

ASS. REC. BY: Ram

REF:

NS/INC22002800/Rqc

39K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB15664at Workshop m/s STRIDES (SMRT)of 60mm x 1.5m PK CYInsured: ISC

Policy No. _____

Claims No. MT/1166298-002

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB15664 Yr Regn: 2021 NOVType: M.Car / M.Cycle / Bus / Van / Lorry / Trax / Prime Mover /

Truck / Trailer or

Make: MG MG5 EV EXCITE 7 C.C. -Colour GREEN A/C: Insured / Std / NI / NASp. Reading 3097 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LS 8E 2403XMG10 63452Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 24/03/22Survey held at STRIDES (SMRT)

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

O/S REAR

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

Date / Time Action / Instruction

Rasul finalised final fig \$200, 2 day. (Red \$6710.23, 97%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 26/05 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: TPLump Sum / I.E.I. (\$ 200)

Case Details

Case Reference Number :

TAX/03/22/2055

Type of Repair : Accident Repair

Vehicle Registration Number : SHB1566Y

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17816-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 24/03/2022 09:00 AM

Vehicle Age(In Months) : -

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			SENSOR-RR PARK DIST CONT	3	65.00	195.00	10.00	175.50	Replace	0	0	Not Give	Xan
Standard	Main			FASCIA-RR BPR	1	758.47	758.47	10.00	682.62	Replace	0	0	Not Give	Xan
Standard	Main			FASCIA-RR BPR LWR	1	230.68	230.68	10.00	207.61	Replace	0	0	Not Give	Xan
Standard	Main			FINISHER-RR BPR - RH	1	47.42	47.42	10.00	42.68	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET ASM-RR BPR FASCIA SI - RH	1	29.84	29.84	10.00	26.86	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET-RR BPR FASCIA LWR MTG	1	12.79	12.79	10.00	11.51	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	Not Give	Xan
Standard	Main			LINER ASM-RR W/H PNL - R	1	85.49	85.49	10.00	76.94	Replace	0	0	Not Give	Xan
Standard	Main			PANEL-BODY SI OTR-R	1	1,434.89	1,434.89	10.00	1,291.40	Replace	1	0	Repair	R
Standard	Main			WINDOW ASM-QTR - RH	1	251.48	251.48	10.00	226.33	Replace	0	0	Not Give	Xan
Standard	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xan
Total Spare Part Cost									3,084.23	Surveyor Total			0.00	
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)			0	
Final Spare Part Cost									3,084.23	Final Sur Total			0.00	

Labour's Cost Detail

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR RHS PORTION	1,800.00	0 Xm	
Total:			1,800.00	0.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	428.00	0 Xm	
2	Main	TO RESPRAY REAR FENDER RH	428.00	200	
Total:			856.00	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 Xm	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	120.00	0 Xm	
3	Main	TO REPLACE SUNDRY PARTS	120.00	0 Xm	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0 Xm	
5	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	0 Xm	
6	Main	ISOLATED OF (EV) (NET)	150.00	0 Xm	
7	Main	TO REMOVE & REFIT REAR QUARTER GLASS RH	120.00	0 Xm	
Total:			1,040.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,084.23	0.00
Total Labour Cost	1,800.00	0.00
Total Spray Painting	856.00	200.00
Other	1,040.00	0.00
Overall Total	6,780.23	200.00
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	200.00

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Surveyor Approved Amount		200.00
No of Repair Days*	6	2
Remarks	-	PART BY PART REPAIR / RESURVERY AFTER REPAIR
Surveyor Name		Rasul
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	25/03/2022	

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 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 14:16 (SGT)
Date of Accident	24/03/2022 17:00 (SGT)
Exact Location of Accident	681 Punggol Dr., Singapore 820681
Additional Location Information	OASIS TERRACE DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1566Y
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	1

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	LIN TIONG MENG
NRIC No	SXXXX508D

Date Of Birth	26/09/1966
Occupation	Outdoor
Date Of Driving Pass	05/09/1988
Driving experience	33 YEARS AND 6 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	Side Swipe
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY AT OASIS TERRACE, DROPPING OFF PASSENGERS. AFTER PASSENGER HAS ALIGHTED, I COULD NOT MOVE OFF AS THE FRONT VEHICLES ARE STILL STATIONARY. WHILE WAITING FOR THE FRONT VEHICLE TO MOVE OFF, I SAW ANOTHER VEHICLE (SMW2091Z - PRIVATE AMBULANCE) WAS REVERSING FROM MY FRONT RIGHT AND WHEN I REALISED THAT IT WAS VERY NEAR TO MY TAXI, I STARTED TO HORN TO WARN THIRD PARTY DRIVER. BUT HE CONTINUE TO REVERSE AND HIS LEFT REAR SIDE NEAR THE MUDGUARD COLLIDED ONTO MY TAXI RIGHT REAR SIDE (NEAR/TOP OF THE REAR TYRE)

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	SMW2091Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
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)

Commercial vehicle

-
-
-
-
-
-
-
-
-
-

Describe Circumstances of the Accident

Diagram illustrating the accident scene layout:

A = SH1566Y
B = SMW 20912

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 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1566Y
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Mar 2022
Vehicle Make:	M.G.
Vehicle Model:	MG5 EV EXCITE T
Primary Colour:	Green
Manufacturing Year:	2021
Engine No.:	-
Chassis No.:	LSJE2403XMG063152
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$29,031.00
Original Registration Date:	30 Nov 2021
First Registration Date:	30 Nov 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2029
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	29 Nov 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$38,212.00
COE Rebate Amount:	\$36,633.00
Total Rebate Amount:	\$40,383.00

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