

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHD 6268Pat Workshop m/s STRIDESof 60, WOODLANDS IN PK E4Insured: SLC 299Y NTL

Policy No. _____

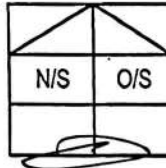
Claims No. MT/1159414-002

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

21/2/22 LS \$300 confirmed by email (Red 6750.60,95%)

Veh No: SHD 6268P Yr Regn: 2016 JUNType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS TAXI (SMART) c.c 1798Colour Maroon A/C: Insured / Std / NI / NASp. Reading 378346 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN364805768284Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre 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 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 24/01/22 D.O.I. 25/01/22Survey 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?

☐ : Prel. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trlp: 1

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 22/2/22-typist

Add Fee: ☐ : Site Insp (\$ _____)

) : S + RS, SI

☐ : Interview (\$ _____)

) : Photos

☐ : Tech. Invs (\$ _____)

) : Others

☐ : Weekend (\$ _____)

)

Report Format: TP

Lump Sum / t.B.t: (\$ 300)

TOTAL

Case Details

Case Reference Number :
TAX/01/22/2052

Type of Repair : Accident Repair

Vehicle Registration Number :
SHD6268P

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17303-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 24/01/2022 01:25 AM

Vehicle Age(In Months) : -

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	SMRT Recommendation				Repair/ Replace	Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)		Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	0	Repair	R
Standard	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	0	0	Not Give	X11
Standard	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Not Give	X11
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	X11
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	X11
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give	X11
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	X11
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	X11
Standard	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	X11
Standard	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give	X11
Standard	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	X11
Standard	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give	X11
Standard	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	X11
Standard	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	X11

Total Spare Part Cost 3,621.68

Lump Sum Discount (%) 20.00

Final Spare Part Cost 2,536.08

Surveyor Total 0.00

Lump Sum Dis (%) 20

Final Sur Total 0.00

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			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.93	Replace	0	0	Not Give v	Xm
Standard	Main			TAILGATE DOOR WEATHER STRIP	1	353.40	353.40	25.00	265.05	Replace	0	0	Not Give v	Xm
Standard	Main			TAILGATE OUTSIDE GARNISH	1	504.90	504.90	25.00	378.67	Replace	0	0	Not Give v	Xm
Standard	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.93	Replace	0	0	Not Give v	Xm
Standard	Main			NAME PLATE (PRUIS)	1	60.80	60.80	25.00	45.60	Replace	0	0	Not Give v	Xm
Standard	Main			NAME PLATE (TOYOTA)	1	51.90	51.90	25.00	38.93	Replace	0	0	Not Give v	Xm
Standard	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give v	Xm
Standard	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give v	Xm
Standard	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give v	Xm
Total Spare Part Cost									3,621.68	Surveyor Total		0.00		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									2,536.08	Final Sur Total		0.00		

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 TAIL GATE	378.00	0 Xm	
3	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0 Xm	
4	Main	TO RESPRAY BUMPER BEAM	180.00	0 Xm	
5	Main	TO RESPRAY REAR PANEL	180.00	0 Xm	
Total:			1,296.00	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 XAN	
2	Main	TO REPLACE SUNDRY PARTS	120.00	0 XAN	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 XAN	
4	Main	TO TEST AND REFILL REVERSE SENSOR SYSTEM	120.00	0 XAN	
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 XAN	
Total:			520.00	0.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	2,536.08	0.00
Total Labour Cost	507.00	200.00
Total Spray Painting	1,296.00	200.00
Other	520.00	0.00
Overall Total	4,859.08	400.00
Lump Sum Repair Option	☐	☒
Lump Sum Total	4,850.00	400.00
Surveyor Approved Amount		400.00
No of Repair Days*	4	2
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	25/01/2022 10:51 (SGT)
Date of Accident	24/01/2022 09:25 (SGT)
Exact Location of Accident	Near PIE, Singapore
Additional Location Information	PIE (TUAS) BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6268P
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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) +65-68662671
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	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	FOO JI WEI (FU JIWEI)
NRIC No	SXXXX104B

Date Of Birth	29/05/1975
Occupation	Outdoor
Date Of Driving Pass	27/01/1996
Driving experience	26 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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 PIE TUAS WITH ONE PASSENGER (MALE MALAY) ON BOARD. THE FRONT VEHICLES STOPPED AND I FOLLOWED SUIT. WHEN THE FRONT VEHICLE STARTED TO MOVE, BEFORE I COULD MOVE, I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLC299Y 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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC299Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

1607-25-1

9.25 AM.

Dissonance Co.

Rep'd

$\leftarrow$ $\leftarrow$ $\rightarrow$ $\rightarrow$

[illegible]

(We declare the foregoing particulars are true in every respect.



[Handwritten signature]

24 01 22

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

Jun 24/2022

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

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

24/01/22

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHD6268P
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6602349
Chassis No.:	JTDKN36U805768284
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	28 Jun 2016
First Registration Date:	28 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jun 2024
PARF Rebate Amount:	\$3,500.00
COE Expiry Date:	27 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$11,252.00
Total Rebate Amount:	\$14,752.00

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