

(08/11/13) wef
ASS. REC. BY: Rasul

REF:

NS/INC22000854/Rty3

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SAB 131A

at Workshop m/s STRIDES

of 60, noonoonoo noo PK EP

Insured: NTUC

Policy No. _____

Claims No. MT/1162621-001

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

Date / Time _____ Action / Instruction _____

Veh No: SAB 131A Yr Regn: 2017 / D6C

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

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID 1.8 CVT c.c 1798

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

Sp. Reading: 530849 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU403576848

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

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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. 21/01/22 D.O.I. 24/01/22

Survey held at STRIDES

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

FRT N/S

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

We will be advising our Principal a cost of repair of L/S \$650.00 /- with 2-days of repair,

red: 8428.7;92%

9078.7

Date/Time, File Pass to?

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

: Interview (\$ _____) ; Photos _____

: Tech. Invs (\$ _____) ; Others _____

Report Format : _____

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

Case Details

Case Reference Number :

TAX/01/22/2047

Type of Repair : Accident Repair

Vehicle Registration Number : SHB131A

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17298-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 21/01/2022 01:00 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
Standard	Main			COVER, FR BUMPER	1	495.50	495.50	25.00	371.63	Replace	1	371.63	Replace	de
Standard	Main			SUPPORT, FR BUMPER RH	1	76.90	76.90	25.00	57.68	Replace	0	0.00	Not Give	Xan
Standard	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	0.00	Not Give	Xan
Standard	Main			COVER, FR BUMPER LH	1	28.10	28.10	25.00	21.08	Replace	0	0.00	Not Give	Xan
Standard	Main			COVER, FR BUMPER RH	1	28.10	28.10	25.00	21.08	Replace	0	0.00	Not Give	Xan
Standard	Main			REINFORCEMENT FRONT UPPER	1	691.10	691.10	25.00	518.33	Replace	0	0.00	Not Give	Xan
Standard	Main			ABSORBER, FR BUMPER	1	70.30	70.30	25.00	52.72	Replace	0	0.00	Check	?
Standard	Main			EXTENSION SUB-ASSY, LH	1	116.30	116.30	25.00	87.23	Replace	0	0.00	Not Give	Xan
Standard	Main			EXTENSION SUB-ASSY, RH	1	116.30	116.30	25.00	87.23	Replace	0	0.00	Not Give	Xan
Standard	Main			REINFORCEMENT FRONT LOWER	1	238.50	238.50	25.00	178.88	Replace	0	0.00	Not Give	Xan
Standard	Main			ABSORBER, FR BUMPER LOWER	1	117.00	117.00	25.00	87.75	Replace	0	0.00	Not Give	Xan
Standard	Main			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	0	0.00	Not Give	Xan
Standard	Main			GRILLE SUB-ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0.00	Not Give	Xan
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace	BNU
Standard	Main			COVER ASSY, ENGINE	1	180.10	180.10	25.00	135.08	Replace	0	0.00	Not Give	Xan

Total Spare Part Cost 6,016.37

Surveyor Total 382.88

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

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			COVER ASSY, ENGINE UNDER CENTER SET	1	452.80	452.80	25.00	339.60	Replace	0	0.00	Not Give	X17
Standard	Main			COVER, ENGINE UNDER CENTER	1	94.50	94.50	25.00	70.88	Replace	0	0.00	Not Give	X17
Standard	Main			COVER, ENGINE UNDER SIDE RH	1	76.90	76.90	25.00	57.68	Replace	0	0.00	Not Give	X17
Standard	Main			COVER, ENGINE UNDER SIDE LH	1	76.90	76.90	25.00	57.68	Replace	0	0.00	Not Give	X17
Standard	Main			LAMP ASSY, FOG, LH	1	910.20	910.20	25.00	682.65	Replace	0	0.00	Not Give	X17
Standard	Main			UNIT, HEADLAMP, LH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	0	0.00	Check	?
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1	486.40	486.40	10.00	437.76	Replace	0	0.00	Not Give	X17
Total Spare Part Cost									6,016.37	Surveyor Total		382.88		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									4,813.10	Final Sur Total		306.30		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT PORTION	676.00	200	
Total:			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	X17
3	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	X17
Total:			738.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0	X17
2	Main	TO REPLACE SUNDRY PARTS	100.00	0	X17
Total:			360.00	40.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	80.00	0 <i>Ann</i>	
4	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	40	
Total:			360.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,813.10	306.30
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	360.00	40.00
Overall Total	6,587.10	746.30
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	6,600.00	750.00
Surveyor Approved Amount		750.00
No of Repair Days*	4	2
Remarks	-	LUMP SUM REPAIR / AFTER PAINT PHOTO .
Surveyor Name		Rasul
Signature		
Survey Date	24/01/2022	<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	22/01/2022 11:27 (SGT)
Date of Accident	21/01/2022 21:00 (SGT)
Exact Location of Accident	431 Bedok North Rd, Singapore
Additional Location Information	BLK 431 BEDOK NORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB131A
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	CHOW KOK HENG
NRIC No	SXXXX442D

Date Of Birth	24/12/1975
Occupation	Outdoor
Date Of Driving Pass	14/01/1997
Driving experience	25 YEARS
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220121/2095

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	GBE8410Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle 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)	-

WITNESS DETAILS

WITNESS 1

Name	MOP
Phone	-
Email	-

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

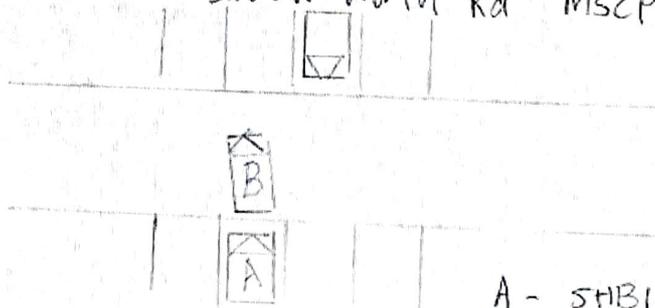
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Signature] 22/1/2022

Sketch Plan

Bedok North Rd MSCP



A - SHB131A

B - GBE 8410Y

Describe Circumstances of the Accident

Lined area for describing the circumstances of the accident.

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature] 22/1/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220121/2095

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3

Report No. T/20220121/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2022 22:43	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: CHOW KOK HENG		Address: APT BLK 429A BEDOK NORTH ROAD #13-363 SINGAPORE 461429	
ID Type / ID No.: NRIC NO / S7538442D		Contact No.: Home/Office: Mobile: 93868889	
Nationality: SINGAPORE CITIZEN		Email: mindlinkgroup@gmail.com	
Sex: Male	Age: 46	Date of Birth: 24/12/1975	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 21/01/2022 21:00	Type of Location: Car Park
Location: BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8410Y	Van	NISSAN		Silver		0
SHB131A	SMRT TAXI	TOYOTA	PRIUS HYBRID 1.8 CVT	Brown	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220121/2095

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20220121/2095

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHOW KOK HENG	ID No.	S7538442D
Related Vehicle	SHB131A (SMRT TAXI)	Contact No.	93868889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/1/22 at about 1830hrs, I had parked my SMRT taxi bearing registration number - SHB131A at the B11 431 Bedok North Road, multi-storey carpark (MSCP) at Deck 2B. After I had parked my taxi, I had left the place and returned home. On the same day at about 2100hrs, I had received a call from my company, SMRT, who informed me that a Van had hit onto my Taxi and it was reported by a member of public (MOP) who had witness the accident. I immediately went to the carpark and noticed that the van driver was lying on his driver's seat in his van with the engine on. The MOP had approached me and told me he was driving into the MSCP to park his car when the van, which was ahead of his car, had reversed and hit onto the front left of my taxi's front bumper. The MOP had provided me his contact details and shared with me his in-car camera footage as well. Afterwards, the MOP had left.

I had approached the driver to ask what happened and how we could settle the matter. The driver denied hitting my van and began talking in an aggressive manner. I had noticed he had smelled of alcohol. I had started recording the incident with my handphone and asked if he had drank alcohol. The driver told me had drank and was only resting in his van. I suspect he was drink driving. As I do not want the situation to escalate, I had let the driver leave.

I had checked on my Taxi's in car camera and noticed that the driver had reversed and collided onto my van twice. The front bumper was damaged and dented inwards. I had already informed my Taxi company and they advised to me to lodge a accident report regarding the matter. I am now lodging this report for insurance claiming purposes.



Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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 JONATHAN LIM ZI XUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2022 22:43
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No : 65476209	Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB131A
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8262163
Chassis No.:	JTDKB3FU403576848
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	19 Dec 2017
First Registration Date:	19 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	18 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$16,633.00
Total Rebate Amount:	\$20,383.00

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 25 Jan 2022

OK