

(08/11/13) wef

ASS. REC. BY: ASAM

REF:

CS/EQ122000605/Rivf3

369K

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHD 6140Zat Workshop m/s STRIDESof GOVERNMENT INDUSTRIESInsured: EQ

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 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHD 6140Z Yr Regn: 2016 / JunType: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIMS TAXI (Smar) c.c 1798Colour: Maroon A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ITDKN 36U105768112Gen. 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 orTyre Size: F: 195/65R15R: 17

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

TOYO / YOKO or SAKUN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 14/01/22 D.O.I. 18/01/22Survey held at STRIDES

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

6/8 REAR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee: ☐ : Site Insp (\$): S + RS SI☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format :

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

## Case Details

Case Reference Number : TAX/01/22/2026  
Type of Repair : Accident Repair  
Vehicle Registration Number : SHD6140Z

Company Type : Strides Taxi Pte Ltd  
Estimation ID : EST-17226-ID  
Assigned By : Taxi Claims Manager Team

Insurance Company Name : EQ Insurance Company Ltd  
Accident Date and Time : 14/01/2022 10:40 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			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
One Time Key In	Main			FENDER RR/RH	1	766.80	766.80	25.00	575.10	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	R
One Time Key In	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	<input type="text" value="1"/>	<input type="text" value="7.80"/>	Replace <input type="button" value="v"/>	re /
One Time Key In	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	<input type="text" value="1"/>	<input type="text" value="21.60"/>	Replace <input type="button" value="v"/>	re /
One Time Key In	Main			FENDER LINE RR/RH	1	141.30	141.30	25.00	105.98	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
One Time Key In	Main			WHEEL DISC	1	1,484.20	1,484.20	25.00	1,113.15	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
One Time Key In	Main			WHEEL HUB REAR	1	489.40	489.40	25.00	367.05	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
One Time Key In	Main			DOOR RR/RH	1	954.50	954.50	25.00	715.88	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	R
Total Spare Part Cost									4,146.07	Surveyor Total 29.40				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									3,316.86	Final Sur Total 23.52				



SMRT Recommendation											Surveyor Approval			
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
One Time Key In	Main			DOOR HINGE LOWER RR/RH	1	90.10	90.10	25.00	67.57	Replace	0	0	Not Give	Xnn
One Time Key In	Main			DOOR HINGE UPPER RR/RH	1	90.10	90.10	25.00	67.57	Replace	0	0	Not Give	Xnn
One Time Key In	Main			CHECK ASSY, RR DOOR,	1	150.30	150.30	25.00	112.73	Replace	0	0	Not Give	Xnn
One Time Key In	Main			MOULDING BODY, RH	1	673.60	673.60	25.00	505.20	Replace	1	0	Repair	R
Total Spare Part Cost									4,146.07	Surveyor Total 29.40				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									3,316.86	Final Sur Total 23.52				

#### Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION RH	676.00	300	
Total:			676.00	300.00	

#### Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	0 Xnn	
2	Main	TO RESPRAY REAR FENDER RH	378.00	200	
3	Main	TO RESPRAY RIM	180.00	0 Xnn	
4	Main	TO RESPRAY REAR DOOR RH	378.00	200	
5	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	100	
Total:			1,494.00	500.00	

#### 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	0 Xnn	
Total:			600.00	0.00	

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0 X17	
3	Main	TO TRANSFER DOOR MECHANISM	120.00	0 X17	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 X17	
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0 X17	
6	Main	TO WASH AND VACUUM	60.00	0 X17	
Total:			600.00	0.00	

## Summary

Estimator Assesment(\$)		Surveyor Assesment(\$)
Total Spare Part Detail	3,316.86	23.52
Total Labour Cost	676.00	300.00
Total Spray Painting	1,494.00	500.00
Other	600.00	0.00
Overall Total	6,086.86	823.52
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	6,100.00	800.00
Surveyor Approved Amount		800.00
No of Repair Days*	6	3
Remarks	-	LUMP SUM REPAIR / RESURVEY AFTER PAINT PHOTO /
Surveyor Name		Rasul
Signature		

Save

Clear

Survey Date

**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	17/01/2022 14:45 (SGT)
Date of Accident	14/01/2022 18:40 (SGT)
Exact Location of Accident	Clemenceau Ave N, Singapore
Additional Location Information	CALEMENCEAU AVE N TOWARDS CAIRNHILL CIRCLE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6140Z
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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) +65-68622671
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	CHANG TUCK SENG
NRIC No	SXXXX952I



Birth  
ion  
Driving Pass  
g experience  
der  
ile 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

25/11/1956  
Outdoor  
14/11/1974  
47 YEARS AND 2 MONTHS  
Male  
(Phone) +65-68662672  
-  
AUTO-SVCS-TARC@SMRT.COM.SG  
11  
-  
-  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Side Swipe  
Clear  
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 CLEMENCEAU AVENUE N TOWARDS CAIRNHILL CIRCLE WITH 2 PASSENGERS ON BOARD. SUDDENLY A VEHICLE GBD6563H CUT TOWARDS MY LANE FROM THE RIGHT AND HIT ONTO THE RIGHT REAR PORTION OF MY TAXI. AFTER WHICH THIRD PARTY DROVE AWAY WITHOUT STOPPING. I WENT AFTER THIRD PARTY AND STOPPED HIM. THIRD-PARTY DID NOT ALIGHT FROM HIS VEHICLE AND I MANAGED TO TAKE A PHOTO THE THE PLATE NUMBER.

#### 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	GBD6563H
Manufacturer	-
Model	-
Variant	-
Colour	-
Category	Commercial vehicle
Name of Driver	-
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.

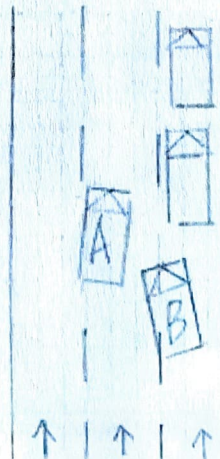


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - SHD6140Z

B - GBD6563H



**Describe Circumstances of the Accident**

Lined area for describing the circumstances of the accident.

**Declaration**

I/We declare the foregoing particulars are true to the best of my/our knowledge.



Police Officer's Signature & Date & Time

*[Signature]*

Signature of the person(s) involved in the accident (Print Name & Title)

*[Signature]*

Signature of the person(s) involved in the accident (Print Name & Title)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHD6140Z
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR1680051
Chassis No.:	JTDKN36U105768112
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	24 Jun 2016
First Registration Date:	24 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jun 2024
PARF Rebate Amount:	\$3,500.00
COE Expiry Date:	23 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$11,291.00
Total Rebate Amount:	\$14,791.00

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 Jan 2022

OK