





## Case Details

Case Reference Number : TAX/07/22/2055  
 Type of Repair : Accident Repair  
 Vehicle Registration Number : SHB1801T

Company Type : Strides Taxi Pte Ltd  
 Estimation ID : EST-18937-ID  
 Assigned By : Tan Lee Ge #

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd  
 Accident Date and Time : 19/07/2022 06:56 AM  
 Vehicle Age(In Months) : 79

## 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			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	361.50	Replace	✓ <i>cm</i>
Standard	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace	✓ <i>nm</i>
Standard	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	0	0	Check	✓ ?
Standard	Main			BUMPER ENERGY ABSORBER FRT	1	78.80	78.80	25.00	59.10	Replace	0	0	Check	✓ ?
Standard	Main			BUMPER REINFORCEMENT FRT	1	498.40	498.40	25.00	373.80	Replace	0	0	Check	✓ ?
Standard	Main			ARM SUB-ASSY,FR BUMPER LH	1	250.40	250.40	25.00	187.80	Replace	0	0	Check	✓ ?
Standard	Main			ARM SUB-ASSY,FR BUMPER RH	1	250.40	250.40	25.00	187.80	Replace	0	0	Not Give	✓ <i>lan</i>
Standard	Main			DEFLECTOR, RADIATOR RH	1	83.50	83.50	25.00	62.63	Replace	0	0	Not Give	✓ <i>lan</i>
Standard	Main			DEFLECTOR, RADIATOR LH	1	77.00	77.00	25.00	57.75	Replace	0	0	Not Give	✓ <i>lan</i>
Standard	Main			BRACKET, FR BUMPER	1	110.40	110.40	25.00	82.80	Replace	0	0	Not Give	✓ <i>lan</i>
Standard	Main			NUMBER PLATE FRAME	1	12.00	12.00	0.00	12.00	Replace	0	0	Not Give	✓ <i>lan</i>
Standard	Main			NUMBER PLATE	1	15.00	15.00	0.00	15.00	Replace	0	0	Not Give	✓ <i>lan</i>
Standard	Main			COVER, FR BUMPER HOLE LH	1	18.50	18.50	25.00	13.88	Replace	0	0	Not Give	✓ <i>lan</i>
Standard	Main			BUMPER GRILLE SUB-ASSY,LOWER	1	311.10	311.10	25.00	233.33	Replace	0	0	Not Give	✓ <i>lan</i>

Total Spare Part Cost	4,089.87	Surveyor Total	1,289.14
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20
Final Spare Part Cost	2,591.35	Final Sur Total	1,031.31

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	SMRT Recommendation					Surveyor Approval			Remarks
						List Price	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			FOG LAMP LH	1	280.10	280.10	10.00	252.09	Replace	0	0	Not Give	X11
Standard	Main			LENS & BODY,FR TURN LH	1	511.80	511.80	10.00	460.62	Replace	0	0	Not Give	X11
Standard	Main			EMBLEM FRONT	1	86.50	86.50	25.00	64.88	Replace	1	64.88	Replace	✓
Standard	Main			GRILLE, RADIATOR	1	310.60	310.60	25.00	232.95	Replace	0	0	Not Give	X11
Standard	Main			GRILLE, RADIATOR LOWER NO.2	1	94.60	94.60	25.00	70.95	Replace	0	0	Not Give	X11
Standard	Main			BUMPER LIP FRT	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	X11
Standard	Main			BUMPER FRT ABSORBER LOWER	1	448.30	448.30	25.00	336.23	Replace	0	0	Not Give	X11
Standard	Main			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	1	850.68	Replace	Corr ✓
<b>Total Spare Part Cost</b>									4,089.87	<b>Surveyor Total</b>		1,289.14		
<b>Lump Sum Discount (%)</b>									20.00	<b>Lump Sum Dis (%)</b>		20		
<b>Final Spare Part Cost</b>									2,591.35	<b>Final Sur Total</b>		1,031.31		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	676.00	200	
<b>Total:</b>			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	X11
<b>Total:</b>			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	X11
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	40	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	K17
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	K17
<b>Total:</b>			<b>380.00</b>	<b>40.00</b>	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,591.35	1,031.31
Total Labour Cost	676.00	200.00
Total Spray Painting	558.00	200.00
Other	380.00	40.00
Overall Total	4,205.35	1,471.31
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	4,200.00	1,450.00
Surveyor Approved Amount		1,450.00
No of Repair Days*	4	3
Remarks	-	LUMP SUM REPAIR / RESURVEY AFTER PAINT PHOTO .
Surveyor Name		Rasul
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	05/08/2022	

**LKK Auto Consultants** hereby 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

S. No. : \_\_\_\_\_

# 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	20/07/2022 13:07 (SGT)
Reported by	Driver
Date of Accident	19/07/2022 14:56 (SGT)
Exact Location of Accident	Penshurst PI, Singapore
Additional Location Information	PENHURST PLACE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1801T
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	ANG POH LEE (HONG BAOLI)
NRIC No	SXXXX039Z
Date Of Birth	20/05/1971
Occupation	Outdoor

Date Of Driving Pass	27/11/1989
Driving experience	32 YEARS AND 8 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?	-
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
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	1
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)	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 WAS TRAVELLING ALONG PENHURST PLACE AND A VAN GBL6982P WAS STATIONARY IN FRONT OF MY TAXI, AS I STOPPED. AFTER WHICH THIRD PARTY STARTED TO REVERSE. I SOUNDED MY HORN BUT THIRD PARTY CONTINUED TO REVERSE AND HIT ONTO THE LEFT FRONT 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	GBL6982P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

**IMPORTANT NOTICE**

**SKETCH PLAN**

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

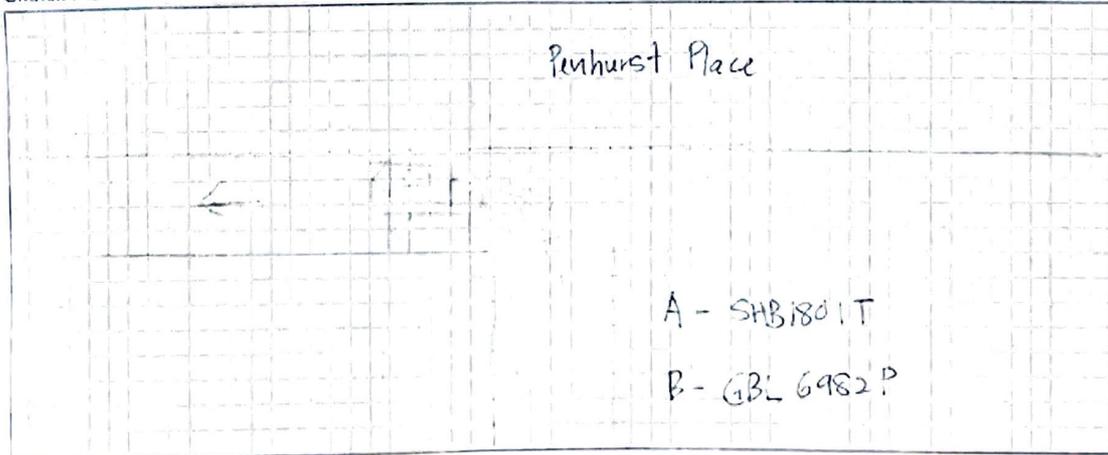
Driver's Signature (if driver is not the policyholder) / Date & Time

19/7/22

Lin 19.7.2022

Witnessed by Reporting Centre Personnel (Name as in NR/GID card)

**Sketch Plan**





### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1801T
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6563599
Chassis No.:	JTDKN36U905766981
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	11 Dec 2015
First Registration Date:	11 Dec 2015
Transfer Count: -	0
Actual ARF Paid:	\$5,000.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Dec 2023
PARF Rebate Amount:	\$3,250.00

COE Expiry Date:	10 Dec 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,466.00
COE Rebate Amount:	\$7,577.00
Total Rebate Amount:	\$10,827.00

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 10 Aug 2022

OK