

(08/11/13) wef

ASS. REC. BY: P. Hume

REF:

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 118Pat Workshop m/s SMRTof Go, handlungs Ind PKInsured: NTUC

Policy No. _____

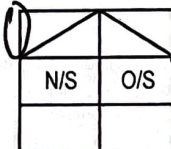
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: SHB 118P Yr Regn: 2016 / DEC

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

Truck / Trailer or

Make: TOYOTA PRIUS TAXI (SMRT) c.c 1798Colour: haron A/C: Insured / Std / NI / NASp. Reading: 700836 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN 3641057685.15Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or SAILUN

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 15/07/21D.O.I. 16/07/21Survey held at SMRT

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

N/S Frt

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

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



Case Details

Case Reference Number :

TAX/07/21/2033

Company Type : SMRT Taxis Pte Ltd

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Type of Repair : Accident Repair

Estimation ID : EST-15426-ID

Accident Date and Time : 15/07/2021 02:15 AM

Vehicle Registration Number : SHB118P

Assigned By : Taxi Claims Manager Team

Vehicle Age(In Months) : 55

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="0"/>	Repair <input type="button" value="v"/>	R
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xnn
One Time Key In	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xnn
One Time Key In	Main			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Old Dam <input type="button" value="v"/>	Xnn
One Time Key In	Main			FENDER FRT/LH	1	723.40	723.40	25.00	542.55	Replace	<input type="text" value="1"/>	<input type="text" value="542.55"/>	Replace <input type="button" value="v"/>	bt ✓
One Time Key In	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	<input type="text" value="1"/>	<input type="text" value="38.92"/>	Replace <input type="button" value="v"/>	na ✓
One Time Key In	Main			FENDER LINER FRT/LH	1	171.70	171.70	25.00	128.77	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check <input type="button" value="v"/>	?
One Time Key In	Main			FENDER LINER PAD, FR WHEEL. LH	1	49.30	49.30	25.00	36.97	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xnn
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xnn
One Time Key In	Main			WHEEL DISC. FRONT	1	1,484.20	1,484.20	25.00	1,113.15	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	R

Total Spare Part Cost 7,108.71

Surveyor Total 581.47

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 5,686.97

Final Sur Total 465.18

SMRT Recommendation											Surveyor Approval			
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		SHOCK ABSORBER FRT/LH	1	394.20	394.20	25.00	295.65	Replace	0	0	Not Give	Xnn	
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	Xnn	
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	Xnn	
One Time Key In	Main		STEERING KNUCKLE LH FRT	1	580.80	580.80	25.00	435.60	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		WHEEL HUB FRT	1	549.70	549.70	25.00	412.28	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		LOWER ARM FRT/LH	1	625.90	625.90	25.00	469.42	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		JOINT ASSY,LWR BALL	1	195.60	195.60	25.00	146.70	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		DOOR FRT/LH	1	894.40	894.40	25.00	670.80	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		MIRROR ASSY, LH	1	1,224.90	1,224.90	25.00	918.68	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		MIRROR LAMP LH	1	65.30	65.30	10.00	58.77	Replace	0	0	Not Give	Xnn	
One Time Key In	Main		COVER, OUTER MIRROR, LH	1	107.40	107.40	25.00	80.55	Replace	0	0	Not Give	Xnn	
Total Spare Part Cost								7,108.71	Surveyor Total		581.47			
Lump Sum Discount (%)								20.00	Lump Sum Dis (%)		20			
Final Spare Part Cost								5,686.97	Final Sur Total		465.18			

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	845.00	250	
Total:			845.00	250.00	

Spray Cost Detail



No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPSRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT FENDER LH	378.00	200	
3	Main	TO RESPRAY RIM	180.00	50	
4	Main	TO RESPRAY FRONT DOOR LH	378.00	0	Xnn
5	Main	TO RESPRAY VIEW MIRROR	180.00	0	Xnn
Total:			1,494.00	450.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	Xnn
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	20	
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
4	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	Xnn
5	Main	TO REMOVE AND REFIX UNDERCARRIAGE	250.00	0	Xnn
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xnn
7	Main	TO WASH AND VACUUM	60.00	0	Xnn
Total:			830.00	80.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,686.97	465.18
Total Labour Cost	845.00	250.00
Total Spray Painting	1,494.00	450.00
Other	830.00	80.00
Overall Total	8,855.97	1,245.18
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	8,850.00	1,250.00
Surveyor Approved Amount		1,250.00

Repair Days*	Estimator Assesment(\$) 6	Surveyor Assesment(\$) 3
Remarks	-	lump sum repair / resurvey after repair/ after paint photo .
Surveyor Name		Rasul
Signature		
Survey Date	16/07/2021	
		<input type="button" value="Save"/> <input type="button" value="Clear"/>

**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:

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 15/07/2021 16:00 (SGT)
Date of Accident 15/07/2021 10:15 (SGT)
Exact Location of Accident Near 168 Pasir Panjang Rd, Singapore 118556
Additional Location Information PASIR PANJANG ROAD SHELL PETROL KIOSK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB118P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMRT TAXIS PTE LTD
Company Reg No 1XXXXX369K
Email Address Auto-Svcs-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 1798

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 SIM KWANG LONG
NRIC No SXXXX745J

Date of Birth	19/12/1961
Location of Driving Pass	Outdoor
Driving experience	12/12/1979
Gender	41 YEARS AND 7 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-68662672
Email Address	-
Address	Auto-Svcs-TARC@smrt.com.sg
Address complement	1
Postcode	-
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON 15/07/21 AT ABOUT 1015HRS. I WAS DRIVING ALONG THE DRIVE WAY OF PASIR PANJANG ROAD SHELL PETROL KIOSK. WHEN I PASS BY THE TRUCK (YP5603Y) WHICH STATIONARY AT THE PUMP KIOSK, SUDDENLY THE TRUCK (YP5603Y) WITHOUT ANY SIGNAL INDICATOR, MAKE A RIGHT TURN OUT AND HIT ONTO THE LEFT FRONT PORTION OF MY TAXI.

ATTACHMENT(S)

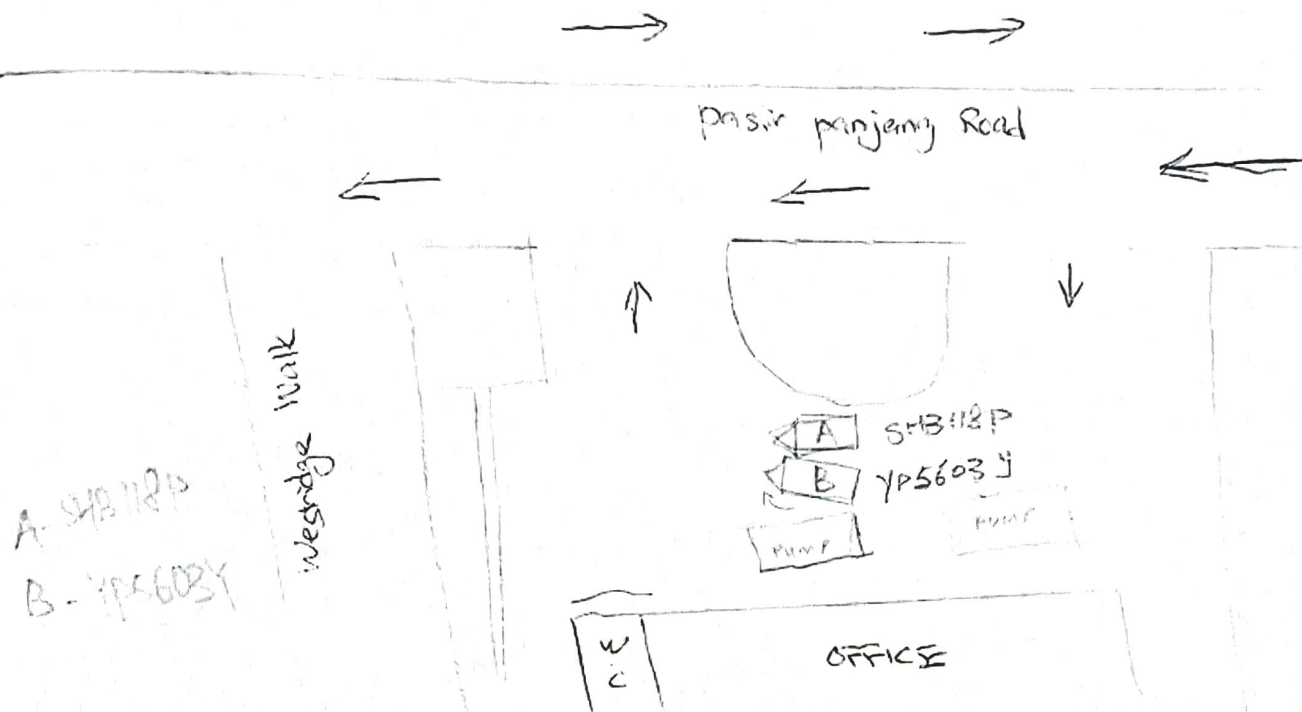
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5603Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

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

One insp () S+RS (S) Photos
Interview (\$)

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Handwritten signature]

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

A

Witnessed by Reporting Centre
Personnel

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;

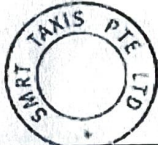
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB118P
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6609454
Chassis No.:	JTDKN36U105768515
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	29 Dec 2016
First Registration Date:	29 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2024
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	28 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,017.00
COE Rebate Amount:	\$17,641.00
Total Rebate Amount:	\$21,391.00

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 19 Jul 2021

OK