

ASS. REC. BY: Time

REF: NS/INC22002798/Rvc

89k

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHC 4749Lat Workshop m/s STRIDES (SMRT)of 60, NORTON RD PK E4Insured: SGU 3587K INC

Policy No. \_\_\_\_\_

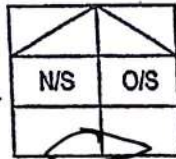
Claims No. MT/1169404-001

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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 4749L Yr Regn: 2017 / DECType: M.Car / M.Cycle / Bus / Van / Lorry / ~~Taxi~~ Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: TOYOTA PRIMO HYBRID 1800 c.c. 1798Colour: maroon A/C: Insured / Std / NI / NASp. Reading: 503547 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FU103576239Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modl: NII / 3Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: 195/65R15R: 1.

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

TOYO / YOKO or SAILUN

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 24/03/22 D.O.I. 25/03/22Survey held at STRIDESDes. of Damages: Frt Rear O/S / N/S / U/C / Rooftop or \_\_\_\_\_

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

Date / Time	Action / Instruction
19/4/22	Rasul informed LS \$650 (Red 3404.50, 83%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1) \_\_\_\_\_

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee: \_\_\_\_\_

2) 22/4/22-typist

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Report Format: TP

Photos \_\_\_\_\_

Others \_\_\_\_\_

Lump Sum / L.S. (\$) \$650Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

## SMRT Accident Vehicle Repair Estimates

<b>SMRT Automotive Services Pte Ltd</b>
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672


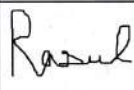
Date Generated : 25/03/2022

User ID : angbangkien

### Section A - Accident Details

Registration Number	SHC4749L
Case Reference Number	TAX/03/22/2050
Registration Date	12/12/2017
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	DORAY ANTONIO RAJA
Type of Accident	Head to Rear
Accident Date and Time	24/3/2022 2:30 PM
Accident Reported Date and Time	24/3/2022 3:36 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24114363
Special Instruction to ARC, if any	TP/ REAR PORTION
Prepared Date and Time	24/3/2022 5:11 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

### Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$676.00	\$200.00
Total Spray Cost	\$558.00	\$200.00
Total Spare Part Cost	\$1,534.30	\$429.82
Total Other Cost	\$380.00	\$0.00
<b>TOTAL COST</b>	<b>\$3,148.30</b>	<b>\$829.82</b>
Lump Sum Total	\$2,750.00	\$750.00
Number of Repair Days	4.0	2.0
Prepared / Adjusted By	Boon Chew Tay	Rasul
ARC / Surveyor Sign Off Date	24/03/2022 5:24 PM	25/03/2022 3:54 PM
Signature		
Remarks		LUMP SUM REPAIR / RESURVEY AFTER REPAIR

### Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	



## SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 25/03/2022

User ID : angbangkien

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR REAR PORTION	\$676.00	\$200.00
<b>total Labour</b>	<b>\$676.00</b>	<b>\$200.00</b>

#### Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY REAR BUMPER	\$378.00	\$200.00
O RESPRAY REAR PANEL	\$180.00	\$0.00 <i>Xan</i>
<b>total Spray Painting &amp; Panel Beating</b>	<b>\$558.00</b>	<b>\$200.00</b>

#### Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O WASH AND VACUUM	\$60.00	\$0.00 <i>Xan</i>
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$0.00 <i>Xan</i>
O REPLACE SUNDRY PARTS	\$100.00	\$0.00 <i>Xan</i>
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$0.00 <i>Xan</i>
<b>total Other Costs</b>	<b>\$380.00</b>	<b>\$0.00</b>

#### Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		5215947913	COVER, RR BUMPER ASSY	1.00	\$423.90	100.00	\$0.00	Replace	Repair <i>R</i>
		5202347030	REAR BUMPER REINFORCEMENT	0.00	\$318.80	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5246247030	PAD, RR BUMPER, RH & LH, 1	0.00	\$3.80	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5246247020	PAD, RR BUMPER, RH & LH, 2	0.00	\$3.80	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5246247010	PAD, RR BUMPER, RH & LH, 3	0.00	\$3.80	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5246147010	PAD, RR BUMPER, CTR	0.00	\$2.20	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5219147030	SEAL, RR BUMPER ARM, RH & LH	0.00	\$11.00	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5259968030	STOPPER, RR BUMPER, RH & LH	0.00	\$4.30	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5257547040	RETAINER, RR BUMPER, RH	0.00	\$112.70	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5257647040	RETAINER, RR BUMPER, LH	0.00	\$111.50	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5216116010	CLIPS PIECE, FRT & RR BUMPER	0.00	\$1.50	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$558.30	25.00	\$418.72	Replace	Replace <i>See</i>
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$14.80	25.00	\$11.10	Replace	Replace <i>mis</i>
			SENSOR REVERSE	0.00	\$180.00	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		8999730100	ANTENNA, ELECTRICAL KEY	0.00	\$60.30	0.00	\$0.00	Replace	Not Given <i>Xan</i>
		5830747090	END PANEL SUB-ASSY, BODY LOWER BACK	0.00	\$629.80	0.00	\$0.00	Replace	Not Given <i>Xan</i>
<b>total</b>					<b>\$2,440.50</b>		<b>\$429.82</b>		

#### Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
<b>total</b>									

I KK 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	25/03/2022 08:52 (SGT)
Date of Accident	24/03/2022 14:30 (SGT)
Exact Location of Accident	Newton Rd, Singapore
Additional Location Information	NEWTON ROAD TOWARDS SCOTTS ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4749L
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### 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	1800

### 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	DORAY ANTONIO RAJA
NRIC No	SXXXX633B



Date of Birth	25/07/1966
Location	Outdoor
Date of Driving Pass	15/05/1999
Driving experience	22 YEARS AND 10 MONTHS
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 STATIONARY ALONG NEWTON ROAD TOWARDS SCOTTS ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SGU3587X 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	SGU3587X
Vehicle Manufacturer	-
Vehicle Model	-



## 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.
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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



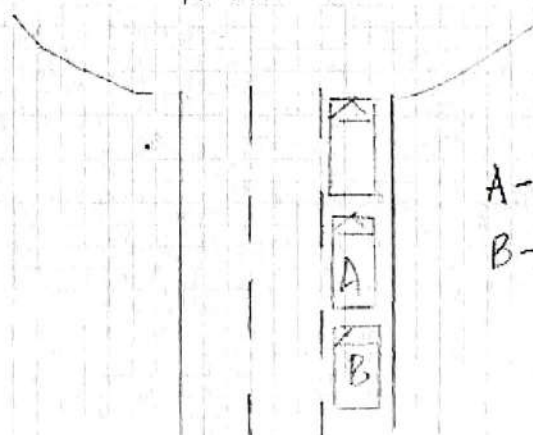
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Newtan Road.



A- SHC4T49L

B- SGU 358FX







> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHC4749L
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS112036
Chassis No.:	JTDKB3FU103576239
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Dec 2017
First Registration Date:	12 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	11 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$15,806.00
Total Rebate Amount:	\$19,556.00

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 28 Mar 2022

OK