

ASS. REC. BY: Ref

REF:

369K

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SHB 591E
at Workshop m/s _____
of _____
Insured: NMC
Policy No. _____
Claims No. _____
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: SHB 591E Yr Regn: 2014 / 86
Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA PRINS TAXI (SMT) c.c. 1798
Colour: Maroon A/C: Insured / Std / NI / NA
Sp. Reading: 848584 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTDKN36U50S749160
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / 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. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. <u>12/01/12</u>		D.O.I. <u>14/01/12</u>	

Survey held at STRIDES

Des. 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

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) S + RS, SI

) Photos

) Others

TOTAL

Report Format : _____

Lump Sum / I.B.I. (\$) _____

Case Details

Case Reference Number :

TAX/07/22/2034

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB591E

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-18807-ID

Assigned By : Taxi Claims Manager

Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 12/07/2022 12:00 PM

Vehicle Age(In Months) : -

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			FENDER FRT/RH	1	723.40	723.40	25.00	542.55	Replace	0	0.00	Not Give	Xan
Standard	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.93	Replace	0	0.00	Not Give	Xan
Standard	Main			FENDER PROTECTOR FRT/RH SIDE	1	113.90	113.90	25.00	85.43	Replace	0	0.00	Not Give	Xan
Standard	Main			FENDER SEAL TO COWL SIDE RH	1	15.20	15.20	25.00	11.40	Replace	0	0.00	Not Give	Xan
Standard	Main			FENDER LINER FRT/RH	1	171.70	171.70	25.00	128.77	Replace	0	0.00	Not Give	Xan
Standard	Main			FENDER LINER PAD, FR WHEEL RH	1	49.30	49.30	25.00	36.97	Replace	0	0.00	Not Give	Xan
One Time Key In	Main			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	0.00	Repair	R
One Time Key In	Main			BRACKET, FR BUMPER	1	110.40	110.40	25.00	82.80	Replace	0	0.00	Check	?
One Time Key In	Main			NUMBER PLATE FRAME	1	12.00	12.00	0.00	12.00	Replace	1	12.00	Replace	#car
One Time Key In	Main			NUMBER PLATE	1	15.00	15.00	0.00	15.00	Replace	1	15.00	Replace	#car
Total Spare Part Cost									1,315.35	Surveyor Total		27.00		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20.00		
Final Spare Part Cost									1,052.28	Final Sur Total		21.60		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	676.00	100.00	
Total:			676.00	100.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	370.00	200.00	
2	Main	TO RESPRAY FRONT FENDER RH	378.00	0.00 <i>Xm</i>	
Total:			748.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0.00 <i>Xm</i>	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 <i>Xm</i>	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0.00 <i>Xm</i>	
Total:			260.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,052.28	21.60
Total Labour Cost	676.00	100.00
Total Spray Painting	748.00	200.00
Other	260.00	0.00
Overall Total	2,736.28	321.60
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	1,950.00	300.00
Surveyor Approved Amount		300.00
No of Repair Days*	4	2
Remarks		

22, 3:13 PM

https://vacsweb.smr.com.sg/estimation.aspx

Estimator Assessment(\$)

Surveyor Assessment(\$)

Surveyor Name

Rasul

Signature



Save

Clear

Survey Date

14/07/2022

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	14/07/2022 11:12 (SGT)
Reported by	Driver
Date of Accident	12/07/2022 20:00 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB591E

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	-

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
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	NG KIM THONG
NRIC No	SXXXX632G
Date Of Birth	09/05/1962
Occupation	Outdoor

Date Of Driving Pass	18/06/1992
Driving experience	30 YEARS AND 1 MONTH
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220713/7009

I WANT TRAVELLING ALONG JALAN BESAR TOWARDS TOWN, WHILE I DRIVE PASS THE SIDE ROAD SYED ALWI RD SUDDENLY A CAR (SMT1365G) EXITING FROM SIDE ROAD ON MY RIGHT DID NOT STOP AND COLLIDED ONTO THE RIGHT PORTION OF MY TAXI. I TRIED TO FOLLOW THE CAR BIT IT EXITED INTO DESKER ROAD. I FEEL PAIN AT MY NECK AND BODY AREA AFTER THE ACCIDENT. I VISITED DOCTORS INC. MEDICAL GROUP AND WAS GIVEN 3 DAYS MC.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMT1365G

 Accident report SS2Y227E0004

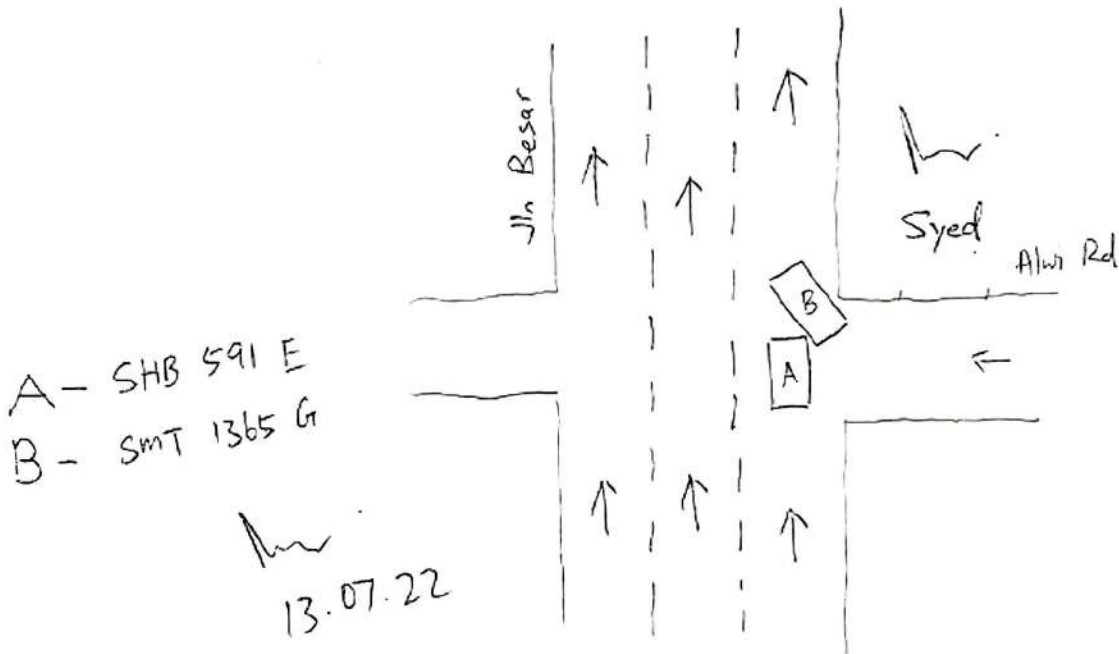
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG KIM THONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB591E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstance of the Accident



Empty lined area for additional notes or details.

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


Policyholder's Signature / Date & Time

 13 07 22
Driver's Signature (if driver is not the policyholder) / Date & Time

A. 13/7/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC card)

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

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

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20220713/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220713/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2022 11:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NG KIM THONG			Address: 850 YISHUN STREET 81 #08-94 SINGAPORE 760850		
ID Type / ID No.: NRIC NO / S1519632G			Contact No.: Home/Office: Mobile: 85085612		
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com		
Sex: Male	Age: 60	Date of Birth: 09/05/1962	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/07/2022 20:15	Type of Location: Straight Road
Location: JALAN BESAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB591E	Car				Seriously Damaged	0
SMT1365G	Car					0



**SINGAPORE
POLICE FORCE**



T/20220713/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No: T/20220713/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KIM THONG	ID No.	S1519632G
Related Vehicle	SHB591E (Car)	Contact No.	85085612
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/07/2022	Date	13/07/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I want traveling along Jalan Besar towards town, while I drive pass the side road Syed Alwi Road suddenly a car (SMT1365G) exiting from the side road on my right did not stop and collided onto the right portion of my Taxi.

I tried to follow the car bit it exited into Desker Road.

I feel pain at my neck and body area after the accident. I visited Doctors Inc. medical group and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220713/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20220713/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
KASMAWATI BTE SAMIAN
Contact No.: 65476368

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
13/07/2022 11:03

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SIB591E
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jul 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6137981
Chassis No.:	JTDKN34U505749160
Maximum Power Output:	100.0kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	12 Sep 2014
First Registration Date:	12 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Sep 2022
PARF Rebate Amount:	\$4,852.00
Intended COE Rebate Details	
COE Expiry Date:	11 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$960.00
Total Rebate Amount:	\$5,812.00
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 17 Jul 2022

OK