

(08/11/13) wef

ISS. REC. BY: *Rasm*

REF:

NS/INC21011760/R1qc

369K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. MT/1151462-002

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:

3

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:

SHC46474

Yr Regn:

2014 / DKK

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

Truck / Trailer or

Make:

TOYOTA PRINS TAXI (SMRT) c.c 1718

Colour

MAROON

A/C:

Insured / Std / NI / NA

Sp. Reading

537936

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTONK 364 705753033

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:

195/65R15

R:

"

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

16/11/21

D.O.I.

17/11/21

Survey held at

SMRT

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

b/s REAR

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

07/12/21@5.02pm Rasul finalised with Poh Suan LS \$1100, 3 days (Red \$8533.74, 89%)

Date/Time, File Pass to?

☐

Prel. Report

1) 09/12 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

Report Format :

TP

Lump Sum / I.B.I: (\$ LS \$1100



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 17/11/2021

User ID : TuckFoo

Section A - Accident Details	
Registration Number	SHC4647Y
Case Reference Number	TAX/11/21/2026
Registration Date	12/2/2014
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	ANDREW LEE KOK KWANG
Type of Accident	Side Swipe
Accident Date and Time	11/16/2021 2:45 PM
Accident Reported Date and Time	11/16/2021 4:14 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24113036
Special Instruction to ARC, if any	TP / RIGHT REAR PORTION / NTUC - LKK
Prepared Date and Time	11/17/2021 10:44 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates		
Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$676.00	\$300.00
Total Spray Cost	\$1,296.00	\$450.00
Total Spare Part Cost	\$4,415.24	\$407.28
Total Other Cost	\$480.00	\$100.00
TOTAL COST	\$6,867.24	\$1,257.28
Lump Sum Total	\$6,850.00	\$1,250.00
Number of Repair Days	6.0	3.0
Prepared / Adjusted By	Ang Bang Kien	Rasul
ARC / Surveyor Sign Off Date	17/11/2021 10:59 AM	17/11/2021 2:38 PM
Signature		
Remarks	LUMP SUM REPAIR / RESURVEY AFTER REPAIR PHOTO / TAIL LAMP RH DAMAGE NOT CONSISTENT.	

Section C - Quotation and Accident Invoice Details			
Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 17/11/2021

User ID : TuckFoo

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR REAR PORTION RH	\$676.00	\$300.00
total Labour	\$676.00	\$300.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY REAR BUMPER	\$378.00	\$200.00
O RESPRAY BUMPER BEAM	\$180.00	\$0.00
O RESPRAY REAR FENDER RH	\$378.00	\$200.00
O RESPRAY RIM	\$180.00	\$50.00
O RESPRAY ROCKER PANEL MOULDING	\$180.00	\$0.00
total Spray Painting & Panel Beating	\$1,296.00	\$450.00

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00	\$60.00
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$40.00
O REPLACE SUNDRY PARTS	\$100.00	\$0.00
O CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$0.00
O WASH AND VACUUM	\$60.00	\$0.00
total Other Costs	\$480.00	\$100.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52159-47905	BUMPER REAR	1.00	\$458.60	25.00	\$343.95	Replace	Replace
		90467-07211	BUMPER CLIPS	10.00	\$2.10	25.00	\$15.75	Replace	Replace
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace
		52023-12240	BUMPER REINFORCEMENT REAR	0.00	\$205.70	0.00	\$0.00	Replace	Not Given
		52016-47030	ARM SUB-ASSY. RR BUMPER RH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given
		52016-47030	ARM SUB-ASSY. RR BUMPER LH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given
		89997-30070	ANTENNA, ELECTRICAL LOWER REAR	0.00	\$157.40	0.00	\$0.00	Replace	Not Given
			SENSOR REVERSE	0.00	\$180.00	0.00	\$0.00	Replace	Not Given
		52576-47020	BUMPER SIDE RETAINER RR/LH	0.00	\$94.80	0.00	\$0.00	Replace	Not Given
		52575-47020	BUMPER SIDE RETAINER RR/RH	0.00	\$94.80	0.00	\$0.00	Replace	Check
		52592-47021	BUMPER SEAL, RR LH	0.00	\$88.90	0.00	\$0.00	Replace	Not Given
		52591-47021	BUMPER SEAL, RR RH	0.00	\$65.70	0.00	\$0.00	Replace	Check
		76088-47020	BUMPER LIP COVER RR/LH	0.00	\$72.20	0.00	\$0.00	Replace	Not Given
		76087-47020	BUMPER LIP COVER RR/RH	0.00	\$118.10	0.00	\$0.00	Replace	Not Given
		76891-47020	BUMPER LIP REAR	0.00	\$228.90	0.00	\$0.00	Replace	Not Given
		58308-47011	UNDER COVER SUB-ASSY, RR FLOOR	0.00	\$514.50	0.00	\$0.00	Replace	Not Given
		51442-12210	UNDER COVER RR SHIELD	0.00	\$63.90	0.00	\$0.00	Replace	Not Given
		61604-47090	FENDER RR/RH	1.00	\$766.80	100.00	\$0.00	Replace	Repair
			SMRT LOGO	1.00	\$7.80	0.00	\$7.80	Replace	Replace

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 17/11/2021

User ID : TuckFoo

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
			STICKER DECAL 65558888	1.00	\$21.60	0.00	\$21.60	Replace	Replace <i>MA</i>
		65637-47021	FENDER LINE RR/RH	0.00	\$141.30	0.00	\$0.00	Replace	Not Given <i>X 11</i>
		52562-47010	TAIL LAMP BRACKET, RH	0.00	\$30.70	0.00	\$0.00	Replace	Not Given <i>X 11</i>
		81551-47180	TAIL LAMP RH	1.00	\$557.80	100.00	\$0.00	Replace	Old Damage <i>X 11</i>
		42611-47140	WHEEL DISC	1.00	\$1,484.20	100.00	\$0.00	Replace	Repair <i>R</i>
			TYRE	0.00	\$126.74	0.00	\$0.00	Replace	Not Given <i>X 11</i>
		42450-47040	WHEEL HUB REAR	0.00	\$489.40	0.00	\$0.00	Replace	Not Given <i>X 11</i>
		75851-47900	MOULDING BODY, RH	1.00	\$673.60	100.00	\$0.00	Replace	Old Damage <i>X 11</i>
total					\$6,984.74		\$509.10		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
total									

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	17/11/2021 09:07 (SGT)
Date of Accident	16/11/2021 14:45 (SGT)
Exact Location of Accident	Kampong Bahru Rd, Singapore
Additional Location Information	KAMPONG BAHRU ROAD TOWARDS VIVO CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4647Y
-----------------------------	----------

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	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	ANDREW LEE KOK KWANG
NRIC No	SXXXX035F

Or Birth	03/02/1962
Occupation	Outdoor
Date Of Driving Pass	17/07/1988
Driving experience	33 YEARS AND 4 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	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)	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 KAMPONG BAHRU ROAD TOWARDS VIVO CITY WITH 2 PASSENGERS (MALE/FEMALE CHINESE) ON BOARD. THERE WAS ROAD WORK AHEAD AND I WAS TRAVELLING IN MY LANE. SUDDENLY I FELT AN IMPACT AT THE RIGHT REAR PORTION OF MY TAXI. A VEHICLE SMV7791J HAD COLLIDED INTO THE RIGHT REAR 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

Registration Number	SMV7791J
Manufacturer	-
Model	-
Variant	-
Colour	-
Category	Private car
Name of Driver	CHEONG HUN CHYE
Contact 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, 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

Kompong Bahru Road

Witnessed by Reporting Centre Personnel

A- SHC 4047Y

B- SMV7791J

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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



A_{h_2} 16.11.28

Am 16/11/2021

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHC4647Y
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Nov 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1456932
Chassis No.:	JTDKN36U705753033
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	02 Dec 2014
First Registration Date:	02 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Dec 2022
PARF Rebate Amount:	\$5,257.00
COE Expiry Date:	01 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$6,691.00
Total Rebate Amount:	\$11,948.00

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 18 Nov 2021

OK