(08/11/13) wef ASS. REC. BY: CASUL REF: CC3/CT1221	361K
<u>ASSI</u>	GNMENT
From: Date: Estimated Cost:	Veh No: SHB 170VB Yr Regn: 202(/ MOV Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: _SHB 1700B	Make: MA [MSSEV BXCITET c.c _
at Workshop m/s STRUMS CSMAS)	Colour CACC Insured / Std / NI / NA
of Go amorphys Inflikely	Sp.Reading (501 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: LS JE 24035MG 058568
Claims No.	Gen. Cond: Good (Fair) Poor / Burnt
Sum Insured: Excess:	Steering (norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Norde? / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STRim / STD A/Rim or
	Tyre Size: F: 205/60R16
(Policy Condition)	R: 0'
Remark: The veh had commenced its repair at the time of inspection.	BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. G mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 18/06/22 D.O.I. 20/06/22
_um Sum: % 3 Val.: Yes or No	Survey held at STRINGS
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
ate/Time, File Pass to? : Prell. Report D	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$

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Case Details

AUTOMOTIVE

Case Reference Number:

TAX/06/22/2047

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1700B

Company Type: Strides Taxi Pte Ltd

Estimation ID : EST-18590-ID

Assigned By: Taxi Claims Manager

Tean

Insurance Company Name: China Taiping Insurance (Singapore) Pte

Ltd

Accident Date and Time: 18/06/2022 02:12 AM

Vehicle Age(In Months): -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Reco	mmen	dation						Surv	eyor 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			MOLDING ASM-RR S/D WDO UPR RVL-RH	1	54.50	54.50	10.00	49.05	Replace	0	0	Not Giv∈ ∨	Xn1
Standard	Main			HANDLE ASM-FRT S/D O/S - RH	1	36.92	36.92	10.00	33.23	Replace	0	0	Not Giv€ ➤	Knn
Standard	Main			COVER-RR S/D LK CYL- RH	1	14.88	14.88	10.00	13.39	Replace	0	0	Not Give ➤	X1.
Standard	Main			STRIKER- FRT S/D LK	1	16.74	16.74	10.00	15.07	Replace	0	0	Not Giv€ ∨	Kar
Standard	Main			CHECK ASM-RR S/D -RH	1	21.00	21.00	10.00	18.90	Replace	0	0	Not Giv€ ∨	Xn
Standard	Main			HINGE ASM- RR S/D UPR- RH	1	46.90	46.90	10.00	42.21	Replace	0	0	Not Giv€ ✔	Xn-
Standard	Main			HINGE ASM- RR S/D LWR- RH	1	47.22	47.22	10.00	42.50	Replace	0	0	Not Giv€ ➤	41
standard	Main			WINDOW ASM-QTR - RH	1	251.48	251.48	10.00	226.33	Replace	0	0	Not Giv€ ✓	Xn.
Standard	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Giv€ ❖	xn
standard	Main			DOOR ASM- RR SI -RH	1	2,185.04	2,185.04	10.00	1,966.54	Replace	1	0	Repair ∨	R
Standard	Main			PANEL- BODY SI OTR RR FENDER -	1	977.08	977.08	10.00	879.37	Replace	1	0	Repair ✓	R

Total Spare Part Cost 5,198.64

Lump Sum Discount (%) 0.00

Surveyor Total 21.60

Lump Sum Dis (%)

Final Sur Total 21.60

Final Spare Part Cost 5,198.64

				SMRT Reco	mmen	dation ,		1				Surv	eyor Approval		
BOM Type	Costing Po		Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Repla	ace	Remarks
Standard	Main			STICKER ELECTRIC (LOGO	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	•	na/
Standard	Main	-15		LINER ASM- RR W/H PNL -RH	1	85.48	85.48	10.00	76.93	Replace	0	0	Not Give	•	XM
Standard	Main			FASCIA-RR BPR	1	758.48	758.48	10.00	682.63	Replace	1	0	Repair	•	R
Standard	Main			BRACKET- RR BPR FASCIA SI MTG - RH	1	46.08	46.08	10.00	41.47	Replace	0	0	Not Giv€	•	XVV
Standard	Main			REGULATOR ASM-RR S/D WDO-RH	1	265,30	265.30	10.00	238.77	Replace	0	0	Not Giv€	•	Xn
Standard	Main			LATCH ASM- RR S/D -RH	1	139.98	139.98	10.00	125.98	Replace	0	0	Not Give	•	Lr.
Standard	Main			LAMP ASM- TAIL(BODY SI) - RH	1	764.08	764.08	10.00	687.67	Replace	1	0	Repair	Ų	R
d sec						То	tal Spare P	art Cost	5,198.64		Su	rveyor Total	21.60	1	
100						Lump	Sum Disco	ount (%)	0.00	(8)	Lump	Sum Dis (%)	0		
		1 4 1				Fir	nal Spare P	art Cost	5,198.64			nal Sur Total	21.60		

Labour's Cost Detail

S.No	o. Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
4	Main	TO REPAIR REAR PORTION RH	3,600.00	300	
Total	:		3,600.00	300.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	428.00	220	
2	Main	TO RESPRAY RH REAR DOOR	428.00	220	
3	Main	TO RESPRAY REAR FENDER RH	428.00	220	
Total:			1,284.00	660.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	· Xnn	

Total:

965.00

300.00

S.No	. Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150	
3	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
4	Main	TO REMOVE & REFIT REAR QUARTER GLASS RH	120.00	· Xn	
5	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	° XM	
6	Main	TO TRANSFER DOOR MECHANISM	120.00	• X11	
Total:			965.00	300.00	

Summary

Estimator Assesment(\$)	Surveyor Assesment(\$)
5,198.64	21.60
3,600.00	300.00
1,284.00	660.00
965.00	300.00
11,047.64	1,281.60
0.00	1,281.60
	1,281.60
6	3
	PART BY PART REPAIR / RESURVEY AFTER PAINT / REPLACE ITEM NEED NEW PART AND OLD PART
	Rasul
	5,198.64 3,600.00 1,284.00 965.00 11,047.64

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 "WAROR/2027udice" 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:

Save

SS2722610002 / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: 20/06/2022 08:28 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (20/06/2022 08:28 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/06/2022 08:28 (SGT) 18/06/2022 10:12 (SGT) Upper Thomson Rd, Singapore UPPER THOMSON ROAD TOWARDS SEMBAWANG ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB1700B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No.

Yes

STRIDES TAXI PTE LTD

1XXXXX369K

Auto-Svcs-TARC@smrt.com.sa

(Phone) +65-68662671 (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to vour vehicle?

Vehicle Category

Transmission

CC

No - Claiming third party

Taxi

MG

MG5

Auto

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

MS First Capital Insurance Ltd

ThirdParty

D-22099115MFSH

DRIVER

Name of Driver NRIC No

RICHARD TAN KUAN HENG SXXXX924A



Accident report SS27226I0002

Page 1 of 9

Date Of Birth 17/02/1956 Occupation Outdoor Date Of Driving Pass 01/02/1983 **Driving** experience 39 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number **Email Address** Auto-Svcs-TARC@smrt.com.sg Address Address complement Postcode Is the driver the policyholder? 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

GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG UPPER THOMSON ROAD TOWARDS SEMBAWANG ROAD. SUDDENLY I FELT AN IMPACT AT RIGHT REAR PORTION OF MY TAXI. A VEHICLE SJL4357M WHICH WAS TRAVELLING ON MY RIGHT LANE ENCROACHED INTO MY LANE AND COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI AS THERE WAS A ROAD WORK AHEAD ON THE RIGHT LANE.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

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)

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 by made available upon application by interested parties.
- 7. By the ladgement 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 vehicle(s) involved in this accident (all instirer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers law fires, 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
- (ii) investigating the accident and/or my claims:
- Liw carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (w) administering my claims (including the making 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,

(callectively the "Purposes")

- (b) affinsurer(s) who have insured vehicle(s) involved in this accident and the insurers, law yers/law firms, maylare perintted 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 GA 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 &

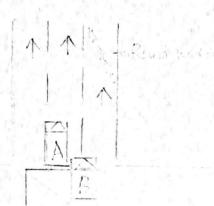
2/6/02

Driver's Signature (If driver is not the policyholder) / Date 2 Times

Witnessed by Reporting Centre Parsonnel

Sketch Plan

A- SHR 1700B B- STL 4357M



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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
/ehicle No.:	SHB1700B
Vehicle to be Exported:	No.
ntended Deregistration Date:	21 Jun 2022
Vehicle Make:	M.G.
Vehicle Model:	MG5 EV EXCITE T
Primary Colour:	Green
Manufacturing Year:	2021
Engine No.:	
Chassis No.:	LSJE24035MG058568
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 Test Test Test Test Test Test Test Te
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):	
PQP Paid:	\$38,212.00
COE Rebate Amount;	\$35,531.00
Total Rebate Amount:	\$39,281.00

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 21 Jun 2022