

(08/11/13) wef

REF:

NS/INC21012225/R1qc

369k

ASS. REC. BY:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: **SAB 877G**

at Workshop m/s

of **60, Woodlands Ind Pk 04**

Insured:

NTAC

Policy No.

Claims No. **MT/1152392-002**

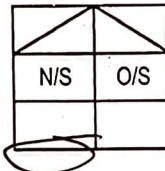
Sum Insured:

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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: **5** 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:

SAB 877G

Yr Regn:

2014 / AUG

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

Truck / Trailer or

Make:

TOYOTA PRIMS TAXI (COMET) c.c **1798**

Colour

MAROON

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

3T0KN 36U 505747642

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:

195/65R15

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

28/11/21

D.O.I.

29/11/21

Survey held at

STRIDES

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

REPAIR LIMIT - (1.5K)

20/12/21 Rasul finalised with Poh Suan LS \$1500, 5 days (Red \$11049.40, 88%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 03/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **5**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format : **TP**Lump Sum ~~1.5K~~ (\$ **1500**)

TOTAL



Case Details

Case Reference Number :

TAX/11/21/2052

Company Type : Strides Taxi Pte Ltd

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Type of Repair : Accident Repair

Estimation ID : EST-16774-ID

Accident Date and Time : 25/11/2021 03:35 PM

Vehicle Registration Number : SHB877G

Assigned By : Taxi Claims Manager Team

Vehicle Age(In Months) : -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

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			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace	CM
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace	CM
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	?
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	?
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	?
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Check	?
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check	?
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	XAN

Total Spare Part Cost 6,756.20

Surveyor Total 359.70

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 5,404.96

Final Sur Total 287.76

e	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				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 SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give	Xan
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	Xan
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Check	?
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Check	?
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	Xan
One Time Key In	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	Xan
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give	Xan
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	?
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Check	?
One Time Key In	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.92	Replace	1	0	Repair	R
One Time Key In	Main			FENDER RR/LH	1	766.80	766.80	25.00	575.10	Replace	0	0	Not Give	Xan
One Time Key In	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	Xan
One Time Key In	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL LAMP BRACKET, LH	1	30.70	30.70	25.00	23.02	Replace	0	0	Check	?

Total Spare Part Cost 6,756.20

Surveyor Total 359.70

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Job	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			TAIL LAMP RH	1	557.80	557.80	10.00	502.02	Replace	0	0	Not Give	Xm
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	30.70	30.70	25.00	23.02	Replace	0	0	Not Give	Xm
One Time Key In	Main			SPOILER REAR	1	953.70	953.70	25.00	715.28	Replace	0	0	Not Give	Xm
One Time Key In	Main			SPARE TYRE PANEL	1	667.70	667.70	25.00	500.78	Replace	0	0	Not Give	Xm
One Time Key In	Main			TAILGATE DOOR LOCK	1	444.10	444.10	25.00	333.08	Replace	0	0	Not Give	Xm
One Time Key In	Main			TAILGATE DOOR WEATHER STRIP	1	353.40	353.40	25.00	265.05	Replace	0	0	Not Give	Xm
Total Spare Part Cost									6,756.20	Surveyor Total				359.70
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				20
Final Spare Part Cost									5,404.96	Final Sur Total				287.76

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	400	
Total:			676.00	400.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0 Xm	
3	Main	TO RESPRAY TAIL GATE	378.00	200	
4	Main	TO RESPRAY REAR PANEL	180.00	0 Xm	
5	Main	TO RESPRAY REAR FENDER LH	378.00	0 Xm	
6	Main	TO RESPRAY REAR SPOILER	180.00	0 Xm	
Total:			1,854.00	400.00	

Costing Type

Job Scope

SMRT

Recommendation(\$)

Surveyor

Adjustment(\$)

Remarks

Main

TO RESPRAY REAR SPARE TYRE
PANEL

180.00

0

Xm

Total:

1,854.00

400.00

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

40

2 Main

TO REPLACE SUNDRY PARTS

100.00

0

Xm

3 Main

TO CHECK WIRING AND SYSTEM
FUNCTION

80.00

0

Xm

4 Main

TO WASH AND VACUUM

60.00

0

Xm

Total:

360.00

40.00

Summary

Estimator Assesment(\$)

Surveyor Assesment(\$)

Total Spare Part Detail

5,404.96

287.76

Total Labour Cost

676.00

400.00

Total Spray Painting

1,854.00

400.00

Other

360.00

40.00

Overall Total

8,294.96

1,127.76

Lump Sum Repair Option

☒☒

Lump Sum Total

8,300.00

1,150.00

Surveyor Approved Amount

1,150.00

No of Repair Days*

6

3

Remarks

REQUEST NBV / AFTER PAINT PHOTO /

Surveyor Name

Rasul

Signature



Save

Clear

Survey Date

UNRELEASED TO THE INSURANCE COMPANY

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:

29/11/2021

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	27/11/2021 08:32 (SGT)
Date of Accident	25/11/2021 23:35 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	Orchard Road towards Killiney Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB877G
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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	ANG WHAY CHONG
NRIC No	SXXXX321E

Birth Date
Gender
Driving Pass
Experience
Mobile Number
Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

16/11/1973
Outdoor
06/01/1994
27 YEARS AND 10 MONTHS
Male
(Phone) +65-68662672
-
AUTO-SVCS-TARC@SMRT.COM.SG
11
-
-
No
Hirer
No
-
-

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) 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 TRAVELLING ALONG ORCHARD ROAD TURNING RIGHT TOWARDS KILLINEY ROAD. I STOPPED TO GIVE WAY TO THE PEDESTRIAN CROSSING. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SHD1806U (SILVERCAB) HAD COLLIDED ONTO THE REAR OF MY TAXI.

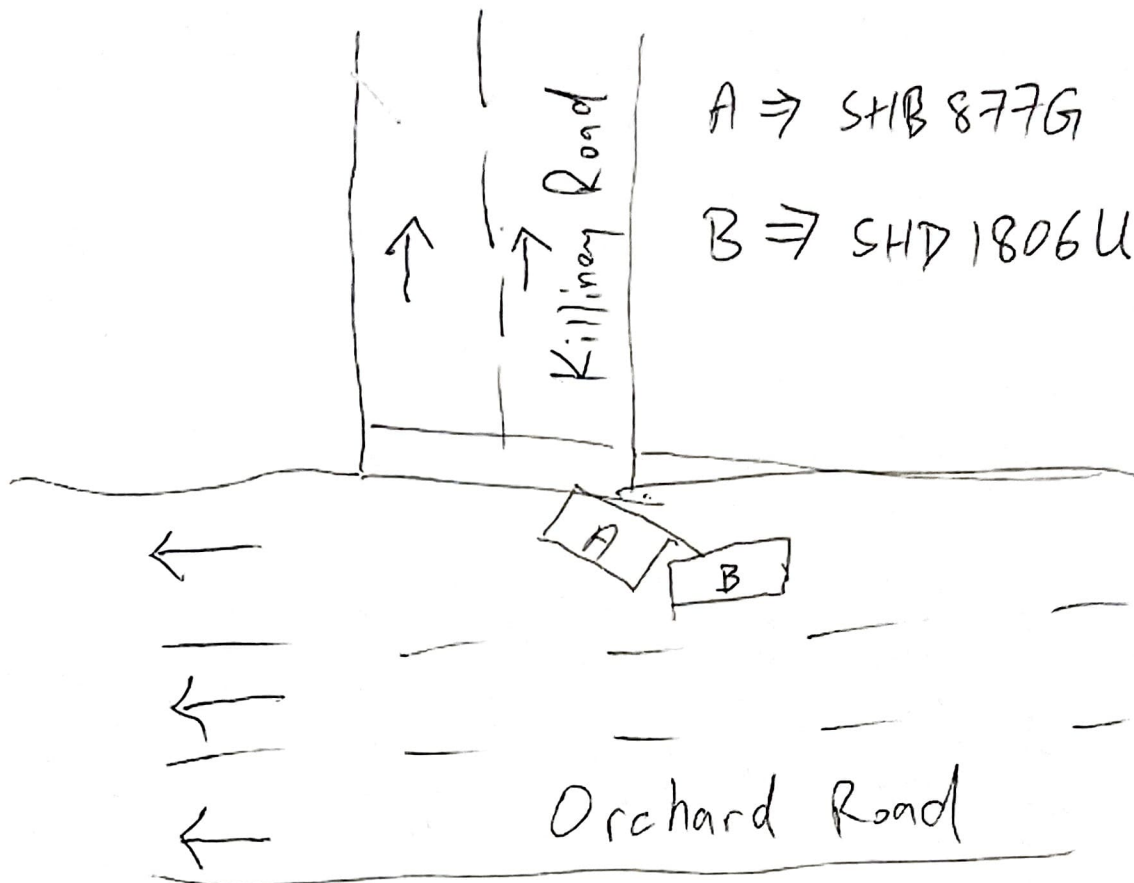
ATTACHMENT(S)

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

Vehicle Registration Number SHD1806U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -

Number
s complement
ode
ance Company Name
ure Of Damage
ails of property damaged in accident
o. Of Passenger (Including Driver)

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.

Declaration

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



Policyholder's Signature / Date &
Time

Aug

26/11/2021

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

lm

26/11/2021

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' 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

Ang 26/11/2021

lrm 26/11/2021

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No:	SHB877G
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No:	2ZR5907287
Chassis No:	JTDKN36U505747442
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	06 Aug 2014
First Registration Date:	06 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Aug 2022
PARF Rebate Amount:	\$4,852.00
COE Expiry Date:	05 Aug 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,088.00
COE Rebate Amount:	\$4,258.00
Total Rebate Amount:	\$9,110.00

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 30 Nov 2021

OK