SS. REC. BY: . VAM	002361/Rtc 369k
ASSI	GNMENT
From: Date:	Veh No: SHB 1382K Yr Regn: 2011 / OCT
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax) / Prime Mover /
OD TP I WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: SHB 1362 K	Make: MG/MGS EV EXCITET C.C
at Workshop m/s STRIMS CSMRT	Colour CREEN A/C: Insured / Std / NI / NA
of bomorphones Int PK E4	Sp.Reading /5362 T/Radio: Insured / Std / NI / NA
Insured: INL	Eng/No:
Policy No.	C/No: LSJE2403/MG658M7
Claims No. MT/1164738-002	Gen. Cond: Good / Pair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/60R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	ES DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear ·
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen:Consistent? : Yes or No	L/Bal mm
Est. Repairs: days Res.: Yes or No	D.O.A. 10 63 22 D.O.I. 14 08/22
Lum Sum: % 3 Val.: Yes or No	Survey held at STRIGES
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	- 1 5/6 / Gradula rame / Body Structure anected due to collision.
cost of repair of P/P \$2.	555.58 /- with 04 days of repair
RED: 6661.3;72%	1
	· · · · · · · · · · · · · · · · · · ·
	-
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4

Resurvey No. of Trip:

: Site Insp

:Interview (\$

:Tech. Invs (\$

Weellend (\$

Add Fee:

Survey Fee:

Transportation:

Photos

Others

_\$ + RS.___SI

: Final Report

Date/Time, File Return to?

Representat:

Lump Sum / LB.A: (\$



Case Details

Case Reference Number :

TAX/03/22/2029

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1382K

Company Type: Strides Taxi Pte Ltd

Estimation ID : EST-17717-ID
Assigned By : Taxi Claims Manager

Team

Insurance Company Name: NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 10/03/2022 08:40 AM

Vehicle Age(In Months) : -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

-				SMRT Reco	iiiena	auon						Surv	eyor Approval	
BOM Type	Costing Type	Portion	Materia Number		Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
Standa	rd Main			TAIL GATE ASM LIFT	- 1	1,928.26	1,928.26	10.00	1,735.43	Replace	1	0	Repair 🗸	R
Standar	d Main			HINGE ASM- L/GATE - LH	1	30.88	30.88	10.00	27.79	Replace	0	0	Not Give ❖	XAT
Standard	d Main			HINGE ASM- L/GATE - RH	1	30.88	30.88	10.00	27.79	Replace	0	0	Not Giv∈ ✓	X11
Standard	d Main			LINER ASM-RR W/H PNL -R	1	85.49	85.49	10.00	76.94	Replace	0	0	Not Giv∈ ✓	Xn'
Standard	l Main			FASCIA-RR BPR	1	758.47	758.47	10.00	682.62	Replace	1	682.62	Replace ✓	de 1
Standard	Main			FASCIA-RR BPR LWR	1	230.68	230.68	10.00	207.61	Replace	1	207.61	Replace ✓	de 1
Standard	Main			FINISHER-RR BPR - RH	1	47.42	47.42	10.00	42.68	Replace	0	0	Check ✓	7
Standard	Main			FINISHER-RR BPR - LH	1	47.42	47.42	10.00	42.68	Replace	0	0	Not Give ✓	X11
tandard	Main			BRACKET ASM- RR BPR FASCIA SI - RH	1	29.84	29.84	10.00	26.86	Replace	0	0	Check ~	?
andard	Main			BRACKET-RR BPR FASCIA LWR MTG	1	12.79	12.79	10.00	11.51	Replace	0	0	Not Giv€ ❖	X 11
andard	Main		1 19	BAR ASM-RR BPR IMP	1 :	339.76	339.76	10.00	305.78	Replace	0	0		9
indard	Main		1	-AMP ASM- FAIL(BODY SI) -	1 7	64.08	764.08	10.00	687.67	Replace	0	0	Check ✓	Xan
ndard I	Main		L	AMPAGA	1 4	07.68	407.68	10.00 ;	366.91	Replace	0	0	Not Give ✓	XA1
ndard N	Main			AMP ASM-RR OG - RH	1 1	89.08 1	189.08 1	10.00 1	170.17	Replace	0	0	Not Give ✓	XAL

Total Spare Part Cost 5,212.72

Final Spare Part Cost 5,212.72

.

Surveyor Total 969.80

Lump Sum Discount (%) 0.00

Lump Sum Dis (%)

Final Sur Total 969.8

1				SMRT Recomi	menda	tion						Sur	veyor Approval	
вом Туре	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			LINER ASM-RR W/H PNL -R	1	85.49	85.49	10.00	76.94	Replace	0	0	Not Giv€ ✓	Xn1
Standard	Main			SENSOR-RR PARK DIST CONT	3	65.00	195.00	10.00	175.50	Replace	0	0	Not Give ✓	XM
Standard	Main			WEATHERSTRIP- L/GATE	1	73.52	73.52	10.00	66.17	Replace	0	0	Not Giv€ ✔	X11
Standa rd	Main			WINDOW ASM- REAR (WINDSCREEN REAR)	1	323.44	323.44	10.00	291.10	Replace	0	0	Not Giv€ ♥	X
Standard	Main			SEALANT SIKAFLEX	3	37.00	111.00	0.00	111.00	Replace	0	0	Not Giv€ ✓	Xn
Standard	Main			STICKER STRIDES TAXI WITH (DECAL 6555 8888)	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace 💙	ner 1
tandard	Main			STICKER STRIDES TAXI WITH (GO GREEN LOGO)	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace V	ner 1
tandard	Main			EMBLEM ASM- L/GATE (MG5 SW)	1	21.84	21.84	10.00	19.66	Replace	1	19.66	Replace 🗸	Non 1
andard	Main			EMBLEM ASM- L/GATE (SW EV)	1	33.90	33.90	10.00	30.51	Replace	1	30.51	Replace 🗸	ne /
						То	tal Spare Pa	art Cost	5,212.72		Surv	eyor Total	969.80	
						Lump	Sum Disco	ount (%)	0.00	1	Lump St	ım Dis (%)	0	
		Eq.		1 1 1		Fir	nal Spare Pa	urt Cost	5 212 72			l Sur Total	969.80	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks	
1	Main	TO REPAIR REAR PORTION	1,200.00	500		
Total:			1,200.00	500.00		

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY TAIL GATE	428.00	220	
2	Main	TO RESPRAY REAR BUMPER	428.00	220	
3	Main	TO RESPRAY REAR PANEL	230.00	· XAN	
Total:			1,086.00	440.00	

o.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
/1	Main	TO WASH AND VACUUM	60.00	o ×2つ	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0 X11	
3	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40	
4	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150	
5	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
6	Main	TO REMOVE AND REFIX REAR WINDSCREEN	120.00	· X11	
7	Main	TO TRANSFER REAR TAILGATE MECHANISM	120.00	· XAN	
Total:			1,020.00	340.00	

Summary

The second secon	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,212.72	969.80
Total Labour Cost	1,200.00	500.00
Total Spray Painting	1,086.00	440.00
Other	1,020.00	340.00
Overall Total	8,518.72	2,249.80
ump Sum Repair Option		
ump Sum Total	0.00	2,249.80
urveyor Approved Amount		2,249.80
o of Repair Days*	6	4
emarks		PART BY PART REPAIR / RESURVEY BEFORE PAINT PHOTO.
rveyor Name		Rasul

- 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

Survey

Acknowledged by Repairer

Signature:

14/03/2022

Date:

Save | Clear



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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

11/03/2022 16:07 (SGT)

10/03/2022 16:40 (SGT)

Sembawang Rd, Singapore

SEMBAWANG ROAD TOWARD GAMBAS AVENUE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB1382K

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

MG MG5

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

No - Claiming third party

MS First Capital Insurance Ltd

Taxi

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

ThirdParty Yes

D-21097466MFSH

DRIVER

Name of Driver NRIC No

LIEW CHUAN KWEE SXXXX621J



Date Of Birth 14/06/1954 Occupation Outdoor Date Of Driving Pass 27/05/1980 Driving experience 41 YEARS AND 10 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 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? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) 2 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG SEMBAWANG ROAD TOWARDS GAMBAS AVE. WHILE EXITING THE SLIP ROAD, I STOPPED TO GIVE WAY TO THE TRAFFIC ON THE MAIN ROAD. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY TAXI. A STUDENT BUS PC8562L HAD COLLIDED ONTO THE REAR OF MY TAXI. ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

PC8562L

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number
Address
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

Email

Name MR RUI Phone -

Thu 0 03 2022	
Gambas AVE	Yishun Ave 7
2H3 13894	
bc 82957	Yrshun Aves
CRN: 1985022030	
tion	
re the foregoing particulars are true in every respect.	3/2022

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 w orkshop 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 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
- (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' law yers/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.

RIDES

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle Na.:	SHB1382K
Vehicle to be Exported:	No.
Intended Deregistration Date:	15 Mar 2022
Vehicle Make:	M.G.
Vehicle Model:	MG5 EV EXCITE T
Primary Colour:	Green
Manufacturing Year:	2021
Engine No:	
Chassis No.:	LSJE24031MG058177
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$29,128.00
Original Registration Date:	29 Oct 2021
First Registration Date:	29 Oct 2021
Transfer Count:	
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	
PARF Eligibility Expiry Date:	28 Oct 2029
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	28 Oct 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	
PQP Paid:	\$37,186,00
COE Rebate Amount:	\$35,411.00
Total Rebate Amount:	\$39,161.00

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 15 Mar 2022