(08/11/13) wef
ASS. REC. BY: RASAL | REI | 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 SMRT
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 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
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SHB1208G Yr Regn: 2021 SGP
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: LSJE24034MG051398
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi : Nil / S/Rim / STD A/Rim or
Tyre Size: F: 205/60R16
R: "
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 SMRT
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 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:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:
Transportation: __S + RS, __SI
Photos
Others
TOTAL

Report Format :
Lump Sum / I.B.I: ($)

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

SMRT AUTOMOTIVE

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

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			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	Sca ✓
One Time Key In	Main			FINISHER-RR BPR - RH	1	35.56	35.56	10.00	32.00	Replace	0	0	Not Give	xnn
One Time Key In	Main			FINISHER-RR BPR - LH	1	35.56	35.56	10.00	32.00	Replace	0	0	Not Give	xnn
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	xnn
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	xnn
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	xnn
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	xnn
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	xnn

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		
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			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN)	1	9.67	9.67	10.00	8.70	Replace	0	0	Not Give	Xnn
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	Xnn
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	Xnn
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	Xnn
One Time Key In	Main			SCRIVET-RR BPR FASCIA	10	0.63	6.30	10.00	5.67	Replace	10	5.67	Replace	Nc ✓
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	Xnn
One Time Key In	Main			NUT-RR BPR FASCIA BRKT	10	0.70	7.00	10.00	6.30	Replace	0	0	Not Give	Xnn
One Time Key In	Main			BOLT/SCREW-RR BPR FASCIA	2	0.39	0.78	10.00	0.70	Replace	0	0	Not Give	Xnn
One Time Key In	Main			NUT-RR BPR FASCIA	2	0.39	0.78	10.00	0.70	Replace	0	0	Not Give	Xnn
One Time Key In	Main			CLIP-RR BPR FASCIA	4	0.93	3.72	10.00	3.35	Replace	4	3.35	Replace	Nc ✓
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	Xnn
One Time Key In	Main			LAMP ASM-RR FOG - RH	1	141.81	141.81	10.00	127.63	Replace	1	127.63	Replace	Xnn
One Time Key In	Main			LAMP ASM-RR FOG - LH	1	27.22	27.22	10.00	24.50	Replace	0	0	Not Give	Xnn

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

OM 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
				SMRT Recommendation							Surveyor Approval			
One Time Key In	Main			SENSOR-RR PARK DIST CONT	3	48.75	146.25	10.00	131.63	Replace	0	0	Not Give	Xnn
One Time Key In	Main			PANEL ASM-RR END	1	531.49	531.49	10.00	478.34	Replace	0	0	Not Give	Xnn
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	Xnn
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	Xnn
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	Xnn
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xnn

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 Xnn	
3	Main	TO RESPRAY REAR PANEL	230.00	0 Xnn	
4	Main	TO RESPRAY REAR SPARE TYRE PANEL	230.00	0 Xnn	
5	Main	TO RESPRAY REAR MEMBER,RH	230.00	0 Xnn	
6	Main	TO RESPRAY REAR MEMBER,LH	230.00	0 Xnn	
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	
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	
5	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	0	
6	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	
7	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
8	Main	TO REPLACE SUNDRY PARTS	100.00	0	
9	Main	TO WASH AND VACUUM	60.00	0	
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		☐
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($)	Surveyor Assesment($)
Signature		

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:

IVfuC

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 witholding 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?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	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

f Birth	25/07/1961
ation	Outdoor
Of Driving Pass	31/12/1984
ng experience	36 YEARS AND 10 MONTHS
der	Male
bile Number	(Phone) +65-68662672
t. Phone Number	-
mail Address	AUTO-SVCS-TARC@SMRT.COM.SG
ddress	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	-
icle Colour	-
hicle Category	Motorcycle
me of Driver	NORMAN BIN HASSAN
ntact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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, handing 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.

STRIDES TAXI PTE LTD

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	01 NOV 2021	1/11/2021

Sketch Plan

A- SHB1208G
B- FBN 4881A

Describe Circumstances of the Accident

Declaration

I/We declare that foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

Driver's Signature / Date & Time

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1208G
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Nov 2021
Vehicle Make:	M.G.
Vehicle Model:	MG5 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
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2029
PARF Rebate Amount:	$3,750.00
Intended COE Rebate Details	
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:	$36,780.00
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