

(08/11/13) wef

REF: NS/INC22000420/Rvc

389K

ASS. REC. BY: casu

ASSIGNMENT

(08/11/22) SEP

From:

Date:

Veh No:

SHC 4718B

Yr Regn: 2014 SG

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: SHC 4718B

Make: TOYOTA PRIUS TAXI (SMRT) c.c 1798

at Workshop m/s STRIDES

Colour: MAROON

A/C: Insured / Std / NI / NA

of 60, WOODLANDS Ind PK E4

Sp. Reading 560911

T/Radio: Insured / Std / NI / NA

Insured: SMQ 1335J INC

Eng/No:

Policy No.

C/No: JTDKN36U405751157

Claims No. MT/1157821-002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

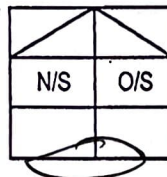
F:

195/65R15

R:

22

Remark: The veh had commenced its repair at the time of inspection.



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

TOYO/YOKO or

SAILUN

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

mm

R/Bal.

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

07/01/22

D.O.I.

11/01/2022

Lum Sum:

%

3 Val.: Yes or No

Survey held at

STRIDES

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

REPAIR LIMIT - \$500

14/2/22

LS \$500 confirmed by email (Red 7335.20, 93%)

Date/Time, File Pass to?



: Preli. Report

Days Of Repair: 5

1)



: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 15/2/22-typist

Add Fee:



: Site Insp (\$

): S + RS \$1



: Interview (\$

): Photos



: Tech. Invs (\$

): Others



: Weekend (\$

):

Report Format: TP

Lump Sum I.B.I. (\$ 500

TOTAL

Case Details

Case Reference Number :

TAX/01/22/2014

Type of Repair : Accident Repair

Vehicle Registration Number :

SHC4718B

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17153-ID

Assigned By : Taxi Claims Manager

Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 06/01/2022 11:20 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			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	<input type="text" value="1"/>	<input type="text" value="343.9"/>	Replace ▾	de-
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	?
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	X17
Standard	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	X17
Standard	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	X17
Standard	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	X17
Standard	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	X17
Standard	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.93	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	X17
Standard	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	?
Standard	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	<input type="text" value="10"/>	<input type="text" value="15.75"/>	Replace ▾	rec✓
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	?
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	?
Standard	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	X17
Standard	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.93	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair ▾	P

Total Spare Part Cost 3,715.88

Lump Sum Discount (%) 20.00

Final Spare Part Cost 2,972.70

Surveyor Total 398.62

Lump Sum Dis (%) 20

Final Sur Total 318.90

SMRT Recommendation											Surveyor Approval			
COM 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
Standard	Main			TAILGATE DOOR LOCK	1	444.10	444.10	25.00	333.08	Replace	0	0	Not Give	Xan
Standard	Main			TAILGATE OUTSIDE GARNISH	1	504.90	504.90	25.00	378.67	Replace	0	0	Not Give	Xan
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	0	0	Not Give	Xan
Standard	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	0	0	Not Give	Xan
Standard	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.93	Replace	1	38.92	Replace	Xan
Standard	Main			NAME PLATE (PRUIS)	1	60.80	60.80	25.00	45.60	Replace	0	0	Not Give	Xan
Standard	Main			NAME PLATE (TOYOTA)	1	51.90	51.90	25.00	38.93	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 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	Xan
Total Spare Part Cost									3,715.88	Surveyor Total 398.62				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									2,972.70	Final Sur Total 318.90				

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 REAR BUMPER REINFORCEMENT	180.00	0	Xan
3	Main	TO RESPRAY TAIL GATE	378.00	200	
4	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0	Xan
5	Main	TO RESPRAY REAR PANEL	180.00	0	Xan
Total:			1,296.00	400.00	

Other Cost Detail

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 <i>X11</i>	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0 <i>X11</i>	
4	Main	TO WASH AND VACUUM	60.00	0 <i>X11</i>	
Total:			360.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,972.70	318.90
Total Labour Cost	0.00	400.00
Total Spray Painting	0.00	400.00
Other	0.00	40.00
Overall Total	2,972.70	1,158.90
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	2,950.00	1,150.00
Surveyor Approved Amount		1,150.00
No of Repair Days*	7	4
Remarks	-	lump sum repair / resurvey after repair / request NBV .
Surveyor Name		Rasul
Signature		
Survey Date	11/01/2022	<input type="button" value="Save"/> <input type="button" value="Clear"/>

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	10/01/2022 14:46 (SGT)
Date of Accident	07/01/2022 19:20 (SGT)
Exact Location of Accident	Lornie Hwy, Singapore
Additional Location Information	LORNIE HIGHWAY TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4718B
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) +65-686629672

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	LIM PENG HWA
NRIC No	SXXXX316D

Of Birth	06/08/1959
Occupation	Outdoor
Date Of Driving Pass	27/08/1981
Driving experience	40 YEARS AND 5 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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	4
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	Male

PASSENGER 3

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 LORNIE HIGHWAY TOWARDS UPPER BUKIT TIMAH ROAD WITH THREE PASSENGERS (2 MALE/ 1 FEMALE INDIAN) ON BOARD. THE VEHICLES IN FRONT OF MY TAXI SLOWED DOWN AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SMQ1335J 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

ere any audio recorded?

No

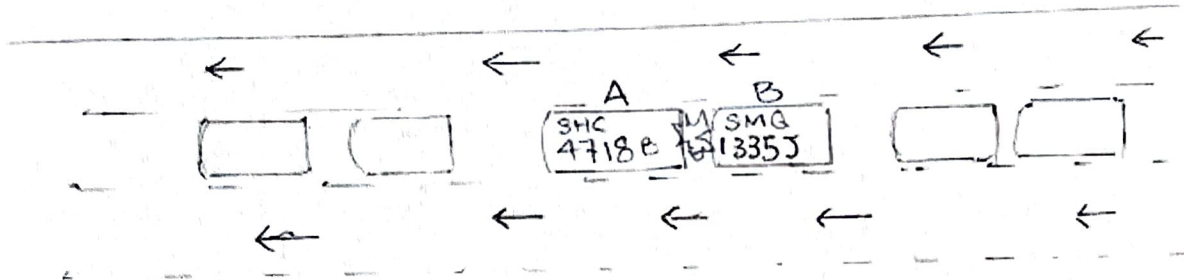
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ1335J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR TAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

B. SMQ 1335 T

A- SHC 4718B

LORNE H/W

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

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Chris

10/1/2022

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

10/1/2022

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

[Signature]

10/1/2022

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

[Signature] 10/1/2022

Witnessed by Reporting Centre Personnel

Back to OneMotoring

Apply PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

369K

Vehicle Details

Vehicle No.:

SHC4718B

Vehicle to be Exported:

Yes

Intended Deregistration Date:

11 Jan 2022

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS TAXI (SMRT)

Primary Colour:

Maroon

Manufacturing Year:

2014

Engine No.:

2ZR1431515

Chassis No.:

JTDKN36U405751157

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$32,920.00

Original Registration Date:

24 Sep 2014

First Registration Date:

24 Sep 2014

Transfer Count:

0

Actual ARF Paid:

\$8,088.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Sep 2022

PARF Rebate Amount:

\$4,852.00

Intended COE Rebate Details

COE Expiry Date:

23 Sep 2022

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$50,704.00

COE Rebate Amount:

\$4,436.00

Total Rebate Amount:

\$9,288.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry.

The information contained herein is correct as at 11 Jan 2022



OK