	EG122005504/Rgy3 ASSIGNMENT ASSIGNMENT ASSIGNMENT ASSIGNMENT
	ASSIGNMENT
From: Date:	Veh No: SHB 765X Yr Regn: 2014 / DEC
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SKB 7654	Make: THUTAPLINS c.c 1798
at Workshop m/s STRUBLY CENRY)	Colour MARSON A/C: Insured / Std / NI / NA
of 60, word comms land PKEY Insured: Jelly	Sp.Reading T/Radio: Insured / Std / NI / NA
sured: GLGO	Eng/No:
olicy No.	C/NO: JTDKN 36U 305 753496
Claims No. CDMCG22001096	Gen. Cond: Good / Fair / Poor / Burnt
tum Insured: Excess:	Steering: Morder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Norder / Jammed / Leaked / Burnt or
ake of Veh:	Modi: Nil / SyRim / STD A/Rim or
	Tyre Size: F: 195/658215
(Policy Condition)	R: CITY
emark: The veh had commenced its	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or SAILUN
I. or Market Value:	Front Rear
AC Accident Rport: Consistent? : Yes or N	lo R/Rai P/Rai
/ PR Seen: Consistent? : Yes or N	lo 1/8al 1/8al
Repairs: days Res.: Yes or I	
n Sum: % 3 Val.: Yes or N	010010
	Survey rich at SIRLYES
/ REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or ide: IN / OUT
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	The Green Chassis Halite / Body Structure affected due to comision.
te / Time Action / Instruction	
REPARE LIAT - 30 30	ა ———
REPAIR LIMIT - 30 30	
Кордие ЦМП— 30.30 6/22@3.05pm revised to ERGO via	a Merimen.
REPARE LIMIT - % 300 300 300 300 300 300 300 300 300 3	Days Of Repair:
RGPAIR LIMIT - % 300 300 300 300 300 300 300 300 300 3	a Merimen.
REPAIR LIMIT - % 300 6/22@3.05pm revised to ERGO via ne, File Pass to? : Preli. Report : Final Report ne, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
RGPACE LIMIT - % 300 300 300 300 300 300 300 300 300 3	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: Site Insp (\$)S+RSSI
RGPAIR LIMIT — % 300 6/22@3.05pm revised to ERGO via ne, File Pass to? : Prell. Report : Final Report me, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
RGPACE LIMIT - % 300 300 300 300 300 300 300 300 300 3	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: Site Insp (\$)S+RS,SI



Case Details

Case Reference Number: TAX/06/22/2028

Type of Repair : Accident Repair

Vehicle Registration Number: SHB765X

Company Type: Strides Taxi Pte Ltd

Estimation ID : EST-18496-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : ERGO Insurance Pte Ltd Accident Date and Time : 07/06/2022 10:05 AM

Final Sur Total 730.80

Vehicle Age(In Months): -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Recor	nmen	dation						Survi	eyor Approval	
ВОМ Туре	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			DOOR FRT/RH	1	894.40	894.40	25.00	670.80	Replace	1	670.80	Replace 🗸	Ct-
Standard	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace 🗸	Ne/
Standard	Main			HINGE LOWER RHF, DOOR	1	90.10	67.57	25.00	67.57	Replace	0	0	Not Giv∈ ✓	Xng
Standard	Main			HINGE UPPER RHF, DOOR	1	80.50	80.50	25.00	60.38	Replace	0	0	Not Giv€ ➤	KM
tandard	Main			CHECK ASSY, FR DOOR,	1	150.30	150.30	25.00	112.73	Replace	0	0	Not Giv∈ ∨	Xnc
standard	Main			DOOR BELT FRT/RH	1	69.20	69.20	25.00	51.90	Replace	0	0	Not Giv€ ✓	Xan
tandard	Main			DOOR REGULATOR SUB-ASSY, FRT/REAR RH	1	224.80	224.80	25.00	168.60	Replace	0	0	Check ✓	7_
tandard	Main			DOOR REGULATOR MOTOR FRONT RH	1	947.80	947.80	10.00	853.02	Replace	0	0	Not Giv€ ✓	Xnn
tandard	Main			MOULDING, FR DOOR WINDOW RH	1	53.70	53.70	25.00	40.28	Replace	0	0	Check ~	?
tandard	Main			MIRROR ASSY,RH	1	1,307.10	1,307.10	25.00	980.32	Replace	0	0	Not Giv€ ✔	XM
andard	Main			COVER, OUTER MIRROR, RH	1	107.40	107.40	25.00	80.55	Replace	1	0	Repair 🗸	R
						To	tal Spare F	Part Cost	3,146.15		s	Surveyor Total	730.80	
						Lum	Sum Disc	ount (%)	20.00		Lume	o Sum Dis (%)	0	

Final Spare Part Cost 2,452.48

Jour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1 1	Main	TO REPAIR FRONT RH PORTION	676.00	250	
Total:			676.00	250.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT DOOR RH	378.00	200	
2	Main	TO RESPRAY VIEW MIRROR	180.00	70	
Total:			558.00	270.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	· KM	
2	M ain	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 XV	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40	
4	Main	TO TRANSFER DOOR MECHANISM	120.00	60	
5	Main	TO REPLACE SUNDRY PARTS	100.00	· K11	
tal:			500.00	100.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)	
Total Spare Part Detail	2,452.48	730.80	
Total Labour Cost	676.00	250.00	A,
Total Spray Painting	558.00	270.00	
Other	500.00	100.00	
Overall Total	4,186.48	1,350.80	
Lump Sum Repair Option			
Lump Sum Total	4,200.00	1,350.00	
Surveyor Approved Amount		1,350.00	

Estimator	Assesment(\$)
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Surveyor Assesment(\$)

No of Repair Days*

Remarks

Surveyor Name

Signature

Rasul

resurvey after repair / lump sum /NBV

Survey Date

09/06/2022

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

722690007 / Strides Automotive Services Pte Ltd TRY DATE & TIME: 09/06/2022 12:55 (SGT) JBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) FRSION: 1 (09/06/2022 12:55 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 09/06/2022 12:55 (SGT) 07/06/2022 18:05 (SGT) **Date of Accident Exact Location of Accident** 185 Boon Lay Ave, Block 185, Singapore 640185 BLK 185 BOON LAY AVE CAR APRK Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SHB765X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner

198905369K Company Reg No SXXXXXXXXXXXXXXXLtd

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?

Vehicle Category Taxi Transmission

Auto 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 ABDUL SAMAD BIN YUNOS **NRIC No.** SXXXX237B

M . --:---- ----- 00070000007

Page 1 of 9

e Of Birth	17/12/1967
cupation	Outdoor
ate Of Driving Pass	18/11/1996
riving experience	25 YEARS AND 7 MONTHS
ender	Male
obile Number	
t. Phone Number	(Phone) +65-68662672
mail Address	-
ddress	AUTO-SVCS-TARC@SMRT.COM.SG
ddress complement	11
ostcode	-
s the driver the policyholder?	-
No, Relationship of the Driver with the Insured	No
Ooes Driver Own Other Vehicles?	Hirer
	No
/ehicle Registration Number of Other Vehicle Owned by Driver	
nsurance Company of Other Vehicle Owned by Driver	-
insurance dompany 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?	2 No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	No -
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	No - No 0
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	No - No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No - No 0
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	No - No 0
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION	No - No 0 No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police?	No - No 0 No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given?	No - No 0 No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police?	No - No 0 No
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Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No - No No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No - No 0 No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S)	No No No No No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment?	No No No No No No Yes
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera?	No - No 0 No No No - Yes Yes
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment?	No No No No No The state of the

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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 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
- 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)

Lunderstand, 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 yehicle(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 yersitaw 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:
- (ii) 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 wiell 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.

Folioyholder's Stonefore / Date & Trive

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

Winessed by Reporting Centre Personnel

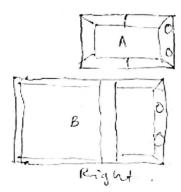
A = SHB 765 X

B = XB 76776

Sketch Plan

LEST

Back



Front

Describe Circumstances of the Accident

Oate: 7 July 2022 (Tuesday)
Time: 18:10 (the hitting happen 5 minutes earlier)
Location: BIK 185 Bons (appen 5 minutes earlier)
Location : BIK 185 Boon Lay Avenue Carpark (season parking)
la the morning I have
6:00 am to 1:22 a relief driver who drives bedween
above compare and colored will collect the taxi at the
in the morning I have a relief driver who drives bedween 6:00 am to 1:30 pm. He will collect the taxi at the obove corparc and return it at the some carpark.
parised at my taxi around 18:10 which was pariced at lot no 109. I saw the yellow lorry at lot 108 reversing very close to my taxi. I could not enter my taxi, while was bing I saw my driver
parked at lot no 109 1 saul the yollow lorry at lot
108 reversing very close to my taxi. I could not
enter my taxi, while waiting I sow my driver
door dented and sent scratched, it could be
seen with near distance.
I called the larry driver to come down and told
I called the larry driver to come down and told him that he has hit my taxi door. He admitted the hitting incident . He then said to claim thru
the hitting incident. He then eard to claim and
insurance.
I took some pictures of the incidents and particulars
of the driver also.
I will share them to office.
My taxi no: 84B 765 x
10000 00 46 16/10
Lorry company: KH Waste Haulage Services Pte Ltd
Tel: 6565 2996
Driver license No: 80215/73 A Driver HP no: 8345 8022

Declaration

MVe declare the foregoing particulars are true in every respect,

Policyholder's Signal@FF Date & Time

Driver's Signature (# driver is not the policynology) / Date & Time

Witnessed by Reporting Centre

Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SMB765X
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUSTAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1461874
Chassis No.:	JTDKN36U305753496
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	10 Dec 2014
First Registration Date:	10 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088,00
PARF Eligibility:	
PARF Eligibility Expiry Date:	09 Dec 2022
PARF Rebate Amount:	\$4,852.00
COE Expiry Date:	09 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$3,206.00
Total Rebate Amount:	\$8,058.00

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 10 Jun 2022