

(08/11/13) wef

ASS. REC. BY: ASUL

REF:

369K

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SHB 432Gat Workshop m/s SMRTof 601 Woodlands Ind Pk 241Insured: AIK

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: 118K

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

Date / Time Action / Instruction

Veh No: SHB 432GYr Regn: 2014 / SEPType: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS TAXIc.c 1798Colour: MAROON

A/C: Insured / Std / NI / NA

Sp. Reading: 746251

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN36U205747981Gen. Cond: Good (Fair) / Poor / BurntSteering: (In order) / Jammed / Leaked / Burnt orBrake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195/65R15

R:

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. 21/08/21D.O.I. 25/08/21Survey held at SMRT

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

FRONT N/S

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

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) : S + RS : SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

Case Details

Case Reference Number : TAX/08/21/2057
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB432G

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-15784-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd
 Accident Date and Time : 21/08/2021 10:04 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			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 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 <input type="button" value="v"/>	fnn
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 <input type="button" value="v"/>	Xnn
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 <input type="button" value="v"/>	Xnn
One Time Key In	Main			ARM SUB-ASSY, FR BUMPER RH	1	250.40	250.40	25.00	187.80	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xnn
One Time Key In	Main			COVER, FR BUMPER HOLE LH	1	18.50	18.50	25.00	13.88	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	R
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			BUMPER GRILLE SUB-ASSY, LOWER	1	311.10	311.10	25.00	233.33	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	R

Total Spare Part Cost 3,693.63

Lump Sum Discount (%) 20.00

Final Spare Part Cost 2,954.90

Surveyor Total 0.00

Lump Sum Dis (%) 20

Final Sur Total 0.00

SMRT Recommendation											Surveyor Approval			Remarks
SOM 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	
One Time Key In	Main			FOG LAMP LH	1	280.10	280.10	10.00	252.09	Replace	0	0	Not Give	Xan
One Time Key In	Main			BRACKET, FR TURN CENTER LH	1	58.20	58.20	25.00	43.65	Replace	0	0	Not Give	Xan
One Time Key In	Main			BRACKET, FR TURN LOWER LH	1	26.00	26.00	25.00	19.50	Replace	0	0	Not Give	Xan
One Time Key In	Main			BRACKET, FR TURN UPPER LH	1	24.40	24.40	25.00	18.30	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, FR TURN LH	1	511.80	511.80	10.00	460.62	Replace	1	0	Old Darr	Xan
One Time Key In	Main			GRILLE, RADIATOR	1	310.60	310.60	25.00	232.95	Replace	0	0	Not Give	Xan
One Time Key In	Main			BUMPER LIP FRT	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	Xan
One Time Key In	Main			BUMPER FRT ABSORBER LOWER	1	127.70	127.70	25.00	95.78	Replace	0	0	Not Give	Xan
One Time Key In	Main			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	1	0	Old Darr	Xan
One Time Key In	Main			FENDER LINER FRT/LH	1	171.70	171.70	25.00	128.77	Replace	0	0	Not Give	Xan
Total Spare Part Cost									3,693.63	Surveyor Total			0.00	
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			20	
Final Spare Part Cost									2,954.90	Final Sur Total			0.00	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	676.00	200	
Total:			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			558.00	280.00	

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	80	
Total:			558.00	280.00	

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	Xan
2	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	Xan
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xan
4	Main	TO WASH AND VACUUM	60.00	0	Xan
Total:			440.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,954.90	0.00 Xan
Total Labour Cost	676.00	200.00
Total Spray Painting	558.00	280.00
Other	440.00	0.00 Xan
Overall Total	4,628.90	480.00
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	4,650.00	500.00
Surveyor Approved Amount		500.00
No of Repair Days*	5	2
Remarks		LUMP SUM REPAIR / AFTER REPAIR PHOTO .
Surveyor Name		Rasul

Estimator Assessment(\$)

Surveyor Assessment(\$)

Signature



Save

Clear

Survey Date

25/08/2021

**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:



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	25/08/2021 12:57 (SGT)
Date of Accident	21/08/2021 18:04 (SGT)
Exact Location of Accident	38 Jln Rumah Tinggi, Block 38, Singapore 150038
Additional Location Information	BLK 38 JALAN RUMAH TINGGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB432G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Automotive Services 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	NG WEE NGENG (HUANG HUIYIN)
NRIC No	SXXXX101B

Date Of Birth	13/03/1976
Occupation	Outdoor
Date Of Driving Pass	06/07/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVC-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 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

I WAS STATIONARY ALONG BLK 38 JALAN RUMAH TINGGI AS I WAS WAITING FOR MY PASSENGER. SUDDENLY VEHICLE SMU5016H WHICH WAS PARKED AT THE RUBBISH CHUTE AREA, STARTED TO REVERSE. I SOUNDED MY HORN, BY THEN THIRD PARTY HAD ALREADY 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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU5016H
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)

Policy No.

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

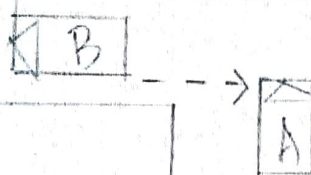
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Jun 24/8/2021

BIK 38 Jalan Rumah Tinggi

Rubbish chute.



A - SHB432G

B - SMU 5016H

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB432G
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6115337
Chassis No.:	JTDKN36U205747981
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	03 Sep 2014
First Registration Date:	03 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Sep 2022
PARF Rebate Amount:	\$5,257.00
COE Expiry Date:	02 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$6,458.00
Total Rebate Amount:	\$11,715.00

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 26 Aug 2021

OK