

(08/11/13) wef
ASS. REC. BY: Pam

REF:

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHE 8C

at Workshop m/s _____

of _____

Insured: 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.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHE 8C Yr Regn: 2017 / OCT

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

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID 1800 c.c. 1798

Colour: MAROON A/C: Insured / Std / NI / NA

Sp. Reading: 498 284 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3JDKB3Fu3038 72922

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: _____

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 3 mm

L/Bal. 5 mm

D.O.A. 28/09/21

D.O.I. 27/09/21

Survey held at

SMRT

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

REAR N/S

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

Date / Time _____ Action / Instruction _____

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 (\$ _____)

) S + RS, SI

☐ : Interview (\$ _____)

) Photos

☐ : Tech. Invs (\$ _____)

) Others

☐ : Weekend (\$ _____)

)

Report Format :

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

Case Details

Case Reference Number :

TAX/09/21/2052

Type of Repair : Accident Repair

Vehicle Registration Number : SHF8C

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-16181-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 25/09/2021 01:10 PM

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, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	0	0	Not Give	
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Not Give	
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	
One Time Key In	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	3	4.95	Replace	
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	0	0	Not Give	
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give	

Total Spare Part Cost 2,628.16

Lump Sum Discount (%) 20.00

Final Spare Part Cost 2,102.53

Surveyor Total 423.67

Lump Sum Dis (%) 20

Final Sur Total 338.94

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			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	<input type="text" value="1"/>	<input type="text" value="418.72"/>	Replace <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			FILLER, RR BUMPER , LH	1	119.90	119.90	25.00	89.93	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	14.80	14.80	25.00	11.10	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			COVER, REAR FLOOR UNDER , RH	1	169.50	169.50	25.00	127.13	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			COVER, REAR FLOOR UNDER , LH	1	234.30	234.30	25.00	175.73	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	629.80	629.80	25.00	472.35	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text"/>
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Old Darr <input type="button" value="v"/>	<input type="text"/>
Total Spare Part Cost									2,628.16					
Lump Sum Discount (%)									20.00					
Final Spare Part Cost									2,102.53					
Surveyor Total												423.67		
Lump Sum Dis (%)												<input type="text" value="20"/>		
Final Sur Total												338.94		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	507.00	100	
Total:			507.00	100.00	

ay Cost Detail


S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	0	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY FILLER RR BUMPER LH	180.00	50	
4	Main	TO RESPRAY REAR PANEL	180.00	0	
Total:			918.00	50.00	

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 CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	
4	Main	TO WASH AND VACUUM	60.00	0	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	0	
Total:			656.88	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,102.53	338.94
Total Labour Cost	507.00	100.00
Total Spray Painting	918.00	50.00
Other	656.88	0.00
Overall Total	4,184.41	488.94
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	4,200.00	500.00
Surveyor Approved Amount		500.00
No of Repair Days*	5	2

Estimator Assessment(\$)	Surveyor Assessment(\$)
Remarks	RESURVEY AFTER REPAIR
Surveyor Name	Rasul
Signature	
Survey Date	<input type="button" value="Save"/> <input type="button" value="Clear"/>
<input type="text" value="27/09/2021"/>	

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	27/09/2021 14:09 (SGT)
Date of Accident	25/09/2021 21:10 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	SIMS AVENUE TOWARDS EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF8C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Strides Taxi Pte Ltd
	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	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	YEO CHYE TECK
NRIC No	SXXXX582F

Date Of Birth	06/02/1965
Occupation	Outdoor
Date Of Driving Pass	06/10/1982
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	4
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

FOREIGN VEHICLE 1

Vehicle Registration Number	VDV7534
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kolam Ayer Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002969999
Alt. Police Station Phone No	(Fax) +65-62937659
Police Station Address	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210926/2031

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	SNB1409Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	VDV7534
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA9406D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

Practical

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[SHF8C]

52181409Y
R

R

TAXI

SHA 9406D.

VDV 7534

Sims AVE

[illegible]

I/We declare the foregoing particulars are true in every respect.



Driver's Signature _____

27/9/2021 9:56 AM

June 27/9/2021

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' law firms/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 firms/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 firms/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.:	SHF8C
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Sep 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR5098057
Chassis No.:	JTDKB3FU303572922
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Oct 2017
First Registration Date:	12 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	11 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$17,175.00
Total Rebate Amount:	\$20,925.00
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 28 Sep 2021

OK