

(08/11/13) Wef

ISS. REC. BY: Pam

REF:

369K

COE Policy: 2024/MAR

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHB 5705Lat Workshop m/s STRIDESof 60, WOODLAND RD PK E4Insured: CTI

Policy No.

Claims No.

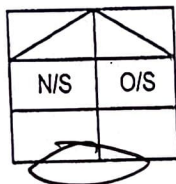
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

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:

Date / Time

Action / Instruction

Veh No:

SHB 5705LYr Regn: 2016 / MARType: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRIUS TAXI (SMRT) c.c 1798

Colour:

MAROON

A/C: Insured / Std / NI / NA

Sp. Reading:

849542

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN 36U 705767479Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: 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.

10/01/22

D.O.I.

11/01/22

Survey held at

STRIDESDes. 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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

): S + RS, SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

Case Details

Case Reference Number :
TAX/01/22/2015
Type of Repair : Accident Repair
Vehicle Registration Number :
SHB5705L

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-17152-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : China Taiping Insurance (Singapore) Pte Ltd
Accident Date and Time : 09/01/2022 11:03 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	Remark
Standard	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	<div>1</div>	<div>343.9</div>	Replace <div>▼</div>	
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	<div>0</div>	<div>0</div>	Check <div>▼</div>	
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	<div>0</div>	<div>0</div>	Not Give <div>▼</div>	
Standard	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	<div>0</div>	<div>0</div>	Not Give <div>▼</div>	
Standard	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	<div>0</div>	<div>0</div>	Not Give <div>▼</div>	
Standard	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	<div>0</div>	<div>0</div>	Not Give <div>▼</div>	
Standard	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	<div>0</div>	<div>0</div>	Not Give <div>▼</div>	
Standard	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.93	Replace	<div>0</div>	<div>0</div>	Not Give <div>▼</div>	
Standard	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	<div>0</div>	<div>0</div>	Check <div>▼</div>	
Standard	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	<div>0</div>	<div>0</div>	Not Give <div>▼</div>	
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	<div>0</div>	<div>0</div>	Check <div>▼</div>	
Standard	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	<div>10</div>	<div>15.75</div>	Replace <div>▼</div>	
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	<div>0</div>	<div>0</div>	Check <div>▼</div>	
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	<div>0</div>	<div>0</div>	Check <div>▼</div>	
Total Spare Part Cost									1,935.44	Surveyor Total		359.70		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									1,548.35	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	507.00	200	
Total:			507.00	200.00	

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	
Total:			558.00	200.00	


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	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
4	Main	TO WASH AND VACUUM	60.00	0	
Total:			360.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,548.35	287.76
Total Labour Cost	507.00	200.00
Total Spray Painting	558.00	200.00
Other	360.00	40.00
Overall Total	2,973.35	727.76
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	2,950.00	750.00
Surveyor Approved Amount		750.00

22.14.21

Estimator Assessment(\$)		Surveyor Assessment(\$)
No of Repair Days*	4	2
Remarks	-	lump sum repair / resurvey after repair
Surveyor Name		Rasul
Signature		
Survey Date	11/01/2022	<div>Save Clear</div>

- 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 15:09 (SGT)
Date of Accident 10/01/2022 07:03 (SGT)
Exact Location of Accident Woodlands Street 41, Singapore
Additional Location Information WOODLANDS STREET 41/ BETWEEN BLK 426 & 427 CAR
Country/State of Loss PARK GANTRY
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5705L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Strides Taxi Pte Ltd
..... 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 SIM KWONG MIANG

No	SXXXX339A
Of Birth	10/02/1960
Occupation	Outdoor
Age Of Driving Pass	07/07/1989
Driving experience	32 YEARS AND 6 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	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

ON 10/01/22 AT ABOUT 0703HRS.I WAS ENTERING THE WOODLANDS ST 41 CAR PARK GANTRY. SUDDENLY A VEHICLE (SMX9166R) HIT ONTO REAR PORTION OF MY VEHICLE.

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	SMX9166R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH SUSANTI

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

Jim

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

10/1/22

A. 10/1/22

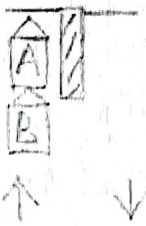
Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 426

Woodlands St 41

Blk 427



A - SHB5705L
B - SHK9166R

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB5705L
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6580181
Chassis No.:	JTDKN36U705767479
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	04 Mar 2016
First Registration Date:	04 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2024
PARF Rebate Amount:	\$3,500.00
COE Expiry Date:	03 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$10,603.00
Total Rebate Amount:	\$14,103.00

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 12 Jan 2022

OK