(08/11/16) wef

ASS. DEC. BY:

REF: NS/INC22007323/Rvc

C
368K

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHF 288K

at Workshop m/s STRIDES CSMRT

of 60, WOODLANDS Ind PK 6A

Insured: FBR 6111E NTUC

PolicyNo.

Claim No. MT/1182234-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHF 288K Yr Regn: 2019 / DEC

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS H-B A c.c 1798

Colour MAROON A/C: Insured / Std / NI / NA

Sp.Reading 170386 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU7030894482

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.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 29/07/22 D.O.I. 04/08/22

Survey held at STRIDES

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

FRT O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

26/8/22 Rasul informed LS $950 (Red 11,158.10, 92%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 29/8/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 950)

SMRT AUTOMOTIVE

Case Details

Case Reference Number : TAX/07/22/2094
Type of Repair : Accident Repair
Vehicle Registration Number : SHF288K

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-18935-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Accident Date and Time : 29/07/2022 04:30 AM
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			COVER, FR BUMPER	1	521.00	521.00	25.00	390.75	Replace	1	390.7	Replace	de ✓
Standard	Main			SUPPORT, FR BUMPER RH	1	80.10	80.10	25.00	60.07	Replace	0	0	Not Give	X
Standard	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	0	Not Give	X
Standard	Main			COVER, FR BUMPER RH	1	30.20	30.20	25.00	22.65	Replace	0	0	Not Give	X
Standard	Main			COVER, FR BUMPER LH	1	30.20	30.20	25.00	22.65	Replace	0	0	Not Give	X
Standard	Main			BRACKET, FR BUMPER	1	110.50	110.50	25.00	82.88	Replace	0	0	Not Give	X
Standard	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace	bf ✓
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	0	0	Check	?
Standard	Main			SEAL, HOOD TO FR END	1	85.50	85.50	25.00	64.13	Replace	0	0	Not Give	X
Standard	Main			GRILLE, RADIATOR	1	178.60	178.60	25.00	133.95	Replace	1	0.00	Replace	de ✓
Standard	Main			GRILLE SUB-ASSY	1	422.50	422.50	25.00	316.88	Replace	0	0	Check	?
Standard	Main			EMBLEM ASSY FRONT	1	105.80	105.80	25.00	79.35	Replace	1	79.35	Replace	new ✓

Total Spare Part Cost 9,026.42
Lump Sum Discount (%) 0.00
Final Spare Part Cost 9,026.42

Surveyor Total 538.85
Lump Sum Dis (%) 0
20
Final Surveyor Total 438.85

Standard BOM Type	Main Costing Type	Portion	Material Number	SMRT Recommendation Assy Name	1 Qty	160.50 List Price	160.50 List Price($)	25.00 Dis(%)	120.38 Final Price($)	Replace Repair/ Replace	0 Surveyor Quantity	0 Surveyor Final Price($)	Check Repair/Replace	? Remarks
Standard	Main			GRILLE, SUB - ASSY	1	241.90 Unit($)	241.90	25.00	181.43	Replace	0	0	Not Give	
Standard	Main			COVER ASSY, ENGINE	1	241.90	241.90	25.00	181.43	Replace	0	0	Not Give	
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	
Standard	Main			RETAINER, FR BUMPER, LH & RH	2	8.80	17.60	25.00	13.20	Replace	0	0	Not Give	
Standard	Main			PAD, FRONT BUMPER (NO.1)	1	40.70	40.70	25.00	30.53	Replace	0	0	Check	?
Standard	Main			PAD, FRONT BUMPER (NO.2)	2	36.00	72.00	25.00	54.00	Replace	0	0	Check	?
Standard	Main			MOULDING, FRONT BUMPER SIDE, RH	1	95.60	95.60	25.00	71.70	Replace	0	0	Not Give	
Standard	Main			MOULDING, FRONT BUMPER SIDE, LH	1	95.60	95.60	25.00	71.70	Replace	0	0	Not Give	
Standard	Main			ABSORBER, FR BUMPER LOWER	1	132.70	132.70	25.00	99.52	Replace	0	0	Not Give	
Standard	Main			ABSORBER, FR BUMPER	1	80.20	80.20	25.00	60.15	Replace	0	0	Not Give	
Standard	Main			EXTENSION SUB-ASSY, RH	1	120.10	120.10	25.00	90.07	Replace	0	0	Not Give	
Standard	Main			EXTENSION SUB-ASSY, LH	1	120.10	120.10	25.00	90.07	Replace	0	0	Not Give	
Standard	Main			REINFORCEMENT FRONT LOWER	1	246.10	246.10	25.00	184.58	Replace	0	0	Not Give	
Standard	Main			REINFORCEMENT FRONT UPPER	1	716.60	716.60	25.00	537.45	Replace	0	0	Not Give	
Standard	Main			UNIT , HEADLAMP , RH	1	2,637.60	2,637.60	10.00	2,373.84	Replace	0	0	Not Give	
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, RH NO.1	1	3,772.50	3,772.50	10.00	3,395.25	Replace	0	0	Not Give	
Standard	Main			LAMP ASSY, FOG, RH	1	237.10	237.10	10.00	213.39	Replace	0	0	Check	?
Standard	Main			CORD, FOG LAMP	1	55.90	55.90	10.00	50.31	Replace	0	0	Not Give	
Standard	Main			COVER, ENGINE UNDER SIDE RH	1	80.10	80.10	25.00	60.07	Replace	0	0	Not Give	

Surveyor Approval

Total Spare Part Cost 9,026.42 Surveyor Total 538.85

Lump Sum Discount (%) 0.00 Lump Sum Dis (%) 20

Final Spare Part Cost 9,026.42 Final Sur Total 431.08

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	676.00	300	
Total:			**676.00**	**300.00**	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
Total:			**378.00**	**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 X	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 X	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 X	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 X	
Total:			**380.00**	**0.00**	

Summary

	Estimator Assesment($)	Surveyor Assesment($)
Total Spare Part Detail	9,026.42	431.08
Total Labour Cost	676.00	300.00
Total Spray Painting	378.00	200.00
Other	380.00	0.00
Overall Total	10,460.42	931.08
Lump Sum Repair Option		☑
Lump Sum Total	0.00	950.00
Surveyor Approved Amount		950.00
No of Repair Days*	4	3

	Estimator Assesment($)	Surveyor Assesment($)
Remarks	-	resurvey after repair/ lump sum repair
Surveyor Name		Rasul
Signature		
Survey Date	01/08/2022	

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 Actual 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	30/07/2022 10:07 (SGT)
Reported by	Driver
Date of Accident	29/07/2022 12:30 (SGT)
Exact Location of Accident	65 Ubi Rd 1, Singapore 408726
Additional Location Information	65 UBI ROAD 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF288K

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	1800

INSURANCE COMPANY

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

DRIVER

Name of Driver	SIM KAY TOH
NRIC No	SXXXX753J
Date Of Birth	05/08/1955
Occupation	Outdoor

Date Of Driving Pass	23/10/1975
Driving experience	46 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
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	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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I ALIGHTED PASSENGER AT 65 UBI ROAD 1 AND THEN I WAS TURNING OUT. I LOOKED AT THE BLIND SPOT MIRROR AND WHEN IT WAS CLEAR I MOVED OUT. SUDDENLY A MOTORCYCLE FBR6111E RODE AGAINST THE FLOW OF TRAFFIC AND COLLIDED ONTO THE RIGHT FRONT PORTION OF MY TAXI. THE WALL ON MY RIGHT WAS BLOCKING MOTORCYCLIST VIEW.

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	FBR6111E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	BHAVA SRINIVASAN
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	BHAVA SRINIVASAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR6111E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

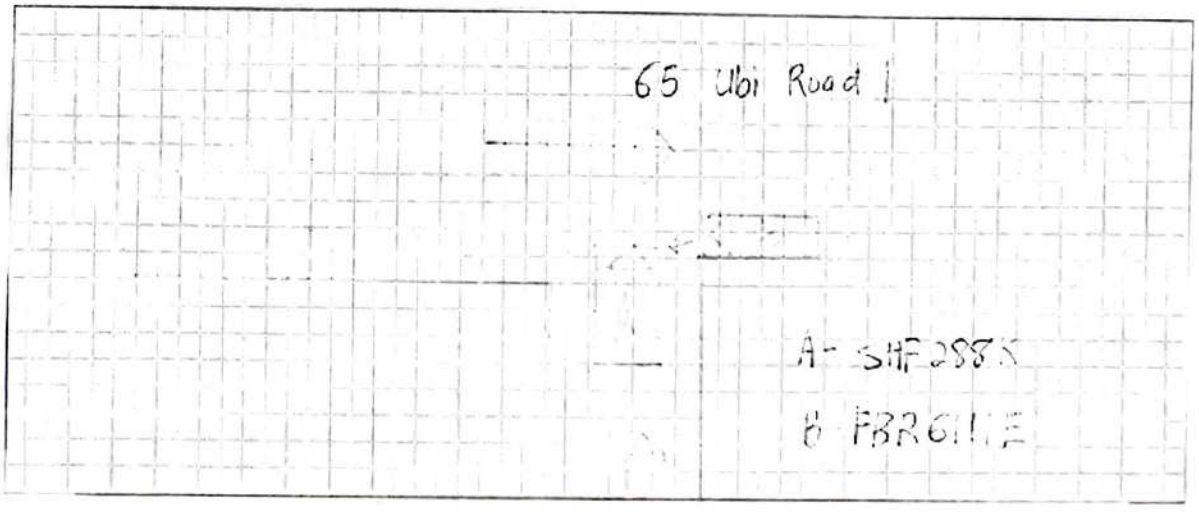
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

29/7/2022
Driver's Signature (if driver is not the policyholder) / Date & Time

29.7.2022
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Declaration

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

29/7/2022

29.7.2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name(s) in NRIC [illegible])

2

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHF288K
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F48337
Chassis No.:	JTDKB3FU703089482
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	$26,807.00
Original Registration Date:	26 Dec 2019
First Registration Date:	26 Dec 2019
Transfer Count: -	0
Actual ARF Paid:	$14,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	$10,897.00
COE Expiry Date:	25 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$25,581.00
COE Rebate Amount:	$17,251.00
Total Rebate Amount:	$28,148.00

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 02 Aug 2022

OK