•	
(08/11/8) Wef REF:	365K
ASS. REG. B1.	GNMENT
From: Date:	Veh No: SAB 57923 Yr Regn: 2017 / 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: SHS 57923	Make: THYOTA PRUS HYBLID INCVICE 1798
at Workshop m/s STRINGS (SMRT)	Colour AROON A/C: Insured / Std / NI / NA
of laphocondol in bk Ed	Sp.Reading 450984 T/Radio: Insured / Std / NI / NA
Insured: NTW	Eng/No:
PolicyNo.	C/No: JTOKB 3FU 20 35 75925
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Morded/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	100/100/1
(Policy Condition)	
(Policy Condition)  Remark: The veh had commenced its  N/S O/S	R: //
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a the time of mopestion.	TOYO/YOKO or FACKEN
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 14 07 22 D.O.I. (5)07 22
Lum Sum: % 3 Val.: Yes or No	Survey held at STRINGS
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	FRTOS
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
. I have see see a common to the common terms	
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
1) : Final Report	Days Of Repair:  Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
1) : Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )s+Rssi
1) : Final Report Date/Time, File Return to? 2) Add Fee	Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )S+RSSI  Interview (\$ ) Photos
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )s+Rssi



## **Case Details**

Case Reference Number :

TAX/07/22/2038

Type of Repair : Accident Repair Vehicle Registration Number :

SHB5792J

Company Type: Strides Taxi Pte Ltd

Estimation ID : EST-18815-ID
Assigned By : Taxi Claims Manager

Team

Insurance Company Name: NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 14/07/2022 05:31 AM

Vehicle Age(In Months): -

# Documents / Photographs

View Documents / Photographs

Total Documents: 0

## **Estimation Details**

#### Spare Part's Cost Detail

				SMRT Recom	menda	tion						Survey	or 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, FR BUMPER	1	495.50	495.50	25.00	371.63	Replace	1	371.6	Replace v	der
Standard	Main			SUPPORT, FR BUMPER RH	1	76.90	76.90	25.00	57.68	Replace	0	0	Check 🗸	?.
Standard	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	0	Not Giv€ ✓	7.
Standard	Main			COVER, FR BUMPER RH	1	28.10	28.10	25.00	21.08	Replace	1	0	Repair 🗸	R
Standard	Main			BRACKET, FR BUMPER	1	99.80	99.80	25.00	74.85	Replace	0	0	Not Giv€ ∨	XM
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	0	0	Not Giv€ ✓	XM

Standard	Main	NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	0	0	Not Give	•	XM
Standard	Main	REINFORCEMENT FRONT UPPER	1	691.10	691.10	25.00	518.33	Replace	0	0	Check	•	?
Standard	Main	ABSORBER, FR BUMPER	1	70.30	70.30	25.00	52.72	Replace	0	0	Check	•	?
Standard	Main	EXTENSION SUB- ASSY, LH	1	116.30	116.30	25.00	87.23	Replace	0	0	Not Give	•	xan
Standard	Main	EXTENSION SUB-	1	To:	tal Spare Pa 116,30	art Cost 25.00	6,282.25 87.23	Dantasa	7.0	or Total	2,751.21		
		ASSY, RH	•		Sum Disco		20.00	Replace	O Lump Sum	Dis (%)	Not Giv€ 20.00	~	X11
Standard	Main	REINFORCEMENT FRONT LOWER	1	238.50 Fin	aa Spane Pa	a <b>∂5c9</b> st	<b>3,7629.9</b> 10	Replace	0 Final S	gr Total	2,20A&7k	~	7

				SMRT Recomm	nenda	tion						Surve	yor Approval	0
Standard BOM Type	Main Costing Type	Portion	Material Number	ABSORBER, FR Bammer 4. OWER	1 Qty	117.00 List Price	117.00 List Price(\$)	25.00 Dis(%)	87.75 Final Price(\$)	Replace Repair/ Replace	0 Surveyor Quantity	0 Surveyor Final	Check ~	? Remarks
Standard	Main			SEAL, HOOD TO FR END	1	<b>24</b> 科0 Unit(\$)	24.40	25.00	18.30	Replace	0	Price(\$)	Not Giv€ ✓	X11
Standard	Main			EMBLEM ASSY FRONT	1	87.10	87.10	25.00	65.32	Replace	1	65.32	Replace ✓	w
Standard	Main			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	0	0	Check 🕶	?
Standard	Main			GRILLE SUB- ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0	Check 🗸	7
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace 🗸	N
Standard	Main			RETAINER, FR BUMPER, LH & RH	1	8.50	8.50	25.00	6.38	Replace	0	0	Not Giv€ ✓	Xm
Standard	Main			COVER ASSY, ENGINE	1	180.10	180.10	25.00	135.08	Replace	0	0	Not Giv€ ✓	Xin
Standard	Main			LAMP ASSY, FOG, RH	1	910.20	910.20	10.00	819.18	Replace	0	0	Not Giv€ ✓	XM
Standard	Main			UNIT , HEADLAMP , RH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	1	2,303	Replace 🗸	cal
Standard	Main			COMPUTER SUB- ASSY, HEADLAMP, RH NO.1	1	486.40	486.40	10.00	437.76	Replace	0	0	Not Giv€ ✔	Kan
Standard	Main			SUPPORT S/A UPPER,	1	364.90	364.90	25.00	273.67	Replace	0	0	Not Giv€ ✓	Xn
Standard	Main			SUPPORT S/A RH	1	237.00	237.00	25.00	177.75	Replace	0	0	Not Giv€ ✓	×~~
						То	tal Spare P	art Cost	6,282.25		Sui	veyor Total	2,751.21	
						Lump	Sum Disco	ount (%)	20.00		Lump S	ium Dis (%)	20.00	
						Fir	nal Spare Pa	art Cost	5,025.80		Fin	al Sur Total	2,200.97	

#### Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Maín	TO REPAIR FRONT PORTION	676.00	200.00	
Total:			676.00	200.00	

### Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)	
1	Main	TO RESPRAY FRONT BUMPER	378.00	200.00	
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0.00 yrn	
Total	:		558.00	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	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	30.00	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 /1	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0.00	
Tota	al:		380.00	30.00	

# Summary

Survey Date

	Estimator Assesment(\$)	Surveyor Assesment(\$)			
otal Spare Part Detail	5,025.80	2,200.97			
otal Labour Cost	676.00	200.00			
otal Spray Painting	558.00	200.00			
ther	380.00	30.00			
Overall Total 6,639.80		2,630.97			
Lump Sum Repair Option					
Lump Sum Total 6,650.00		2,650.00			
surveyor Approved Amount		2,650.00			
o of Repair Days*	4	3			
demarks		resurvey after repair lum sump			
Surveyor Name		Rasul			
signature		Rosen			

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:

15/07/2022

2Y227E0000 / Strides Automotive Services Pte Ltd TRY DATE & TIME: 15/07/2022 08:40 (SGT) IBMITTED BY: LIM WEI SIONG (SMRT 01) FRSION: 1 (15/07/2022 08:40 (SGT))



# **G** 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 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** 

Reported by

**Date of Accident** 

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

15/07/2022 08:40 (SGT)

Driver

14/07/2022 13:31 (SGT)

Bukit Batok West Ave 6, Singapore

**BUKIT BATOK WEST AVE 6 CAR PARK ENTRANCE** 

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHB5792J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No.

STRIDES TAXI PTE LTD

1XXXXX369K

Auto-Svcs-TARC@smrt.com.sg

(Phone) +65-68662671

VEHICLE PARTICULARS

Manufacturer

Model

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

Transmission

CC

Toyota **Prius** 

No - Claiming third party

Taxi

Auto 1798

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd

D-22099115MFSH

DRIVER

(III)

Name of Driver NRIC No Date Of Birth Occupation

TAN CHIN HENG SXXXX796C 01/02/1964

of Driving Pass 19/09/1981 ing experience 40 YEARS AND 10 MONTHS Male obile Number (Phone) +65-68662672 Phone Number Email Address Auto-Svcs-TARC@smrt.com.sg Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

ON 14/07/22 AT ABOUT 1331HRS. I WAS TRAVELLING ALONG BUKIT BATOK WEST AVE 6. WHEN I REACHED BUKIT BATOK WEST AVE 6 CAR PARK ENTRANCE, A VEHICLE(SLE5131D) WHICH WAS IN FRONT OF MY VEHICLE STOPPED TO PICK UP PASSENGERS. AFTER THE PASSENGERS BOARDED, THE FRONT VEHICLE SUDDENLY REVERSED AND HIT ONTO THE RIGHT FRONT PORTION OF MY VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

SLE5131D

-

-

Private car

Oriver
Number

Markess complement

Mature Of Damage

Petails of property damaged in accident
No. Of Passenger (Including Driver)

OD?

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 wiful 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
- 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:

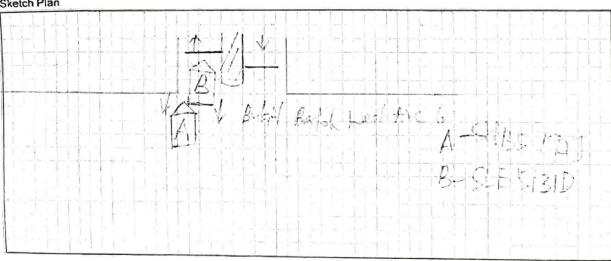
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

# / Date & Time Policyholder's 34

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



scribe Circumstance of the Accident	
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1 Charles American Charles Cha	
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BANKET TO A STATE OF THE PROPERTY OF THE PROPE	1
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Declaration

tWe declare the foregoing particulars are true in every respect

Pacy cache Sala Joseph Cre

Briefs Egodura (16) versus at the policy to transforce

Witnessent by Registing Centre Periodics (Name at in NB/CE) contl

2

Enquire PARF/COE Rebate for Registered V Vehicle Owner Particulars	
Owner ID Typing	Company
Owner ID: Vehicle Details	369K
Vehicle No.:	SHB5792J
Vehicle to be Exported:	THE STATE OF THE S
Intended Denuglistration Date:	17 Jul 2022
Vehicle Make	TOYOTA
Vehicle Model:	PRIUSHYBRID 18 CVT
Primary Colour:	Margan
Manufacturing Year:	2017
Engine No.2	2788253623
Chassis No.:	JTDKB3FU203575925
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Dec 2017
First Registration Date:	12 Dec 2017
Transfer Count:	6
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11Dec 2025
PARF Rebate Amount: Intended COE Rebate Details	\$3,750,00
COE Explry Date:	11 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW(130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$14,513,00
Total Rebate Amount: Message	\$16,263.00

vehicle reaches its statutory lifespan (If applicable), whichever is earlier.

he information contained herein is correct as at 17 Jul 2022