Date:

From

Estimated Cost:

- 60 hours have	op. reading
Insured: EQ.1	Eng/No:
Policy No.	C/No: JTDKBFU7030907:31
Claims No. <u>DM22HO00352/JS</u>	Gen. Cond: Good / Pair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Morder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 45/65R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or SAILUN
Bal. or Market Value:	Front Rear · C
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen:Consistent? : Yes or No	L/Bal6 mm
Est Repairs: 2 days Res.: Yes or No	D.O.A. 07 07 22 D.O.I. 08 63 22
Lum Sum: % 3 Val.: Yes or No	Survey held at SMRT
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	FRY POLY
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
22/03/22@4.57pm revised to Chen How by em	ail
Rasul finalised final fig \$917.03, 2 da	
	1
•	
	·
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
1) 23/03 Typist : Final Report	Pooling with a control of the contro
Date/Time, File Return to?	Resurvey No. of Trip: 1 Survey Fee:
2) Add Fee	Transportation:
	)S+RSSI
Repair Format: TP .	: Interview (\$ ) Photos
	: Tech, Invs (\$ ) Others
917.03	: Weel:end (\$
	TOTAL

CS/EQ122002171/Ray3

Veh No:

SHB161M

Type: M.Car / M.Cycle / Bus / Van / Lorry / axt / Prime Mover /-

369k

Yr Regn: 7619 / 066



## Case Details

Case Reference Number: TAX/03/22/2017

Type of Repair : Accident Repair

Vehicle Registration Number: SHB161M

Company Type : Strides Taxi Pte Ltd

Estimation ID: EST-17686-ID

Assigned By: Taxi Claims Manager Team

Insurance Company Name : EQ Insurance Company Ltd

Accident Date and Time: 07/03/2022 11:29 AM

Vehicle Age(In Months): -

# Documents / Photographs

View Documents / Photographs

Total Documents: 0

## **Estimation Details**

### Spare Part's Cost Detail

				SMRT Recor	nmend	ation						Sun	veyor 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
Standar	d Main			COVER, FR BUMPER	1	521.00	521.00	25.00	390.75	Replace	1	390.75	Replace ✓	de
Standare	d Main			SUPPORT, FR BUMPER RH	1	80.10	80.10	25.00	60.07	Replace	0	0	Not Give ➤	Xn-
Standard	d Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	0	Check ~	Ž
Standard	l Main			BRACKET, FR BUMPER	1	110.50	110.50	25.00	82.88	Replace	0	0	Not Give ❖	Knn
Standard	Main			GRILLE, RADIATOR	1	178.60	178.60	25.00	133.95	Replace	0	0	Not Give ❖	Xa-
Standard	Main			GRILLE SUB- ASSY	1	422.50	422.50	25.00	316.88	Replace	0	0	Check ✓	0
tandard	Main			GRILLE, SUB - ASSY , 2	1	160.50	160.50	25.00	120.38	Replace	0	0	Check ✓	?
tandard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace ✓	ne,
tandard	Main			RETAINER, FR BUMPER, LH & RH	2	8.80	17.60	25.00	13.20	Replace	0	0	Not Giv∈ ✓	Xn-
andard	Main			PAD, FRONT BUMPER ( NO.1)	1	40.70	40.70	25.00	30.53	Replace	1	30.53	Replace ✓	ne/
ındard	Main			PAD, FRONT BUMPER ( NO.2)	1	36.00	36.00	25.00	27.00	Replace	1	27.00	Replace ✓	ne/
ndard	Main		F	MOULDING, FRONT BUMPER SIDE, LH	1	95.60	95.60	25.00	71.70	Replace	0	0	Check 🗸	?
ndard	Main			ABSORBER, FR BUMPER LOWER	1	132.70	132.70	25.00	99.52	Replace	0	0	Not Giv∈ ✓	X11
ndard	Main			ABSORBER, FR BUMPER	1	80.20	80.20	25.00	60.15	Replace	0	0	Check v	7
dard I	Main			XTENSION SUB-	1	120.10	120.10	25.00	90.07	Replace	0	0	Not Give ✓	Xn1

Total Spare Part Cost 5,179.61

Surveyor Total 517.03

Lump Sum Discount (%) 0.00

Lump Sum Dis (%)

Final Spare Part Cost 5,179.61

Final Sur Total 517.03

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				SMRT Recom	menda	ition						Su	rveyor 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			REINFORCEMENT FRONT LOWER	1	246.10	246.10	25.00	184.58	Replace	0	0	Not Give ✓	Xnn
Standard	Main			REINFORCEMENT FRONT UPPER	1	716.60	716.60	25.00	537.45	Replace	0	0	Check ✓	7
Standard	Main			UNIT , HEADLAMP , LH	1	2,637.60	2,637.60	10.00	2,373.84	Replace	0	0	Check ✓	7
Standard	Main			LAMP ASSY, FOG, LH	1	237.10	237.10	10.00	213.39	Replace	0	0	Check •	7
Standard	Main			COVER, ENGINE UNDER SIDE LH	1	80.10	80.10	25.00	60.07	Replace	0	0	Not Giv∈ ∨	Kan
Standard	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace >	41
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	0	0	Not Give ➤	Xn
Standard	Main			LINER, FR FENDER, LH	1	210.30	210.30	25.00	157.73	Replace	0	0	Not Give ✓	tan
						To	tal Spare Pa	art Cost	5,179.61		Sur	eyor Total	517.03	
						Lump	Sum Disco	ount (%)	0.00		Lump Si	um Dis (%)	0	
						Fin	al Spare Pa	rt Cost	5,179.61		Fina	l Sur Total	517.03	

### Labour's Cost Detail

S.No.	Costing Type	Job Scope		Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	676.00	200	
Total:					
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		
Total:			378.00	200.00		

### Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	o X11	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0 X11	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	o Xnn	
Total:					

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,179.61	517.03
Total Labour Cost	676.00	200.00
Total Spray Painting	378.00	200.00
Other	260.00	0.00
Overall Total	6,493.61	917.03
Lump Sum Repair Option		
Lump Sum Total	0.00	917.03
Surveyor Approved Amount		917.03
No of Repair Days*	4	2
Remarks		part by part / resurvey before paint
Surveyor Name		Rasul
Signature		Save Clear
Survey Date	08/03/2022	

# 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 <u>and</u> 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 witholding 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 **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

08/03/2022 13:11 (SGT) 07/03/2022 19:29 (SGT) 200 Jln Sultan, Singapore 199018

JALAN SULTAN / OUTSIDE TEXTILE CENTRE

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SHB161M** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

**Email Address** Mobile Phone No

Alternative Phone No.

Yes

Strides Taxi Pte Ltd 1XXXXX369K

AUTO-SVCS-TARC@SMRT.COM.SG

(Phone) +65-68662671 (Office) +65-68662672

**VEHICLE PARTICULARS** 

Manufacturer Model

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? Vehicle Category Transmission

CC

Toyota

Prius

No - Claiming third party

Taxi Auto 1800

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number MS First Capital Insurance Ltd

**ThirdParty** Yes

D-21097466MFSH

DRIVER

Name of Driver NRIC No

**TOH LENG CHIANG** SXXXX730C



Date Of Birth 21/10/1980 Occupation Outdoor **Date Of Driving Pass** 28/04/1999 Driving experience 22 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number **Email Address** AUTO-SVCS-TARC@SMRT.COM.SG Address 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 Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - F/20220307/2097 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 **SGW1670E** 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)	-

Joo Jla Sultan Tootiles Centre	A - SHB 161M B - SGW 16701
Schill-10E Schill 1670E Schill 1670E	
<b>→</b>	
4	

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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 Formmust 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)

Lunderstand, 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' law yers/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
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Sketch Plan

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

Witnessed by Reporting Centre

### > Back to One Motoring

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company	
Owner ID:	369K	
Vehicle No.:	SHB161M	
Vehicle to be Exported:	No de la	
Intended Deregistration Date:	09 Mar 2022	
Vehicle Make:	TOYOTA	
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)	
Primary Colour:	Marcon Marcon	
Manufacturing Year:	2019	
Engine No.:	2ZR2G34104	
Chassis No.:	JTDKB3FU703090731	
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:		
Actual ARF Paid:	\$14,530.00	
PARF Eligibility:		
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):		
PQP Paid:	\$25,581.00	
COE Rebate Amount:	\$18,523.00	
Total Rebate Amount:	\$29,420.00	

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 09 Mar 2022