

(08/11/13) wef

ASS. REC. BY: lame

REF:

369k

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHB1013B

at Workshop m/s

STRIDES

of

60, WOODLANDS LK PK EY

Insured:

NTUL

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHB1013B

Yr Regn:

2011 NOVType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRINS HYBRID 1.8CVT c.c 1798

Colour

MAROON

A/C: Insured / Std / NI / NA

Sp. Reading

507149

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 3035 73780Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / 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.

23/01/22

D.O.I.

25/01/22

Survey held at

STRIDES

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

O/S FR

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

Date / Time

Action / Instruction

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:

Add Fee:

☐

: Site Insp (\$

): S + RS SI

☐

: Interview (\$

): Photos

☐

: Tech. Invs (\$

): Others

☐

: Weekend (\$

):

Report Format :

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

TOTAL



Case Details

Case Reference Number :

TAX/01/22/2050

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1013B

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17301-ID

Assigned By : Taxi Claims Manager

Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 22/01/2022 04:40 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	Taxi
Standard	Main			SUPPORT, FR BUMPER RH	1	76.90	76.90	25.00	57.68	Replace	1	57.68	Replace	can
Standard	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	0	Not Give	X11
Standard	Main			COVER, FR BUMPER RH	1	28.10	28.10	25.00	21.08	Replace	0	0	Not Give	X11
Standard	Main			COVER, FR BUMPER LH	1	28.10	28.10	25.00	21.08	Replace	0	0	Not Give	X11
Standard	Main			REINFORCEMENT FRONT UPPER	1	691.10	691.10	25.00	518.33	Replace	0	0	Not Give	X11
Standard	Main			ABSORBER, FR BUMPER	1	70.30	70.30	25.00	52.72	Replace	0	0	Not Give	X11
Standard	Main			EXTENSION SUB-ASSY, LH	1	116.30	116.30	25.00	87.23	Replace	0	0	Not Give	X11
Standard	Main			EXTENSION SUB-ASSY, RH	1	116.30	116.30	25.00	87.23	Replace	0	0	Not Give	X11
Standard	Main			REINFORCEMENT FRONT LOWER	1	238.50	238.50	25.00	178.88	Replace	0	0	Not Give	X11
Standard	Main			ABSORBER, FR BUMPER LOWER	1	117.00	117.00	25.00	87.75	Replace	0	0	Not Give	X11
Standard	Main			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	1	123.75	Replace	can
Standard	Main			GRILLE SUB-ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0	Not Give	X11
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace	can

Total Spare Part Cost 12,492.36

Surveyor Total 3,726.17

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 9,661.37

Final Sur Total 2,980.94

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
Standard	Main			RETAINER, FR BUMPER, LH & RH	1	8.50	8.50	25.00	6.38	Replace	0	0	Not Give	Xm
Standard	Main			COVER ASSY, ENGINE	1	180.10	180.10	25.00	135.08	Replace	0	0	Not Give	Xm
Standard	Main			COVER ASSY, ENGINE UNDER CENTER SET	1	452.80	452.80	25.00	339.60	Replace	0	0	Not Give	Xm
Standard	Main			COVER, ENGINE UNDER CENTER	1	94.50	94.50	25.00	70.88	Replace	0	0	Not Give	Xm
Standard	Main			COVER, ENGINE UNDER SIDE RH	1	76.90	76.90	25.00	57.68	Replace	0	0	Not Give	Xm
Standard	Main			COVER, ENGINE UNDER SIDE LH	1	76.90	76.90	25.00	57.68	Replace	0	0	Not Give	Xm
Standard	Main			COVER, ENGINE UNDER, REAR	1	36.50	36.50	25.00	27.38	Replace	0	0	Not Give	Xm
Standard	Main			LAMP ASSY, FOG, RH	1	910.20	910.20	10.00	819.18	Replace	1	819.11	Replace	3 car
Standard	Main			LAMP ASSY, FOG, LH	1	910.20	910.20	10.00	819.18	Replace	0	0	Not Give	Xm
Standard	Main			UNIT, HEADLAMP, LH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	0	0	Not Give	Xm
Standard	Main			UNIT, HEADLAMP, RH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	1	2,303.	Replace	5 car
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1	486.40	486.40	10.00	437.76	Replace	0	0	Not Give	Xm
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, RH NO.1	1	486.40	486.40	10.00	437.76	Replace	0	0	Not Give	Xm
Standard	Main			FENDER SUB-ASSY, FR, RH	1	933.10	933.10	25.00	699.83	Replace	1	0	Repair	R
Standard	Main			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	52.90	25.00	39.68	Replace	1	39.67	Replace	na
Standard	Main			LINER, FR FENDER, RH	1	198.40	198.40	25.00	148.80	Replace	0	0	Not Give	Xm
Standard	Main			PAD, FR WHEEL RH	1	57.70	57.70	25.00	43.28	Replace	0	0	Not Give	Xm
Standard	Main			SEAL SUB-ASSY, RH	1	50.20	50.20	25.00	37.65	Replace	0	0	Not Give	Xm
Standard	Main			PROTECTOR, FR FENDER RH	1	90.40	90.40	25.00	67.80	Replace	0	0	Not Give	Xm
Standard	Main			WHEEL, DISC FRONT	1	1,555.10	1,555.10	25.00	1,166.32	Replace	0	0	Not Give	Xm
Standard	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	Xm
Standard	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	0	0	Not Give	Xm
Total Spare Part Cost									12,492.36					
Lump Sum Discount (%)									20.00					
Final Spare Part Cost									9,661.37					
											Surveyor Total			
											3,726.17			
											Lump Sum Dis (%)			
											20			
											Final Sur Total			
											2,980.94			

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	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 FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT FENDER RH	378.00	200	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0 X17	
4	Main	TO RESPRAY SIDE PANEL	180.00	0 X17	
5	Main	TO RESPRAY RADIATOR SUPPORT LOWER	180.00	0 X17	
6	Main	TO RESPRAY RIM	180.00	0 X17	
7	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0 X17	
Total:			1,656.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00	0 X17	
2	Main	TO WASH AND VACUUM	60.00	0 X17	
3	Main	TO REPLACE SUNDRY PARTS	120.00	0 X17	
4	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	120.00	0 X17	
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	30	
6	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0 X17	
7	Main	TO ALIGN BODY CHASSIS	120.00	0 X17	
Total:			716.00	30.00	



Summary

Estimator Assessment(\$)

Surveyor Assessment(\$)

12/12, 14:39

https://vacswb.smrt.com.sg/Estimation.aspx

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	9,661.37	2,980.94
Total Labour Cost	676.00	300.00
Total Spray Painting	1,656.00	400.00
Other	716.00	30.00
Overall Total	12,709.37	3,710.94
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	12,700.00	3,700.00
Surveyor Approved Amount		3,700.00
No of Repair Days*	6	4
Remarks	-	LUMP SUM REPAIR / RESURVEY AFTER PAINT PHOTO.
Surveyor Name		Rasul
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	25/01/2022	

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 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 09:56 (SGT)
Date of Accident 23/01/2022 00:40 (SGT)
Exact Location of Accident Near Ang Mo Kio Ave 6, Singapore
Additional Location Information ANG MO KIO AVE 3 TOWARDS ANG MO KIO AVE 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB1013B
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 TAN CHUAN SENG
NRIC No SXXXX720I

Date of Birth	01/08/1953
Occupation	Outdoor
Date Of Driving Pass	15/03/1974
Driving experience	47 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?	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

I WAS TRAVELLING ALONG ANG MO KIO AVE 3 TOWARDS ANG MO KIO AVE 6. TRAFFIC WAS IN MY FAVOUR AND I WAS TRAVELLING STRAIGHT. SUDDENLY A VEHICLE SMA7085A MADE A U TURN TOWARDS MY TRAVEL PATH AND COLLIDED ONTO THE RIGHT FRONT PORTION 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	SMA7085A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

As complement

Company Name

Of Damage

Of property damaged in accident

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.

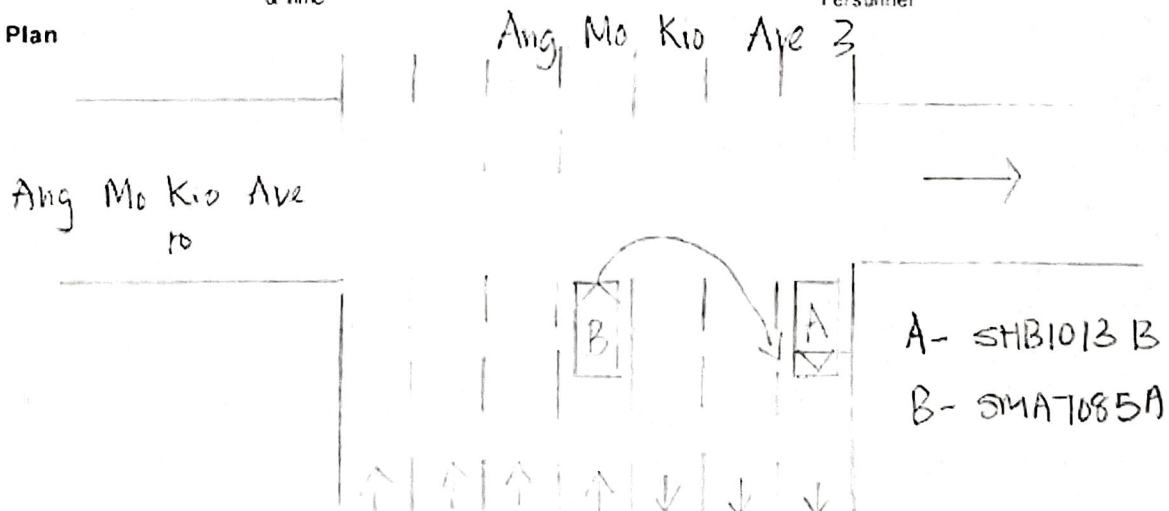


Policyholder's Signature / Date & Time

Sketch Plan

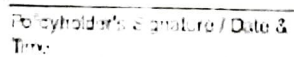
[Signature] 24/1/2022
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 24/1/2022
Witnessed by Reporting Centre Personnel



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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



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

Witnessed by Reporting Centre
Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1013B
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.:	2ZRS102538
Chassis No.:	JTDKB3FU303573780
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	27 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$16,121.00
Total Rebate Amount:	\$19,871.00

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