

(08/11/13) wef
ASS. REC. BY: *Ram*

REF:

369K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: *SHB 780B*

at Workshop m/s

of

Insured:

Policy No.

Claims No.

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:

SHB 780B

Yr Regn:

2014 / DBL

Type: M.Car / M.Cycle / Bus / Van / Lorry *(Taxi)* / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRIUS TAXI (SMART)

c.c *1798*

Colour

MAROON

A/C: Insured / Std / NI / NA

Sp. Reading

857284

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JDKN36U605753248

Gen. Cond: Good / *(Fair)* / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R17

R:

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

22/03/22

D.O.I.

30/03/22

Survey held at

STRIDES

Des. 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

REPAIR LIMIT - 1.1K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) *S + RS* \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.B.I. (\$

TOTAL

Case Details

Case Reference Number :
TAX/03/22/2069
Type of Repair : Accident Repair
Vehicle Registration Number :
SHB780B

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-17857-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd
Accident Date and Time : 29/03/2022 12:00 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				Remark
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.9	Replace	de-
Standard	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace	ne-
Standard	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	?
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	Xan
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	Xan
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give	Xan
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	Xan
Total Spare Part Cost									2,069.17	Surveyor Total 359.70				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									1,294.07	Final Sur Total 287.76				

SMRT Recommendation

Surveyor Approval

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remark
Standard	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give	Xan
Total Spare Part Cost									2,069.17	Surveyor Total		359.70		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									1,294.07	Final Sur Total		287.76		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR 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 REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0 Xan	
3	Main	TO RESPRAY REAR PANEL	180.00	0 Xan	
Total:			738.00	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 Xan	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0 Xan	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 Xan	
4	Main	TO TEST AND REFILL REVERSE SENSOR SYSTEM	120.00	40	
Total:			380.00	40.00	

Summary



Estimator Assessment(\$)

Surveyor Assessment(\$)

Total Spare Part Detail

1,294.07

287.76

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	380.00	40.00
Overall Total	3,088.07	727.76
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	3,100.00	750.00
Surveyor Approved Amount		750.00
No of Repair Days*	5	2
Remarks		REQUEST NBV / LUMP SUM REPAIR / RESURVEY AFTER REPAIR PHOTO.
Surveyor Name		Rasul
Signature		
Survey Date	30/03/2022	<input type="button" value="Save"/> <input type="button" value="Clear"/>

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	30/03/2022 08:52 (SGT)
Date of Accident	29/03/2022 08:00 (SGT)
Exact Location of Accident	Choa Chu Kang Dr, Singapore
Additional Location Information	CHOA CHU KANG DRIVE TOWARDS KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB780B
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	TAN CHEE TONG
NRIC No	SXXXX503G

Date Of Birth	06/08/1968
Occupation	Outdoor
Date Of Driving Pass	14/02/1989
Driving experience	33 YEARS AND 1 MONTH
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	XIONG JIERU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220329/2073

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	SJW41S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	-
Contact Number	Private car
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	TAN CHEE TONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SHB780B
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	XIONG JIERU
Phone	-
Email	-

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



SINGAPORE POLICE FORCE



T/20220329/2073

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Page 1 of 3
Report No: T/20220329/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/03/2022 18:22

Video Report No.:

Station Diary No.:
124

Informant's Particulars

Name of Informant: TAN CHEE TONG		Address: APT BLK 129 RIVERVALE STREET #08-852 SINGAPORE 540129	
ID Type / ID No.: NRIC NO / S6826503G		Contact No.:	Mobile: 84848852
Nationality: SINGAPORE CITIZEN		Home/Office:	
Email:			
Sex: Male	Age: 53	Date of Birth: 06/08/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/03/2022 08:00	Type of Location: Straight Road
Location: CHOA CHU KANG DRIVE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB780B	Car				Slightly Damaged	1
SJW41S	Car				Slightly Damaged	0

Persons Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220329/2973

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Police Station Of Origin:
Sengkang N.P.C.
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220329/2073

CONTINUATION OF REPORT

Driver			
Name	TAN CHEE TONG	ID No.	S6826503G
Related Vehicle	SHB780B (Car)	Contact No.	84848852
Hospital/Clinic	MEDICA CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 29/03/2022 at about 0800hrs, I was travelling along Choa Chu Kang Drive in my vehicle SHB780B with a passenger as I am working as a taxi driver under Strides, about to enter KJE (BKE). There was a traffic light before entering the expressway and I stopped before the line as the light was red. The next thing I knew, suddenly I heard a loud bang and a collision occurred. The vehicle behind me, SJW41S, had knocked his front bumper into the rear bumper of my vehicle. As such, there were damages caused to both vehicles. There were dents on his vehicle's front bumper as well as dents on my vehicle's rear bumper. The driver of that vehicle then stepped out of his vehicle and came to me, telling me that he can pay for the damage.

As I had a passenger, I was worried for his safety namely one Xiong Jieru (HP: 97491066). I asked if he was injured and he said he was okay.

I then took picture of his front bumper and vehicle plate number, got the driver of SJW41S handphone number which is 90062398.

I then told him I will be making a police report regarding this matter and will be informing my company.

Later at about 1130hrs, I went to visit Medica Clinic at 681 Hougang Avenue 8 #01-837 S(530681) where I was given a 3 days Medical Certificate due to diagnosis made where I suffered neck pain after the above-mentioned road traffic accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20220329/2073

3 of 3

Report No. T/20220329/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F/

Other Mohammad Azizi Bin Sani

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2022 18:22

Officer In Charge Of Case:

TP / GIA /

Other MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476201

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB780B
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1459600
Chassis No.:	JTDKN36U605753248
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	02 Dec 2014
First Registration Date:	02 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Dec 2022
PARF Rebate Amount:	\$4,852.00
Intended COE Rebate Details	
COE Expiry Date:	01 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$4,323.00
Total Rebate Amount:	\$9,175.00
Message	

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 31 Mar 2022

OK