

108/11/13 wef

ASS. REC. BY: PASU

REF:

NS/INC22001105/Rqy3

369K

**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHB1217Eat Workshop m/s STRINGSof 60, WOODMAN'S IND PK EY

Insured:

INTUL

Policy No.

Claims No. MT/1159869-002

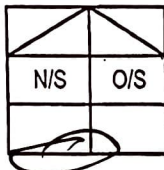
Sum Insured:

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:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No:

SHB1217E

Yr Regn:

2021 109Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Traller or

Make:

MAG / MHS EV EXCITE T c.c. 1

Colour

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

24064

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LSJE 2403XMG051373Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/01/22

D.O.I.

28/01/22

Survey held at

STRINGS

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

REAR N/S

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

We will be advising our Principal a cost of repair of P/P \$1,020.29/- with 2 days of repair, subject to their approval. (Red \$4530.47, 82%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 15/02 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

); S + RS, SI☐

: Interview (\$

); Photos

☐

: Tech. Invs (\$

); Others

☐

: Weekend (\$

);

Report Format :

TPLump Sum / I.B.I: (\$ 1020.29 )

TOTAL



## Case Details

Case Reference Number : TAX/01/22/2058  
 Type of Repair : Accident Repair  
 Vehicle Registration Number : SHB1217E

Company Type : Strides Taxi Pte Ltd  
 Estimation ID : EST-17348-ID  
 Assigned By : Wei Siong #

Insurance Company Name : NTUC Income Insurance Co-operative Ltd  
 Accident Date and Time : 26/01/2022 07:07 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
Standard	Main			FASCIA-RR BPR	1	758.47	758.47	10.00	682.62	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	
Standard	Main			FASCIA-RR BPR LWR	1	230.68	230.68	10.00	207.61	Replace	<input type="text" value="1"/>	<input type="text" value="207.61"/>	Replace <input type="button" value="v"/>	SLR ✓
Standard	Main			FINISHER-RR BPR - RH	1	47.42	47.42	10.00	42.68	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
Standard	Main			FINISHER-RR BPR - LH	1	47.42	47.42	10.00	42.68	Replace	<input type="text" value="1"/>	<input type="text" value="42.68"/>	Replace <input type="button" value="v"/>	can ✓
Standard	Main			BRACKET ASM-RR BPR FASCIA SI - RH	1	29.84	29.84	10.00	26.86	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
Standard	Main			BRACKET ASM-RR BPR FASCIA SI - LH	1	29.84	29.84	10.00	26.86	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
Standard	Main			BRACKET-RR BPR FASCIA SI MTG	1	46.07	46.07	10.00	41.46	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
Standard	Main			BRACKET-RR BPR FASCIA SI MTG - LH	1	46.08	46.08	10.00	41.47	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
Standard	Main			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN) - LH	1	13.20	13.20	10.00	11.88	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
Standard	Main			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN) - RH	1	12.90	12.90	10.00	11.61	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan
Standard	Main			BRACKET-RR BPR FASCIA LWR MTG - RH	1	12.80	12.80	10.00	11.52	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	Xan

Total Spare Part Cost 1,871.81

Surveyor Total 250.29

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 1,871.81

Final Sur Total 250.29

SMRT Recommendation										Surveyor Approval			
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		BRACKET-RR BPR FASCIA LWR MTG - LH	1	12.80	12.80	10.00	11.52	Replace	0	0	Not Give	Xan
Standard	Main		SCRIVET-RR BPR FASCIA	10	0.84	8.40	10.00	7.56	Replace	0	0	Not Give	Xan
Standard	Main		BOLT/SCREW- RR BPR FASCIA BRKT	12	0.52	6.24	10.00	5.62	Replace	0	0	Not Give	Xan
Standard	Main		NUT-RR BPR FASCIA BRKT	10	0.94	9.40	10.00	8.46	Replace	0	0	Not Give	Xan
Standard	Main		BOLT/SCREW- RR BPR FASCIA	2	0.52	1.04	10.00	0.94	Replace	0	0	Not Give	Xan
Standard	Main		NUT-RR BPR FASCIA	2	0.52	1.04	10.00	0.94	Replace	0	0	Not Give	Xan
Standard	Main		CLIP-RR BPR FASCIA	4	1.24	4.96	10.00	4.46	Replace	0	0	Not Give	Xan
Standard	Main		NUT-RR BPR FASCIA	2	0.52	1.04	10.00	0.94	Replace	0	0	Not Give	Xan
Standard	Main		BAR ASM-RR BPR IMP	1	339.76	339.76	10.00	305.78	Replace	0	0	Check	?
Standard	Main		LAMP ASM-RR FOG - RH	1	189.08	189.08	10.00	170.17	Replace	0	0	Not Give	Xan
Standard	Main		LAMP ASM-RR FOG - LH	1	36.30	36.30	10.00	32.67	Replace	0	0	Check	?
Standard	Main		SENSOR-RR PARK DIST CONT	3	65.00	195.00	10.00	175.50	Replace	0	0	Not Give	Xan
Total Spare Part Cost								1,871.81	Surveyor Total		250.29		
Lump Sum Discount (%)								0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost								1,871.81	Final Sur Total		250.29		

**Labour's Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	2,400.00	250	
Total:			2,400.00	250.00	

**Spray Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	428.00	220	
Total:			428.00	220.00	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
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Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1 Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0 <i>Xm</i>	
2 Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0 <i>Xm</i>	
3 Main	ISOLATED OF (EV) (NET)	150.00	150	
4 Main	TO REPLACE SUNDRY PARTS	100.00	0 <i>Xm</i>	
5 Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150	
<b>Total:</b>		<b>800.00</b>	<b>300.00</b>	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,871.81	250.29
Total Labour Cost	2,400.00	250.00
Total Spray Painting	428.00	220.00
Other	800.00	300.00
Overall Total	5,499.81	1,020.29
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	1,020.29
Surveyor Approved Amount		1,020.29
No of Repair Days*	5	2
Remarks	-	PART BY PART REPAIR / RESURVEY DAMAGE OLD AND NEW PART PHOTO / 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 surveyed 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	27/01/2022 15:29 (SGT)
Date of Accident	26/01/2022 15:07 (SGT)
Exact Location of Accident	Buyong Rd, Singapore
Additional Location Information	BUYONG ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1217E
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	MG
Model	MG5
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	18

## 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	SHEIKH ZAINI BIN SHAHAR
NRIC No	SXXXX053B

Date of Birth	09/05/1964
Occupation	Outdoor
Date Of Driving Pass	16/12/1991
Driving experience	30 YEARS AND 1 MONTH
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	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 BUYONG ROAD TOWARDS ORCHARD ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. I SLOWED DOWN TO STOP AS A VEHICLE WAS FILTERING INTO MY LANE FROM THE RIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SKP2686T 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?	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	SKP2686T
Vehicle Manufacturer	-
Vehicle Model	-



Variant	-
Colour	-
Category	-
Name of Driver	Private car
Contact Number	LEE CHOY SING
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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - SHB1217E

B - SKP2686T




**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

 27/01/2022  
Driver's Signature (if driver is not the policyholder) / Date & Time

 27/01/2022  
Witnessed by Reporting Centre  
Personnel

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1217E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Feb 2022
Vehicle Make:	M.G.
Vehicle Model:	MG5 EV EXCITE T
Primary Colour:	Green
Manufacturing Year:	2021
Engine No.:	-
Chassis No.:	LSJE2403XMG051373
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$29,128.00
Original Registration Date:	01 Oct 2021
First Registration Date:	01 Oct 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Sep 2029
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	30 Sep 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,186.00
COE Rebate Amount:	\$35,610.00
Total Rebate Amount:	\$39,360.00

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 02 Feb 2022

OK