



## Case Details

Case Reference Number :

TAX/04/22/2048

Type of Repair : Accident Repair

Vehicle Registration Number : SHB1102C

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-18028-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : India International Insurance Pte Ltd

Accident Date and Time : 17/04/2022 06:00 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			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	1	0	Repair	R
Standard	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, RH & LH, 1	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, RH & LH, 2	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, RH & LH, 3	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	3	4.95	Replace	Rec
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	Xan
Standard	Main			STOPPER, RR BUMPER, RH & LH	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	Xan
Standard	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	0	0	Not Give	Xan
Standard	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER, RH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER, LH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give	Xan
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	0	0	Not Give	Xan

Total Spare Part Cost 2,515.48

Lump Sum Discount (%) 20.00

Final Spare Part Cost 1,634.50

Surveyor Total 423.67

Lump Sum Dis (%) 20

Final Sur Total 338.94



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			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	1	418.72	Replace	See
Standard	Main			COVER, GUARD RR BUMPER LOWER	1	14.80	14.80	25.00	11.10	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			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0	Not Give	Xan
Standard	Main			COVER, REAR FLOOR UNDER, RH	1	169.50	169.50	25.00	127.13	Replace	0	0	Not Give	Xan
Standard	Main			COVER, REAR FLOOR UNDER, LH	1	234.30	234.30	25.00	175.73	Replace	0	0	Not Give	Xan
Standard	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0	Not Give	Xan
Standard	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	629.80	629.80	25.00	472.35	Replace	0	0	Not Give	Xan
Total Spare Part Cost									2,515.48	Surveyor Total		423.67		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									1,634.50	Final Sur Total		338.94		

**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
Total:			380.00	0.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0 <i>X11</i>	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 <i>X11</i>	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0 <i>X11</i>	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0 <i>X11</i>	
Total:			380.00	0.00	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,634.50	338.94
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	380.00	0.00
Overall Total	3,428.50	738.94
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	3,450.00	750.00
Surveyor Approved Amount		750.00
No of Repair Days*	4	2
Remarks		LUMP SUM REPAIR / AFTER PAINT PHOTO .
Surveyor Name		Rasul

Signature

Survey Date

**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:

19/04/2022

Save

Clear



## 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	19/04/2022 10:36 (SGT)
Date of Accident	17/04/2022 14:00 (SGT)
Exact Location of Accident	Sungei Rd, Singapore
Additional Location Information	SUNGEI ROAD TOWARDS JALAN BESAR
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1102C
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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-22099115MFSH
Cover Note Number	-

#### DRIVER

Name of Driver	LEONG YEW CHEONG
NRIC No	SXXXX206G



Date Of Birth	16/05/1959
Occupation	Outdoor
Date Of Driving Pass	13/10/1993
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-38662672
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	Male

#### 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

#### REFER TO STATEMENT

#### 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	SLL7209P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	TAN CHOONG SIANG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**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 willful 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.

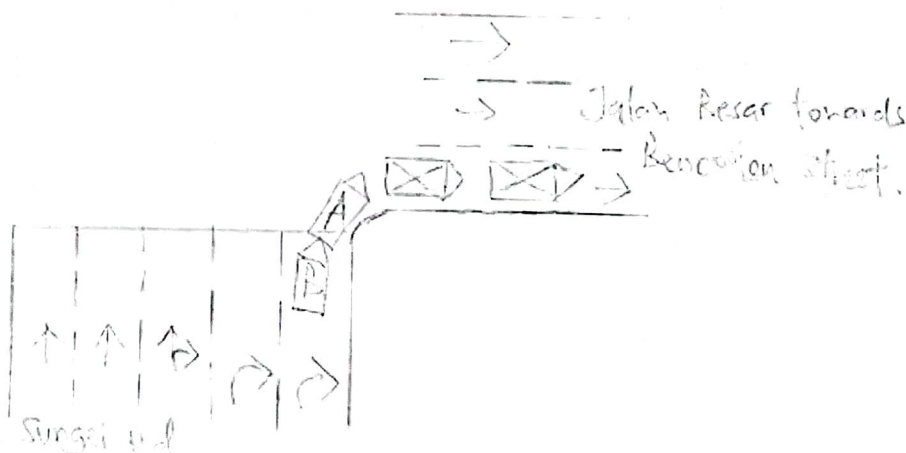


Policyholder's Signature / Date & Time

**Sketch Plan**

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

Witnessed by Reporting Centre Personnel





**Describe Circumstances of the Accident**

On 17/4/22 around 2pm travelling around Sungai Rd  
turning into Tin Besor, vehicle SLH 7209 P, bumped  
into the back of my vehicle.

**Declaration**

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]* 18/4/22 1220pm  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

*[Signature]* 18/4/22  
Witnessed by Reporting Centre  
Personnel



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1102C
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS097625
Chassis No.:	JTDKB3FU303572841
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Oct 2017
First Registration Date:	12 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	11 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$14,787.00
Total Rebate Amount:	\$18,537.00

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 20 Apr 2022

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