

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 5139

at Workshop m/s STRIDES

of 60 JOURNALISTS IND PK E4

Insured: NTUC

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: SHB 5139X Yr Regn: 2019 / Dec

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

Truck / Trailer or

Make: TOYOTA PRIMS SDR H-B-A c.c 1798

Colour MAROON A/C: Insured / Std / NI / NA

Sp.Reading _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU203090734

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (order) / Jammed / Leaked / Burnt or

Brake: (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 SARUN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/01/22 D.O.I. 20/01/22

Survey held at STRIDES

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

N/S 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: _____

2)

Transportation: _____

Add Fee: : Site Insp (\$ _____) ; : S + RS. \$I

: Interview (\$ _____) ; Photos

: Tech. Invs (\$ _____) ; Others

Report Format : _____

Lump Sum / I.B.I. (\$) _____



Case Details

Case Reference Number : TAX/01/22/2030
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB5139X

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-17252-ID
 Assigned By : Wei Siong #

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
 Accident Date and Time : 15/01/2022 04:15 PM
 Vehicle Age(In Months) : 25

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Approval			Remarks
											Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Not Give	XAA
Standard	Main			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	1	364.20	Replace	de
Standard	Main			PAD, RR BUMPER, RH & LH, 3	2	11.00	22.00	25.00	16.50	Replace	2	16.50	Replace	ne
Standard	Main			PAD, RR BUMPER, RH & LH, 2	2	4.00	8.00	25.00	6.00	Replace	2	6.00	Replace	ne
Standard	Main			PAD, RR BUMPER, RH & LH, 1	2	4.00	8.00	25.00	6.00	Replace	2	6.00	Replace	ne
Standard	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	XAA
Standard	Main			RETAINER, RR BUMPER, LH	1	132.60	132.60	25.00	99.45	Replace	0	0	Check	?
Standard	Main			SEAL, RR BUMPER, LH	1	118.30	118.30	25.00	88.73	Replace	0	0	Check	?
Standard	Main			LENS & BODY, REAR COMBINATION LAMP, LH	1	339.60	339.60	10.00	305.64	Replace	0	0	Not Give	XAA
Standard	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1	261.00	261.00	10.00	234.90	Replace	0	0	Not Give	XAA
Standard	Main			LAMP ASSY, REAR, LH	1	293.60	293.60	10.00	264.24	Replace	0	0	Not Give	XAA
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	XAA
Standard	Main			WEATHERSTRIP, REAR DOOR OPENING TRIM, LH	1	97.50	97.50	25.00	73.13	Replace	0	0	Not Give	XAA
Total Spare Part Cost									11,158.27	Surveyor Total		1,233.07		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									11,158.27	Final Sur Total		1,233.07		

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
Standard	Main			PLATE, REAR DOOR SCUFF, LH	1	113.50	113.50	25.00	85.13	Replace	0	0	Not Give	Xan
Standard	Main			PANEL SUB-ASSY, REAR DOOR, LH	1	1,294.90	1,294.90	25.00	971.18	Replace	1	0	Repair	R
Standard	Main			CHECK ASSY, REAR DOOR	1	183.80	183.80	25.00	137.85	Replace	0	0	Not Give	Xan
Standard	Main			WEATHERSTRIP, REAR DOOR LH	1	180.10	180.10	25.00	135.08	Replace	0	0	Not Give	Xan
Standard	Main			WEATHERSTRIP, REAR DOOR QUARTER WINDOW, LH	1	49.30	49.30	25.00	36.97	Replace	0	0	Not Give	Xan
Standard	Main			DOOR OUTER HANDLE REAR, LH	1	97.40	97.40	25.00	73.05	Replace	0	0	Not Give	Xan
Standard	Main			DOOR LOCK REAR, LH	1	561.90	561.90	10.00	505.71	Replace	0	0	Not Give	Xan
Standard	Main			DOOR LOCK STRIKER	1	39.30	39.30	25.00	29.47	Replace	0	0	Not Give	Xan
Standard	Main			HINGE ASSY, REAR DOOR, UPPER LH	1	98.90	98.90	25.00	74.18	Replace	0	0	Not Give	Xan
Standard	Main			HINGE ASSY, REAR DOOR, LOWER LH	1	87.10	87.10	25.00	65.32	Replace	0	0	Not Give	Xan
Standard	Main			DOOR REAR MOTOR ASSY, POWER WINDOW REGULATOR, LH	1	926.00	926.00	10.00	833.40	Replace	0	0	Not Give	Xan
Standard	Main			DOOR REAR WINDOW REGULATOR SUB-ASSY, LH	1	206.70	206.70	25.00	155.02	Replace	0	0	Not Give	Xan
Standard	Main			WIRE, REAR DOOR, LH	1	247.40	247.40	10.00	222.66	Replace	0	0	Not Give	Xan
Standard	Main			PANEL SUB-ASSY, FENDER REAR LH	1	871.50	871.50	25.00	653.63	Replace	1	653.6	Replace	bl
Standard	Main			LINER, REAR FENDER, LH	1	139.80	139.80	25.00	104.85	Replace	0	0	Not Give	Xan
Standard	Main			DUCT ASSY, QUARTER VENT, RH & LH	1	67.00	67.00	25.00	50.25	Replace	0	0	Not Give	Xan
Standard	Main			WEATHERSTRIP, REAR DOOR OPENING TRIM, LH	1	97.50	97.50	25.00	73.13	Replace	0	0	Not Give	Xan
Standard	Main			GARNISH, REAR SEAT SIDE, LH	1	241.90	241.90	25.00	181.43	Replace	0	0	Not Give	Xan
Standard	Main			WHEEL, DISC	1	1,879.40	1,879.40	25.00	1,409.55	Replace	1	0	Repair	R
Standard	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	1	126.7	Replace	cut

Total Spare Part Cost 11,158.27
 Lump Sum Discount (%) 0.00
 Final Spare Part Cost 11,158.27

Surveyor Total 1,233.07
 Lump Sum Dis (%) 0
 Final Sur Total 1,233.07

M Type	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		
Standard	Main			HUB & BEARING ASSY, RH & LH	1	668.90	668.90	25.00	501.67	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give	✕	
Standard	Main			PANEL SUB-ASSY, FRONT DOOR LH	1	1,300.70	1,300.70	25.00	975.53	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair	R	
Standard	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	<input type="text" value="1"/>	<input type="text" value="60.00"/>	Replace	nee	
One Time Key In	Main			WHEEL, DISC FRONT	1	1,555.10	1,555.10	25.00	1,166.32	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give	✕	
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	✕	
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give	✕	
Total Spare Part Cost									11,158.27	Surveyor Total		1,233.07			
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0			
Final Spare Part Cost									11,158.27	Final Sur Total		1,233.07			

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	<input type="text" value="1,014.00"/>	<input type="text" value="800"/>	
Total:			1,014.00	800.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT DOOR LH	<input type="text" value="378.00"/>	<input type="text" value="200"/>	
2	Main	TO RESPRAY RIM	<input type="text" value="360.00"/>	<input type="text" value="50"/>	
3	Main	TO RESPRAY REAR DOOR LH	<input type="text" value="378.00"/>	<input type="text" value="200"/>	
4	Main	TO RESPRAY REAR BUMPER	<input type="text" value="378.00"/>	<input type="text" value="200"/>	
5	Main	TO RESPRAY REAR FENDER LH	<input type="text" value="378.00"/>	<input type="text" value="200"/>	
6	Main	TO RESPRAY ROCKER PANEL MOULDING	<input type="text" value="180.00"/>	<input type="text" value="100"/>	
Total:			2,052.00	950.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks

Singapore 768758

Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1 Main	TOWING CHARGE	126.00	0 X ₁₇	
2 Main	TO WASH AND VACUUM	60.00	0 X ₁₇	
3 Main	TO REPLACE SUNDRY PARTS	100.00	0 X ₁₇	
4 Main	TO TRANSFER DOOR MECHANISM	120.00	0 X ₁₇	
5 Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	240.00	30	
6 Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
7 Main	TO CHECK & RESET SYSTEM FUNCTION	250.00	0 X ₁₇	
8 Main	TO REMOVE AND REFIX UNDERCARRIAGE	200.00	0 X ₁₇	
9 Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	200.00	40	
10 Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	40	
Total:		1,496.00	170.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	11,158.27	1,233.07
Total Labour Cost	1,014.00	800.00
Total Spray Painting	2,052.00	950.00
Other	1,496.00	170.00
Overall Total	15,720.27	3,153.07
Lump Sum Repair Option	<input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Total	0.00	3,153.07
Surveyor Approved Amount		3,153.07
No of Repair Days*	10	7
Remarks	-	PART BY PART REPAIR / RESURVEY BEFORE PAINT PHOTO.
Surveyor Name		Rasul

Signature

Estimator Assessment(\$)

Surveyor Assessment(\$)



Save

Clear

Survey Date

20/01/2022

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 willful 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	18/01/2022 12:59 (SGT)
Date of Accident	16/01/2022 00:15 (SGT)
Exact Location of Accident	Near 2 Serangoon Rd, Singapore 218227
Additional Location Information	JUNCTION OF BUKIT TIMAH ROAD AND SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5139X
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
Variation	-
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	1798

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 JIA MING
NRIC No	SXXXX845G

Date of Birth	04/06/1985
Occupation	Outdoor
Date Of Driving Pass	29/03/2006
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-TARC@smrt.com.sg
Address	1
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220116/2003

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	FBD5539K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD AL-HAFIZH BIN AZMI
PLIC No	SXXXX980Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD5539K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 willful 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.

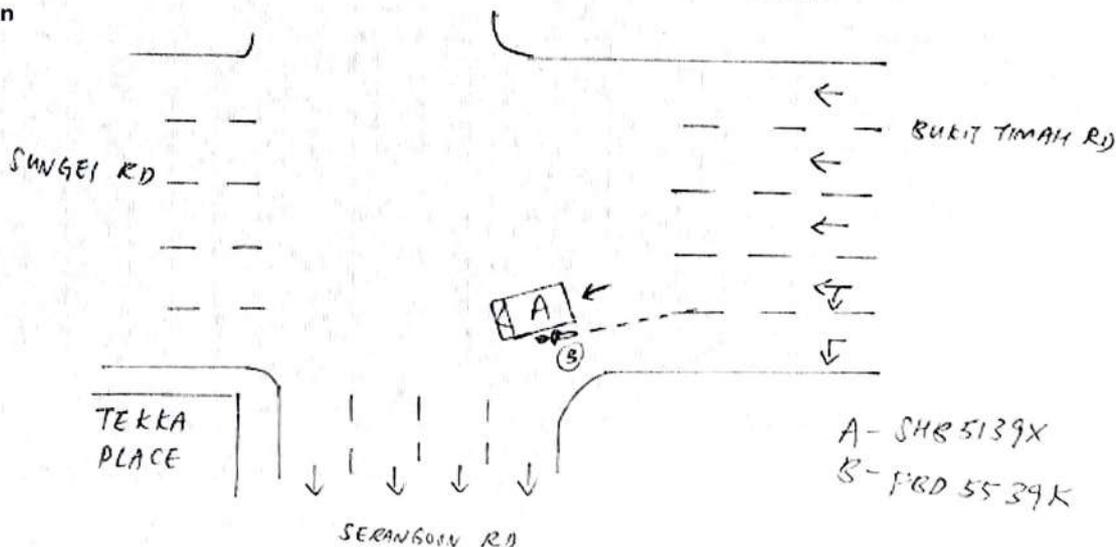


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

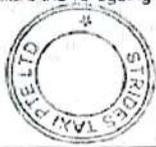


Describe Circumstances of the Accident

REFER TO POLICE REPORT - 7/20220116/2003

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Justin 17/1/2022

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

Wah 17/1/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T:20220116/2003

Police Station Of Origin
Bedok North N P C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No: T/20220116/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2022 03:38	Vide Report No.: A/20220116/0005	Station Diary No.: 9
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Informant's Particulars

Name of Informant CHANG JIA MING		Address: APT BLK 543 BEDOK NORTH STREET 3 #12-1320 SINGAPORE 460543	
ID Type / ID No.: NRIC NO / S8515845G		Contact No. Home/Office:	Mobile: 97808320
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 04/03/1985	Type of Informant Driver
Race: Chinese		Language	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information Class 3	Date of Expiry:

General information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2022 00:20	Type of Location: X-Junction
Location: SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5539K	Motorcycle					0
SHB5139X	Car	TOYOTA	PRIUS	Maroon	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 459676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver			
Name	CHANG JIA MING	ID No.	S8515845G
Related Vehicle	SHB5139X (Car)	Contact No.	97808320
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/01/22 at about 0015hrs, I was driving a taxi bearing registration plate number SHB5139X along Bukit Timah Road towards Sungei Road. Everything was in order.

While travelling on 2nd lane from the left along Junction of Bukit Timah Road and Serangoon Road, I slowly inch out of the junction as I wanted to make a left turn towards Serangoon Road, I wished to state that I have make a left turn signal and inch out at a slow speed. While slowly moving towards serangoon road, I noticed from my left mirror that one motorcycle bearing registration plate number FBD5539K speeding on the left most lane of Bukit Road towards Sungei Road. I noticed that he was speeding and riding quickly without any intention to slow down. Suddenly the said motorcycle collided into the left side of my taxi. I noticed some unknown motorcyclist riding started to shout " Are you drunk" towards my direction while riding pass the accident location. As I did not drink during the course of my work, I asked the rider of FBD5539K, He then stand up after the accident and wanted to confront with me. However other passerby stopped him from doing so. Ambulance and Traffic Police were called in. I wished to state that the left most lane has a signal on the road stating that it is for turning left only while the second left most lane was for going straight and turning left.

Ambulance and Traffic Police arrived shortly reference to incident A/20220116/0005. Ambulance made a check on the rider and the rider refused to conveyed even though his friend from the passerby informed that the rider had suffered cuts and abrasion. Traffic Police Officer get the facts from me and advised me that to settle the issue with my company from SMRT Taxi. The Officers also mentioned that the rider was being bandaged up by the ambulance. My vehicle have suffered the following damages:

- 1) Left rear tire puncture
- 2) Left side mirror cover damaged and came off
- 3) Left rear bumper dislodged
- 4) scratches on left rear petrol cover

I wished to state that the rider was speeding from Bukit Timah Road and he should not be going straight on the left most lane. After being advised by Traffic Police, I contacted SMRT Taxi company and they activated a tow truck for me. While waiting for the tow truck to arrive, I notice there was one vehicle bearing registration plate number SGT1871H stopped behind my damaged taxi. I noticed that he followed my taxi even after my taxi have been towed away by tow truck driver (YL7313S). However, I have taken out all the money inside the taxi and secured the taxi. However, I am unsure if the driver of SGT1871H did followed all my taxi all the way to SMRT Woodlands workshop. In addition, I wished to state that there was a in car camera memory card locked in the taxi and can be only taken out by the SMRT Workshop staffs.



**SINGAPORE
POLICE FORCE**



T/20220116/2003

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 4

Report No: T/20220116/2003

CONTINUATION OF REPORT

I did not suffer any injuries for now except for back and neck pain. I will see a doctor if the issues persist. I am lodging this report for as informed by SMRT taxi so that they can investigate the matter.



**SINGAPORE
POLICE FORCE**



T/20220116/2003

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Tel No 1800-2449999

4 of 4

Report No. T/20220116/2003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report G/ Sgt 3 GOH JIAN WEI	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 16/01/2022 03:38
Officer In Charge Of Case TP / GIT / Sr Staff Sgt TAN JUN YAN Contact No. 65476311	Classification Of Case.
Authentication Stamp NF*68	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB5139X
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2G34288
Chassis No.:	JTDKB3FU203090734
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	26 Dec 2019
First Registration Date:	26 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	\$10,897.00
COE Expiry Date:	25 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$18,953.00
Total Rebate Amount:	\$29,850.00

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 21 Jan 2022

OK