

Case Details

Case Reference Number :

TAX/07/22/2023

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1281T

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-18784-ID

Assigned By : Taxi Claims Manager

Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 11/07/2022 04:30 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			FASCIA-RR BPR	1	758.48	758.48	10.00	682.63	Replace	1	0	Repair	R
Standard	Main			FENDER ASM-FRT - LH	1	379.80	379.80	10.00	341.82	Replace	1	0	Repair	R
Standard	Main			DOOR ASM-FRT SI-L	1	2,338.76	2,338.76	10.00	2,104.88	Replace	1	2,104.	Replace	bt ✓
Standard	Main			HINGE ASM-RR S/D UPR-L	1	46.90	46.90	10.00	42.21	Replace	0	0	Not Give	Xan
Standard	Main			HINGE ASM-RR S/D LWR-L	1	47.22	47.22	10.00	42.50	Replace	0	0	Not Give	Xan
Standard	Main			CHECK ASM-FRT S/D-L	1	21.01	21.01	10.00	18.91	Replace	0	0	Not Give	Xan
Standard	Main			REGULATOR ASM-FRT S/D WDO-L	1	324.06	324.06	10.00	291.65	Replace	0	0	Not Give	Xan
Standard	Main			MOTOR ASM-FRT S/D WDO REG-L	1	169.00	169.00	10.00	152.10	Replace	0	0	Not Give	Xan
Standard	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	na ✓
Standard	Main			DOOR ASM-RR SI-L	1	2,185.04	2,185.04	10.00	1,966.54	Replace	1	1,966.	Replace	bt ✓
Standard	Main			HINGE ASM-RR S/D UPR-L	1	46.90	46.90	10.00	42.21	Replace	0	0	Not Give	Xan
Standard	Main			HINGE ASM-RR S/D LWR-L	1	47.22	47.22	10.00	42.50	Replace	0	0	Not Give	Xan
Standard	Main			CHECK ASM-RR S/D LH	1	21.01	21.01	10.00	18.91	Replace	0	0	Not Give	Xan

Total Spare Part Cost 9,323.36

Surveyor Total 4,153.02

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 9,323.36

Final Sur Total 4,153.02

SMRT Recommendation											Surveyor Approval			Remarks
QM 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	
Standard	Main			REGULATOR ASM-RR S/D WDO-L	1	265.30	265.30	10.00	238.77	Replace	0	0	Not Give	Xan
Standard	Main			MIRROR ASM-O/S RR VIEW - LH	1	478.40	478.40	10.00	430.56	Replace	1	0	Repair	R
Standard	Main			PANEL-BODY SI OTR-L	1	1,747.82	1,747.82	10.00	1,573.04	Replace	0	0	Not Give	Xan
Standard	Main			PANEL-BODY SI OTR MID	1	323.23	323.23	10.00	290.91	Replace	0	0	Not Give	Xan
Standard	Main			PANEL-BODY SI OTR FRT- LH	1	235.24	235.24	10.00	211.72	Replace	0	0	Not Give	Xan
Standard	Main			STICKER ELECTRIC (LOGO	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	new
Standard	Main			WHEEL	1	618.07	618.07	10.00	556.26	Replace	1	0	Repair	R
One Time Key In	Main			HANDLE-FRT S/D O/S - LH	1	36.92	36.92	10.00	33.23	Replace	1	0	Repair	R
One Time Key In	Main			COVER-FRT S/D LK CYL - LH	1	14.87	14.87	10.00	13.38	Replace	0	0	Not Give	Xan
One Time Key In	Main			PLATE ASM-FRT S/D O/S HDL BKG - LH	1	32.86	32.86	10.00	29.57	Replace	0	0	Not Give	Xan
One Time Key In	Main			WEATHERSTRIP ASM-FRT S/D (DR SI) - LH	1	63.96	63.96	10.00	57.56	Replace	0	0	Check	?
One Time Key In	Main			WEATHERSTRIP ASM-FRT S/D (BODY SI)	1	66.56	66.56	10.00	59.90	Replace	0	0	Check	?
Total Spare Part Cost									9,323.36	Surveyor Total		4,153.02		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									9,323.36	Final Sur Total		4,153.02		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	3,600.00	700.00	
Total:			3,600.00	700.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT FENDER LH	428.00	220.00	
2	Main	TO RESPRAY FRONT DOOR LH	428.00	220.00	
Total:			3,060.00	1,220.00	

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO RESPRAY VIEW MIRROR	230.00	70.00	
4	Main	TO RESPRAY FRONT PILLAR LH	230.00	0.00 <i>Xm</i>	
5	Main	TO RESRAY REAR DOOR LH	428.00	220.00	
6	Main	TO RESPRAY CENTRE PILLAR LH	230.00	0.00 <i>Xm</i>	
7	Main	TO RESPRAY REAR FENDER LH	428.00	220.00	
8	Main	TO RESPRAY REAR BUMPER	428.00	220.00	
9	Main	TO RESPRAY RIM	230.00	50.00	
Total:			3,060.00	1,220.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0.00 <i>Xm</i>	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0.00 <i>Xm</i>	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	200.00	60.00	
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60.00	
5	Main	TO TRANSFER DOOR MECHANISM	240.00	120.00	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0.00 <i>Xm</i>	
7	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150.00	
8	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
Total:			1,340.00	540.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	9,323.36	4,153.02
Total Labour Cost	3,600.00	700.00
Total Spray Painting	3,060.00	1,220.00

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Other	1,340.00	540.00
Overall Total	17,323.36	6,613.02
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	6,613.02
Surveyor Approved Amount		6,613.02
No of Repair Days*	8	6
Remarks	-	resurvey before paint part by part
Surveyor Name		Rasul
Signature		
Survey Date	13/07/2022	

Save 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	13/07/2022 14:50 (SGT)
Reported by	Driver
Date of Accident	11/07/2022 12:30 (SGT)
Exact Location of Accident	Choa Chu Kang Way, Singapore
Additional Location Information	CHOA CHU KANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1281T
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) +65-68662672
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MG
Model	MG5
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	1

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	FOO SIANG KIM
NRIC No	SXXXX817E
Date Of Birth	13/03/1948
Occupation	Outdoor

Of Driving Pass
 ing experience
 nder
 ible Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

30/08/1966
 55 YEARS AND 11 MONTHS
 Male
 (Phone) +65-68662672
 -
 AUTO-SVCS-TARC@SMRT.COM.SG
 11
 -
 -
 No
 Hirer
 No
 -
 -

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? 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name UNKNOWN
 Gender Female

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 TRAVELLING ALONG CHOA CHU KANG WAY TOWARDS CHOA CHU KANG ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. SUDDENLY A VEHICLE SNG6611U CAME OUT FROM THE SLIP ROAD WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNG6611U

Manufacturer
Model
Variant
Colour
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)

-
-
-
-
-
Private car
LEE CHIN MING
-
-
-
-
-
-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

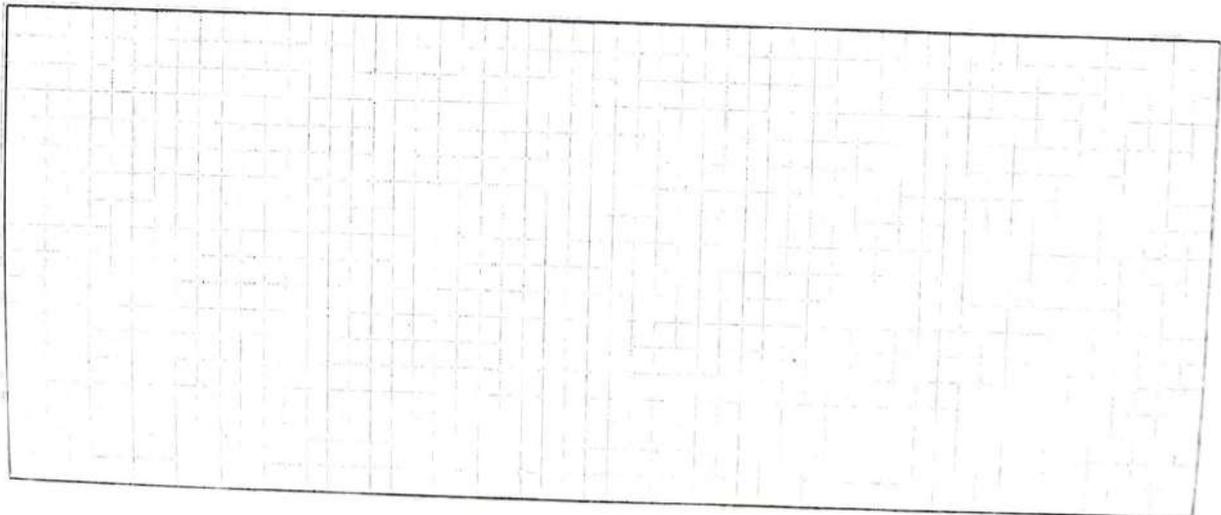
Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten signature]
12-7-22

[Handwritten signature]
12.7.2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

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



Police Officer's Signature, Date & Time

[Signature]
12-7-22

Driver's Signature (if driver is not the police officer), Date & Time

[Signature] 12-7-2022

Witnessed by Fielding Control Personnel (See also in NR001 3 lines)

> Back to One Motoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1281T
Vehicle to be Exported:	No
Intended Derogation Date:	15 Jul 2022
Vehicle Make:	M.G.
Vehicle Model:	MG5 EV EXCITE T
Primary Colour:	Green
Manufacturing Year:	2021
Engine No.:	-
Chassis No.:	LSJE24033MG057810
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$29,128.00
Original Registration Date:	01 Oct 2021
First Registration Date:	01 Oct 2021
Transfer Count: -	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Sep 2029
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	30 Sep 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,186.00
COE Rebate Amount:	\$33,506.00
Total Rebate Amount:	\$37,256.00

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 15 Jul 2022

OK