15

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

04/07/21

D.O.I.

06/07/21

Survey held at

SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FR

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

Date/Time, File Pass to?

☐

: Preli. Report

1) 26/07 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) : S + RS, SI

☐

: Interview (\$

) : Photos

☐

: Tech. Invs (\$

) : Others

☐

: Weekend (\$

)

Report Format : TP

Lump Sum H.B.I. (\$) 3100

TOTAL



Case Details

Case Reference Number :

TAX/07/21/2004

Type of Repair : Accident Repair

Vehicle Registration Number : SHC4686J

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-15341-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 04/07/2021 03:40 AM

Vehicle Age(In Months) : 82

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			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	<input type="text" value="1"/>	<input type="text" value="361.50"/>	Replace ▾	de
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	<input type="text" value="10"/>	<input type="text" value="12.08"/>	Replace ▾	ne
One Time Key In	Main			BUMPER ENERGY ABSORBER FRT	1	78.80	78.80	25.00	59.10	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xsue
One Time Key In	Main			BUMPER REINFORCEMENT FRT	1	498.40	498.40	25.00	373.80	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xsue
One Time Key In	Main			ARM SUB-ASSY, FR BUMPER LH	1	250.40	250.40	25.00	187.80	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xsue
One Time Key In	Main			COVER, FR BUMPER HOLE LH	1	18.50	18.50	25.00	13.88	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xsue
One Time Key In	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	<input type="text" value="1"/>	<input type="text" value="57.30"/>	Replace ▾	ne
One Time Key In	Main			BUMPER GRILLE SUB-ASSY, LOWER	1	311.10	311.10	25.00	233.33	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xsue
One Time Key In	Main			FOG LAMP LH	1	280.10	280.10	10.00	252.09	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xsue
One Time Key In	Main			BUMPER LIP FRT	1	139.60	139.60	25.00	104.70	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	f sue

Total Spare Part Cost 12,973.36

Surveyor Total 2,383.65

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Sur Total 1,906.92

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			ARM SUB-ASSY, FR BUMPER RH	1	250.40	250.40	25.00	187.80	Replace	0	0	Not Give	XSVL
One Time Key In	Main			BUMPER FRT ABSORBER LOWER	1	127.70	127.70	25.00	95.78	Replace	0	0	Check	?
One Time Key In	Main			GRILLE RADIATOR LOWER NO.2	1	94.60	94.60	25.00	70.95	Replace	0	0	Not Give	XSVL
One Time Key In	Main			GRILLE, RADIATOR	1	310.60	310.60	25.00	232.95	Replace	0	0	Not Give	XSVL
One Time Key In	Main			WIRE, ENGINE ROOM, NO.3	1	242.00	242.00	10.00	217.80	Replace	0	0	Not Give	XSVL
One Time Key In	Main			BRACKET, FR TURN CENTER LH	1	58.20	58.20	25.00	43.65	Replace	0	0	Check	?
One Time Key In	Main			BRACKET, FR TURN LOWER LH	1	26.00	26.00	25.00	19.50	Replace	0	0	Check	?
One Time Key In	Main			BRACKET, FR TURN UPPER LH	1	24.40	24.40	25.00	18.30	Replace	0	0	Check	?
One Time Key In	Main			LENS & BODY, FR TURN LH	1	511.80	511.80	10.00	460.62	Replace	1	460.62	Replace	SVL ✓
One Time Key In	Main			HOOD PANEL	1	748.10	748.10	25.00	561.08	Replace	0	0	Not Give	XSVL
One Time Key In	Main			HOOD HINGE LH	1	55.90	55.90	25.00	41.92	Replace	0	0	Not Give	XSVL
One Time Key In	Main			SUPPORT SUB-ASSY	1	1,460.40	1,460.40	25.00	1,095.30	Replace	0	0	Not Give	XSVL
One Time Key In	Main			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	1	850.68	Replace	SVL ✓
One Time Key In	Main			FENDER FRT/LH	1	723.40	723.40	25.00	542.55	Replace	1	542.55	Replace	buc ✓
One Time Key In	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace	SVL ✓

Total Spare Part Cost 12,973.36

Surveyor Total 2,383.65

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 10,378.69

Final Sur Total 1,906.92

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			FENDER LINER FRT/LH	1	171.70	171.70	25.00	128.77	Replace	0	0	Check	?
One Time Key In	Main			FENDER LINER PAD, FR WHEEL LH	1	49.30	49.30	25.00	36.97	Replace	0	0	Not Give	Xsn
One Time Key In	Main			FENDER PROTECTOR FRT/LH UPPER	1	46.10	46.10	25.00	34.58	Replace	0	0	Not Give	Xsn
One Time Key In	Main			PROTECTOR, FRONT FENDER SIDE PANEL LH	1	114.50	114.50	25.00	85.88	Replace	0	0	Not Give	Xsn
One Time Key In	Main			FENDER APRON SUB FRT/LH	1	637.80	637.80	25.00	478.35	Replace	0	0	Not Give	Xsn
One Time Key In	Main			UNDER COVER CENTER	1	448.30	448.30	25.00	336.23	Replace	0	0	Not Give	Xsn
One Time Key In	Main			UNDER COVER SIDE/LH	1	46.10	46.10	25.00	34.58	Replace	0	0	Not Give	Xsn
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Check	?
One Time Key In	Main			WHEEL DISC. FRONT	1	1,484.20	1,484.20	25.00	1,113.15	Replace	1	0	Repair	R
One Time Key In	Main			WHEEL HUB FRT	1	549.70	549.70	25.00	412.28	Replace	0	0	Not Give	Xsn
One Time Key In	Main			SHOCK ABSORBER FRT/LH	1	394.20	394.20	25.00	295.65	Replace	0	0	Not Give	Xsn
One Time Key In	Main			SHOCK ABSORBER MOUNTNG FRT, RH/LH	1	193.80	193.80	25.00	145.35	Replace	0	0	Not Give	Xsn
One Time Key In	Main			LOWER ARM FRT/LH	1	625.90	625.90	25.00	469.42	Replace	0	0	Not Give	Xsn
One Time Key In	Main			JOINT ASSY,LWR BALL	1	195.60	195.60	25.00	146.70	Replace	0	0	Not Give	Xsn
One Time Key In	Main			TIE ROD END LH	1	159.30	159.30	25.00	119.48	Replace	0	0	Not Give	Xsn

Total Spare Part Cost 12,973.36

Surveyor Total 2,383.65

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 10,378.69

Final Sur Total 1,906.92

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			STABILIZER BAR LINK FRT/RH/LH	1	195.00	195.00	25.00	146.25	Replace	0	0	Not Give	Xsu
One Time Key In	Main			STEERING KNUCKLE LH FRT	1	580.80	580.80	25.00	435.60	Replace	0	0	Not Give	Xsu
One Time Key In	Main			DOOR FRT/LH	1	894.40	894.40	25.00	670.80	Replace	1	0	Repair	R
One Time Key In	Main			STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	na
One Time Key In	Main			MIRROR ASSY, LH	1	1,224.90	1,224.90	25.00	918.68	Replace	0	0	Not Give	Xsu
One Time Key In	Main			MIRROR LAMP LH	1	65.30	65.30	10.00	58.77	Replace	1	0	Old Dam	Xsu
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	107.40	107.40	25.00	80.55	Replace	1	0	Old Dam	Xsu
One Time Key In	Main			MOULDING BODY, LH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Give	Xsu
Total Spare Part Cost									12,973.36	Surveyor Total 2,383.65				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									10,378.69	Final Sur Total 1,906.92				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	1,014.00	400	23/07/21@2.28pm Rasul finalised of \$ 3,100 / 4 days of lump sum repair.(Red \$
Total:			1,014.00	400.00	

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	Xsu
3	Main	TO REPSRAY FRONT HOOD	378.00	0	Xsu
4	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	Xsu
Total:			2,592.00	650.00	

7/2021

https://vacswb.smrt.com.sg/Estimation.aspx

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO RESPRAY FRONT FENDER LH	378.00	200	
6	Main	TO RESPRAY APRON PANEL LH	180.00	0	Xnn
7	Main	TO RESPRAY FRONT DOOR LH	378.00	200	
8	Main	TO RESPRAY VIEW MIRROR	180.00	0	Xnn
9	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	Xnn
10	Main	TO RESPRAY RIM	180.00	50	
Total:			2,592.00	650.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00	0	Xnn
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40	
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	445.32	296.88	
6	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30	
7	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	Xnn
8	Main	TO REMOVE AND REFIT UNDERCARRIAGE	350.00	0	Xnn
9	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xnn
10	Main	TO WASH AND VACUUM	60.00	0	Xnn
Total:			1,631.32	446.88	

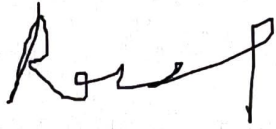
23/07/21@2.28pm Rasul finalised of \$ 3,100 / 4 days of lump sum repair.(Red \$18963.96

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	10,378.69	1,906.92
Total Labour Cost	0.00	400.00
Total Spray Painting	0.00	650.00

07/2021

https://vacswb.smrt.com.sg/Estimation.aspx

Estimator Assessment(\$)		Surveyor Assessment(\$)
Other	0.00	446.88
Overall Total	10,378.69	3,403.80
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	10,400.00	3,400.00
Surveyor Approved Amount		3,400.00
No of Repair Days*	8	4
Remarks	-	lump sum repair / after paint photo .
Surveyor Name		Rasul
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	06/07/2021	

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:

23/07/21@2.28pm Rasul finalised of \$ 3,400. / 4 days of lump sum repair.(Red

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 05/07/2021 15:26 (SGT)
Date of Accident 04/07/2021 11:40 (SGT)
Exact Location of Accident Choa Chu Kang Ave 1, Singapore
Additional Location Information CHOA CHU KANG AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC4686J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMRT TAXIS PTE LTD
Company Reg No 1XXXXX369K
Email Address AUTO-SVC-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-21097466MFSH
Cover Note Number -

DRIVER

Name of Driver SHAARI BIN ABDUL SHARIFF
NRIC No SXXXX405I

Date of Birth	17/08/1968
Occupation	Outdoor
Date of Driving Pass	21/06/1993
Driving experience	28 YEARS AND 1 MONTH
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	DRIZZLING
Road Surface	Wet

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 vehicle or property damaged?	No
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

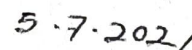
CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210704/2059

ATTACHMENT(S)

Accident photos available for attachment?
Is there any video captured by Car Camera?
Is there any audio recorded?

Yes
No
No

[illegible]

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel

Jun 5/7/2021

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Lin 5/7/2021



SINGAPORE POLICE FORCE



T/20210704/2059

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20210704/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2021 18:17	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars			
Name of Informant: SHAARI BIN ABDUL SHARIFF		Address: APT BLK 542 CHOA CHU KANG STREET 52 #03-64 SINGAPORE 680542	
ID Type / ID No.: NRIC NO / S68304051		Contact No.: Home/Office: Mobile: 93800825	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 17/08/1968	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/07/2021 11:40	Type of Location: Straight Road
Location: CHOA CHU KANG AVENUE 1				
Lamp Post Number: 36				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK6036B	Van				Slightly Damaged	1
SHC4686J	Car				Slightly Damaged	3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210704/2059

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Report No. T/20210704/2059

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	SHAARI BIN ABDUL SHARIFF	ID No.	S6830405I
Related Vehicle	SHC4686J (Car)	Contact No.	93800825
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HASAN KAMRUL	ID No.	G8101565T
Related Vehicle	NIL	Contact No.	86465579
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/07/2021 at about 1140hrs, I was driving my Taxi (SHC4680J) along Choa Chu Kang Avenue 1 towards Keat Hong, with my family inside the taxi. As I was approaching the junction of Teck Whye Lane, suddenly a van, GBK6036B drove out from the Teck Whye Lane junction. The van collided against my taxi's front left bumper. The collision happened near lamp-post 36. I made a check on my taxi and discovered the left headlight broke. my front left bumper was abit dislodged and scratches on my front left side of the taxi.

No one was injured.

I am lodging this report for SMRT Taxi insurance purposes.



**SINGAPORE
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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 Officer Recording The Report:

J /

Sgt 3 MUHAMMAD SHA'ARI BIN ABDUL
RASHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

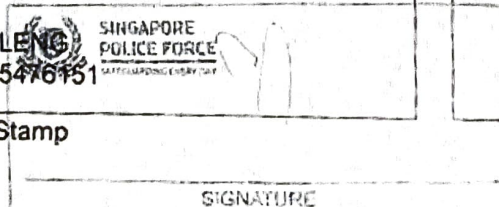
Date/Time:

04/07/2021 18:17

Classification Of Case:

Authentication Stamp

NP168



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHC4686J
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6161649
Chassis No.:	JTDKN36U505750406
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	19 Sep 2014
First Registration Date:	19 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Sep 2022
PARF Rebate Amount:	\$5,257.00
COE Expiry Date:	18 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$7,587.00
Total Rebate Amount:	\$12,844.00
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 07 Jul 2021

OK