

(08/11/13) wef

ASS. REC. BY: Rasul

REI

NS/INC21011468/R1vc

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 1208G

at Workshop m/s SMART

of _____

Insured: FBN 4881A NTUC

Policy No. _____

Claims No. MT/1149526-002

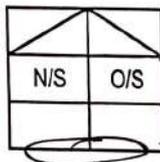
Sum Insured: _____ Excess: _____

(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 Rport: _____ 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

13/12/21 Rasul confirmed \$1732.46 by email (Red 11,273.82, 86%)

Veh No: SHB 1208G Yr Regn: 2021 86P

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

Truck / Trailer or

Make: MG / MG5 EV EXCITE T c.c. -

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

Sp. Reading: 7589 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LSJE 24034M 6051398

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: 205/60R16

R: 21

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 30/10/21 D.O.I. 03/11/21

Survey held at SMART

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

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

Date/Time, File Pass to?

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2) 13/12/21-Typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____S + RS, ____SI

) Photos

) Others

Report Format : TP

Lump Sum / I.B.I. (\$ 1732.46)

Add Fee: : Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

TOTAL



Case Details

Case Reference Number : TAX/10/21/2067

Type of Repair : Accident Repair

Vehicle Registration Number : SHB1208G

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-16557-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 30/10/2021 03:13 AM

Vehicle Age(In Months) : -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	SMRT Recommendation				Repair/ Replace	Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)		Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			FASCIA-RR BPR	1	568.86	568.86	10.00	511.97	Replace	1	511.97	Replace	de ✓
One Time Key In	Main			FASCIA-RR BPR LWR	1	173.01	173.01	10.00	155.71	Replace	1	155.71	Replace	sc ✓
One Time Key In	Main			FINISHER-RR BPR - RH	1	35.56	35.56	10.00	32.00	Replace	0	0	Not Give	XN ✓
One Time Key In	Main			FINISHER-RR BPR - LH	1	35.56	35.56	10.00	32.00	Replace	0	0	Not Give	XN ✓
One Time Key In	Main			BRACKET ASM-RR BPR FASCIA SI - RH	1	22.38	22.38	10.00	20.14	Replace	0	0	Not Give	XN ✓
One Time Key In	Main			BRACKET ASM-RR BPR FASCIA SI - LH	1	22.38	22.38	10.00	20.14	Replace	0	0	Not Give	XN ✓
One Time Key In	Main			BRACKET-RR BPR FASCIA SI MTG - RH	1	34.56	34.56	10.00	31.10	Replace	0	0	Not Give	XN ✓
One Time Key In	Main			BRACKET-RR BPR FASCIA SI MTG - LH	1	34.56	34.56	10.00	31.10	Replace	0	0	Not Give	f ✓
One Time Key In	Main			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN)	1	9.90	9.90	10.00	8.91	Replace	0	0	Not Give	XN ✓

Total Spare Part Cost	5,132.13	Surveyor Total	1,032.46
Lump Sum Discount (%)	0.00	Lump Sum Dis (%)	0
Final Spare Part Cost	5,132.13	Final Sur Total	1,032.46

SMRT Recommendation											Surveyor Approval			Remarks
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	
One Time Key In	Main			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN)	1	9.67	9.67	10.00	8.70	Replace	0	0	Not Give	Xm
One Time Key In	Main			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN)	1	9.67	9.67	10.00	8.70	Replace	0	0	Not Give	Xm
One Time Key In	Main			BRACKET-RR BPR FASCIA LWR MTG - RH	1	9.60	9.60	10.00	8.64	Replace	0	0	Not Give	Xm
One Time Key In	Main			BRACKET-RR BPR FASCIA LWR MTG - LH	1	9.60	9.60	10.00	8.64	Replace	0	0	Not Give	Xm
One Time Key In	Main			SCRIVET-RR BPR FASCIA	10	0.63	6.30	10.00	5.67	Replace	10	5.67	Replace	see/
One Time Key In	Main			BOLT/SCREW-RR BPR FASCIA BRKT	12	0.39	4.68	10.00	4.21	Replace	0	0	Not Give	Xm
One Time Key In	Main			NUT-RR BPR FASCIA BRKT	10	0.70	7.00	10.00	6.30	Replace	0	0	Not Give	Xm
One Time Key In	Main			BOLT/SCREW-RR BPR FASCIA	2	0.39	0.78	10.00	0.70	Replace	0	0	Not Give	Xm
One Time Key In	Main			NUT-RR BPR FASCIA	2	0.39	0.78	10.00	0.70	Replace	0	0	Not Give	Xm
One Time Key In	Main			CLIP-RR BPR FASCIA	4	0.93	3.72	10.00	3.35	Replace	4	3.35	Replace	see/
One Time Key In	Main			BAR ASM-RR BPR IMP	1	253.48	253.48	10.00	228.13	Replace	1	228.13	Replace	sf/
One Time Key In	Main			COVER-RR TOW HOOK OPG	1	5.07	5.07	10.00	4.56	Replace	0	0	Not Give	Xm
One Time Key In	Main			LAMP ASM-RR FOG - RH	1	141.81	141.81	10.00	127.63	Replace	1	127.63	Replace	Xm
One Time Key In	Main			LAMP ASM-RR FOG - LH	1	27.22	27.22	10.00	24.50	Replace	0	0	Not Give	Xm

Total Spare Part Cost 5,132.13

Surveyor Total 1,032.46

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 5,132.13

Final Sur Total 1,032.46

Item Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			Remarks
				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			SENSOR-RR PARK DIST CONT	3	48.75	146.25	10.00	131.63	Replace	0	0	Not Give	Xm
One Time Key In	Main			PANEL ASM-RR END	1	531.49	531.49	10.00	478.34	Replace	0	0	Not Give	Xm
One Time Key In	Main			PANEL ASM-R/FLR R/SEAT	1	2,110.50	2,110.50	10.00	1,899.45	Replace	0	0	Not Give	Xm
One Time Key In	Main			RAIL SUB ASM-R/CMPT SI - LH	1	722.74	722.74	10.00	650.47	Replace	0	0	Not Give	Xm
One Time Key In	Main			RAIL SUB ASM-R/CMPT SI -RH	1	724.15	724.15	10.00	651.74	Replace	0	0	Not Give	Xm
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xm
Total Spare Part Cost									5,132.13	Surveyor Total		1,032.46		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									5,132.13	Final Sur Total		1,032.46		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	4,200.00	250	
Total:			4,200.00	250.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	428.00	220	
2	Main	TO RESPRAY BUMPER BEAM	230.00	0	Xm
3	Main	TO RESPRAY REAR PANEL	230.00	0	Xm
4	Main	TO RESPRAY REAR SPARE TYRE PANEL	230.00	0	Xm
5	Main	TO RESPRAY REAR MEMBER,RH	230.00	0	Xm
6	Main	TO RESPRAY REAR MEMBER,LH	230.00	0	Xm
Total:			1,578.00	220.00	

Cost Detail

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	40	
2	Main	TO ALIGN CHASSIS	350.00	0 X17	
3	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40	
4	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0 X17	
5	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	0 X17	
6	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0 X17	
7	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
8	Main	TO REPLACE SUNDRY PARTS	100.00	0 X17	
9	Main	TO WASH AND VACUUM	60.00	0 X17	
Total:			1,530.00	230.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,132.13	1,032.46
Total Labour Cost	4,200.00	250.00
Total Spray Painting	1,578.00	220.00
Other	1,530.00	230.00
Overall Total	12,440.13	1,732.46
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	1,732.46
Surveyor Approved Amount		1,732.46
No of Repair Days*	7	4
Remarks		PART BY PART REPAIR / RESURVEY BEFORE PAINT PHOTO .
Surveyor Name		Rasul

Estimator Assesment(\$)

Surveyor Assesment(\$)



Save

Clear

Survey Date

03/11/2021

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:

10/11/21

21B10004 / Strides Automotive Services Pte Ltd
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
VERSION: 1 (02/11/2021 12:11 (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 02/11/2021 12:11 (SGT)
 Date of Accident 30/10/2021 11:13 (SGT)
 Exact Location of Accident CTE, Singapore
 Additional Location Information CTE TOWARDS ORCHARD ROAD
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB1208G
 INSURED/POLICYHOLDER
 Is company? Yes
 Name Of Registered Owner Strides Taxi 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 MG
 Model MG5
 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? -
 Vehicle Category No - Claiming third party
 Transmission Taxi
 CC Auto
 1

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 LOW KIN FAI
 NRIC No SXXXX205D

Birth	25/07/1961
Location	Outdoor
Of Driving Pass	31/12/1984
ing experience	36 YEARS AND 10 MONTHS
nder	Male
obile Number	(Phone) +65-68662672
Phone Number	-
mail 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	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	Collision - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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 TRAVELLING ALONG CTE TOWARDS ORCHARD ROAD WITH 2 PASSENGERS (MALE/FEMALE CHINESE) ON BOARD. TRAFFIC WAS HEAVY AT THAT TIME. FRONT VEHICLES STOPPED AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A MOTORCYCLE FBN4881A HAD COLLIDED INTO THE REAR 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

Registration Number	FBN4881A
Manufacturer	-
Model	-
Variant	-
Colour	-
Category	Motorcycle
Name of Driver	NORMAN BIN HASSAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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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



A- SHB 1208G

B- FBN 4881A

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB120BG
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Nov 2021
Vehicle Make:	M.G.
Vehicle Model:	MGS EV EXCITE T
Primary Colour:	Green
Manufacturing Year:	2021
Engine No.:	-
Chassis No.:	LSJE24034MG051398
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$29,058.00
Original Registration Date:	23 Sep 2021
First Registration Date:	23 Sep 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2029
PARF Rebate Amount:	\$3,750.00

COE Expiry Date:	22 Sep 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	8
PQP Paid:	\$37,364.00
COE Rebate Amount:	\$36,700.00
Total Rebate Amount:	\$40,530.00

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 Nov 2021

OK