

ASS. REC. BY: P. S. S. S.

REF:

NS/INC22004913/Rtc

369k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHO 63133at Workshop m/s STRINGS (SMRT)of 60, WOODMAN'S Ind PK BldgInsured: NTUC

Policy No. _____

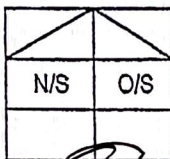
Claims No. MT/1173561-002

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 Report: _____ 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: SHO 63133 Yr Regn: 2017 / NOVType: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: TOYOTA PRIMS Hybrid 1.8 CVT c.c. 1798Colour: MARON A/C: Insured / Std / NI / NASp. Reading: 551933 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU403573299Gen. Cond: Good / (Fair) / Poor / BurntSteering: In order / (Jammed) / Leaked / Burnt or _____Brake: In order / (Jammed) / Leaked / Burnt or _____Modl: (NI) / S/Rim / STD A/Rim or _____Tyre Size: F: 195/65R15

R: _____

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. 23/05/22 D.O.I. 24/05/22Survey held at SMRTDes. 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
	a cost of repair of L/S \$1,250.00 /- with 02 days
	RED: 4010 88.76%

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / L.S.H. (\$ _____)



Case Details

Case Reference Number :

TAX/05/22/2065

Type of Repair : Accident Repair**Vehicle Registration Number :**

SHD6313S

Company Type : Strides Taxi Pte Ltd**Estimation ID :** EST-18355-ID**Assigned By :** Taxi Claims Manager
Team**Insurance Company Name :** NTUC Income Insurance Co-operative Ltd**Accident Date and Time :** 23/05/2022 12:20 PM**Vehicle Age(In Months) :** 54

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			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	1	317.92	Replace v	de -
Standard	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Check v	?
Standard	Main			PAD, RR BUMPER, RH & LH , 1	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace v	na ✓
Standard	Main			PAD, RR BUMPER, RH & LH , 2	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace v	na ✓
Standard	Main			PAD, RR BUMPER, RH & LH , 3	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace v	na ✓
Standard	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	3	4.95	Replace v	na ✓
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.00	22.00	25.00	16.50	Replace	2	16.50	Replace v	na ✓
Standard	Main			STOPPER, RR BUMPER, RH & LH	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give v	Xan
Standard	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	0	0	Not Give v	Xan
Standard	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give v	Xan
Standard	Main			SEAL, RR BUMPER , RH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give v	Xan
Standard	Main			SEAL, RR BUMPER , LH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give v	Xan
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace v	na ✓

Total Spare Part Cost 4,183.60

Surveyor Total 786.44

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

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 v	de-
Standard	Main			COVER, GUARD RR BUMPER LOWER	1	14.80	14.80	25.00	11.10	Replace	0	0	Not Give v	Xan
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check v	?
Standard	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0	Not Give v	Xan
Standard	Main			REAR BUMPER GROMMET SCREW	2	2.20	4.40	25.00	3.30	Replace	0	0	Not Give v	Xan
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , RH	1	438.10	438.10	10.00	394.29	Replace	0	0	Not Give v	Xan
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , LH	1	438.10	438.10	10.00	394.29	Replace	0	0	Not Give v	Xan
Standard	Main			LENS & BODY ASSY , RR BUMPER , RH	1	486.80	486.80	10.00	438.12	Replace	0	0	Not Give v	Xan
Standard	Main			LENS & BODY ASSY , RR BUMPER , LH	1	486.80	486.80	10.00	438.12	Replace	0	0	Not Give v	Xan
Standard	Main			COVER, REAR FLOOR UNDER , RH	1	169.50	169.50	25.00	127.13	Replace	0	0	Not Give v	Xan
Standard	Main			COVER, REAR FLOOR UNDER , LH	1	234.30	234.30	25.00	175.73	Replace	0	0	Not Give v	Xan
Standard	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0	Not Give v	Xan
Standard	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	629.80	629.80	25.00	472.35	Replace	0	0	Not Give v	Xan
Total Spare Part Cost									4,183.60	Surveyor Total		786.44		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									3,346.88	Final Sur Total		629.15		

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
Total:			738.00	200.00	

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 Xnn	
3	Main	TO RESPRAY REAR PANEL	180.00	0 Xnn	
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 Xnn	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 Xnn	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 Xnn	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0 Xnn	
Total:			500.00	40.00	

Summary

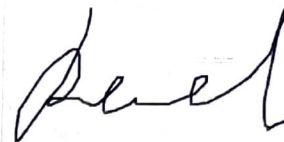
	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,346.88	629.15
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	500.00	40.00
Overall Total	5,260.88	1,069.15
Lump Sum Repair Option		☒
Lump Sum Total	5,250.00	1,050.00
Surveyor Approved Amount		1,050.00
No of Repair Days*	5	2
Remarks	-	LUMP SUM REPAIR / RESURVEY AFTER PAINT PHOTO.
Surveyor Name		Rasul

Estimator Assesment(\$)

Signature



Surveyor Assesment(\$)



Save

Clear

Survey Date

24/05/2022

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	24/05/2022 14:47 (SGT)
Date of Accident	23/05/2022 20:20 (SGT)
Exact Location of Accident	Near 114 Yishun Ring Rd, Block 114, Singapore 760114
Additional Location Information	YISHUN AVE 7 SLIP ROAD TO SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6313S
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-22099115MFSH
Cover Note Number	-

DRIVER

Name of Driver	NG WOON KWANG
NRIC No	SXXXX499E

Date Of Birth	14/10/1980
Occupation	Outdoor
Date Of Driving Pass	23/02/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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 ALONG THE SLIP ROAD OF YISHUN AVE 7 TO LOOK OUT FOR THE TRAFFIC ON SEMBAWANG ROAD WHEN SUDDENLY THE MOTORCYCLE FBS4820A FROM BEHIND HIT ONTO THE REAR PORTION OF MY TAXI.

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	FBS4820A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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) -

NA
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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.

5. 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.

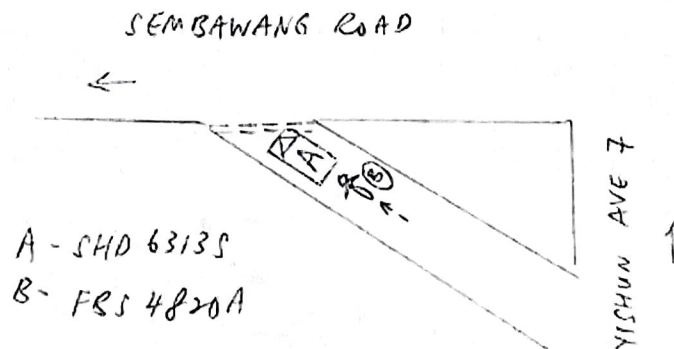


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

A circular blue ink stamp with the text "STRIDES TAXI PTELIO" around the perimeter. There is a small star-like mark at the bottom center of the circle.

[Signature] 24/5/22 1000
Cover's Signature (If driver is not the policyholder) / Date
& Time

aka relation

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHD63135
Vehicle to be Exported:	No
Intended Deregistration Date:	25 May 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR5100078
Chassis No.:	JTDKBJFU403573299
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	01 Nov 2017
First Registration Date:	01 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Eligibility	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Oct 2025
PARF Rebate Amount:	\$3,750.00
Intended COE for Importation	
COE Expiry Date:	31 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$14,416.00
Total Rebate Amount:	\$18,166.00
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 25 May 2022

OK