

Case Details

Case Reference Number :

TAX/03/22/2045

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB591E

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17774-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 19/03/2022 12:05 AM

Vehicle Age(In Months) : 90

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			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	361.50	Replace	cut ✓
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	na ✓
Standard	Main			BUMPER SUPPORT F/RH	1	76.40	76.40	25.00	57.30	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER ENERGY ABSORBER FRT	1	78.80	78.80	25.00	59.10	Replace	0	0	Check	?
Standard	Main			BUMPER REINFORCEMENT FRT	1	498.40	498.40	25.00	373.80	Replace	0	0	Check	?
Standard	Main			ARM SUB-ASSY,FR BUMPER LH	1	250.40	250.40	25.00	187.80	Replace	0	0	Check	?
Standard	Main			ARM SUB-ASSY,FR BUMPER RH	1	250.40	250.40	25.00	187.80	Replace	0	0	Check	?
Standard	Main			DEFLECTOR, RADIATOR RH	1	83.50	83.50	25.00	62.63	Replace	0	0	Not Give	Xan
Standard	Main			DEFLECTOR, RADIATOR LH	1	77.00	77.00	25.00	57.75	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR BUMPER	1	110.40	110.40	25.00	82.80	Replace	1	82.80	Replace	Xan
Standard	Main			NUMBER PLATE FRAME	1	12.00	12.00	0.00	12.00	Replace	1	12.00	Replace	Xan
Standard	Main			NUMBER PLATE	1	15.00	15.00	0.00	15.00	Replace	1	15.00	Replace	Xan

Total Spare Part Cost 5,629.04

Lump Sum Discount (%) 20.00

Final Spare Part Cost 4,389.81

Surveyor Total 569.93

Lump Sum Dis (%) 0

Final Sur Total 569.93

3/22/22, 11:12 AM

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			BUMPER GRILLE SUB-ASSY,LOWER	1	311.10	311.10	25.00	233.33	Replace	0	0	Not Give	Xan
Standard	Main			FOG LAMP RH	1	295.20	295.20	10.00	265.68	Replace	0	0	Not Give	Xan
Standard	Main			FOG LAMP LH	1	280.10	280.10	10.00	252.09	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR TURN UPPER RH	1	24.40	24.40	25.00	18.30	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR TURN UPPER RH	1	24.40	24.40	25.00	18.30	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR TURN LOWER RH	1	26.00	26.00	25.00	19.50	Replace	0	0	Not Give	Xan
Standard	Main			LENS & BODY,FR TURN LH	1	511.80	511.80	10.00	460.62	Replace	0	0	Not Give	Xan
Standard	Main			LENS & BODY, FR TURN RH	1	511.80	511.80	10.00	460.62	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR TURN UPPER LH	1	24.40	24.40	25.00	18.30	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR TURN CENTER LH	1	58.20	58.20	25.00	43.65	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR TURN LOWER LH	1	26.00	26.00	25.00	19.50	Replace	0	0	Not Give	Xan
Standard	Main			EMBLEM FRONT	1	86.50	86.50	25.00	64.88	Replace	1	64.88	Replace	new
Standard	Main			GRILLE, RADIATOR	1	310.60	310.60	25.00	232.95	Replace	0	0	Not Give	Xan
Standard	Main			GRILLE, RADIATOR LOWER NO.2	1	94.60	94.60	25.00	70.95	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER LIP FRT	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER FRT ABSORBER LOWER	1	127.70	127.70	25.00	95.78	Replace	0	0	Not Give	repeate Xan
Standard	Main			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	0	0	Not Give	Xan
Standard	Main			HEAD LAMP RH	1	945.20	945.20	10.00	850.68	Replace	0	0	Not Give	Xan
Total Spare Part Cost									5,629.04	Surveyor Total		569.93		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									4,389.81	Final Sur Total		569.93		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT PORTION	676.00	200	
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	
2	Main	TO RESPRAY FRONT BUMPER LOWER GRILLE	180.00	0 X11	
Total:			558.00	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 X11	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0 X11	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 X11	
Total:			260.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,389.81	569.93
Total Labour Cost	676.00	200.00
Total Spray Painting	558.00	200.00
Other	260.00	0.00
Overall Total	5,883.81	969.93
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	5,900.00	950.00
Surveyor Approved Amount		950.00
No of Repair Days*	4	2
Remarks		lump sum repair / resurvey after repair
Surveyor Name		Rasul

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:

3/22/22, 11:12 AM

Surveyor Assessment(\$)

Signature

Estimator Assessment(\$)



Save

Clear

Survey Date

22/03/2022

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	21/03/2022 16:48 (SGT)
Date of Accident	19/03/2022 08:05 (SGT)
Exact Location of Accident	Near St. Joseph Instn Jnr, Singapore
Additional Location Information	MOULMEIN ROAD JUNCTION SINARAN DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB591E

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	NG KIM THONG
NRIC No	SXXXX632G

Date Of Birth	09/05/1962
Occupation	Outdoor
Date Of Driving Pass	18/06/1992
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-69662672
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	Collision - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220319/7020

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	SGT2850L
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG KIM THONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB591E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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 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' 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.

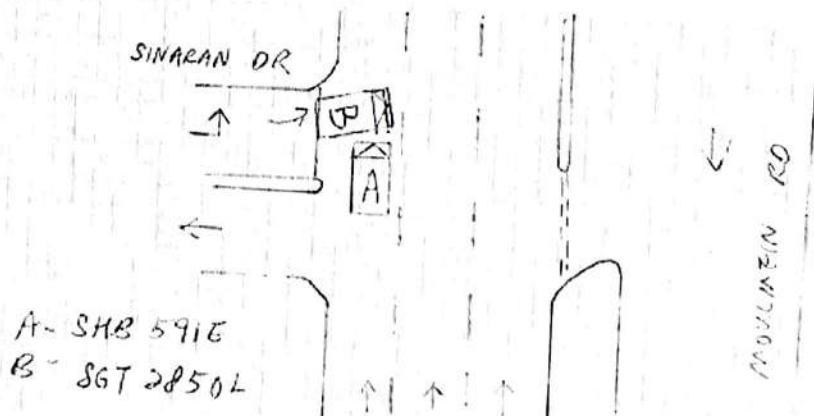


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

I/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

ali 21/3/2020



**SINGAPORE
POLICE FORCE**



T/20220319/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220319/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2022 16:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KIM THONG			Address: 850 YISHUN STREET 81 #08-94 SINGAPORE 760850		
ID Type / ID No.: NRIC NO / S1519632G			Contact No.: Home/Office: Mobile: 85085612		
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com		
Sex: Male	Age: 59	Date of Birth: 09/05/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2022 08:05	Type of Location: Straight Road
Location: MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGT 2850 L	Car				Seriously Damaged	0
SHB591E	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220319/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220319/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KIM THONG	ID No.	S1519632G
Related Vehicle	SHB591E (Car)	Contact No.	85085612
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/03/2022	Date	19/03/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along Moulmein road toward CTE, suddenly a car "SGT 2850 L" come out from Moulmein Rise minor road and cause me to collide on to the side of his vehicle.

i feel uncomfortable after the accident, i visited the Unihealth 24-HR Clinic (toa payoh) and was given 3 days MC.

**SINGAPORE
POLICE FORCE**

T/20220319/7020

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220319/7020

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/03/2022 16:38

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB591E
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6137981
Chassis No.:	JTDKN36U505749160
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	12 Sep 2014
First Registration Date:	12 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Sep 2022
PARF Rebate Amount:	\$4,852.00
COE Expiry Date:	11 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$2,970.00
Total Rebate Amount:	\$7,822.00

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 23 Mar 2022

OK