SS. REC. BY: REF:	· ·	*	7694
	ASSIGNME	NT	
om: Date:	Veh No:	SHC 49074	Yr Regn: 20/6 / P&B
stimated Cost:		Car / M.Cycle / Bus / Van /	Lorry (Taxe / Prime Mover /
D / TP / WS / TP RES / OD RES / EVA / INV / MV		ruck / Trailer or	
o Inspect Vehicle No: SHC 49014	Make:	TOYOTA PRIUS 14	XIGMRT) C.C 1798
it Workshop m/s STRIPES (SMRY)	Colour	Marion	A/C: Insured / Std / NI / NA
of logumorages and PKEL	Sp.Rea	ling 727220	T/Radio: Insured / Std / NI / NA
nsured: A14	Eng/No.		
PolicyNo.	C/No:	JTDKN36U8	0576736K
Claims No.	Gen. Co	nd: Good / Fair Poor / Bur	nt
Sum Insured: Excess:	Steering	: Inorder/ Jammed / Leake	d/Burnt or
(Client's Record)	Brake:	Inorder / Jammed / Leake	d / Burnt or
Make of Veh:	Modi:	Nil / SRim / STD A/Rim	A CONTRACTOR OF THE PARTY OF TH
	Tyre Si.	e: F: 10	Slosens
(Policy Condition)		R:	<u> </u>
Remark: The veh had commenced its	N/S O/S BS / DI	N / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO	/YOKO or	SAILUR
Bal. or Market Value:	Front	•	Rear
IDAC Accident Rport: Consistent? : Yes		<u>4</u> mm	R/Bal. 9 mm
GIA / PR Seen: Consistent?: Yes			L/Bal. 6 mm
Est. Repairs: days Res.: Yes		10/01/2 F	D.O.I. 05/08/22
Lum Sum: % 3 Val.: Yes		A Comment of the Comm	STRUBES
CA / REV / REP. / 24 HRS			S / N/S / U/C / Rooftop or
Date: Person Contacted:	Vehicle: IN / OUT The		ody Structure affected due to collision.
Date / Time Action / Instruction			
a a company and a company of the com			
			<u> </u>
to the second se			
			The state of the s
Date/Time, File Pass to? : Preli. Report	Days C	f Repair:	
: Final Report	The state of the s	ey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation:
2)	Add Fee:	Site Insp (\$)S+RS,SI
		Interview (\$) Photos
Report Format :		Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	Weekend (\$	

TOTAL



Case Details

Case Reference Number : TAX/07/22/2082

Type of Repair : Accident Repair

Vehicle Registration Number : SHC4907Y

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-18910-ID

Assigned By: Tan Lee Ge#

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd

Accident Date and Time: 25/07/2022 11:45 PM

Vehicle Age(In Months): -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Recom	menda	ation						Sui	rveyor Approval	
OM ype	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
tandard	Main			FENDER FRT/LH	1	723.40	723.40	25.00	542.55	Replace	1	0	Repair ✓	R
tandard	Main			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	0	Repair 🗸	R
Standard	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	0	0	Not Giv€ ✓	Xan
Standard	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	0	0	Not Giv€ ✓	XA1
Standard	Main			HEAD LAMP	1	945.20	945.20	10.00	850.68	Replace	1	850.68	Replace >	sea.
Standard	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.93	Replace	0	0	Not Giv€ ✓	Xn
Standard	Main			FENDER LINER FRT/LH	1	171.70	171.70	25.00	128.77	Replace	0	0	Not Giv€ ✓	Xno
Standard	Main			FENDER PROTECTOR FRT/LH UPPER	1	46.10	46.10	25.00	34.58	Replace	0	0	Not Giv€ ✓	X11
Standard	Main			PROTECTOR, FRONT FENDER SIDE PANEL LH	1	114.50	114.50	25.00	85.88	Replace	0	0	Not Give ✓	Xnn
Standard	Main			SEAL, FRONT FENDER TO COWL SIDE LH	1	15.20	15.20	25.00	11.40	Replace	0	0	Not Give 🐱	Xna
Standard	Main			FENDER LINER PAD, FR WHEEL. LH	1	49.30	49.30	25.00	36.97	Replace	0	0	Not Giv€ ✓	Knn

Total Spare Part Cost 2,160.64

Surveyor Total 850.68

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 1,698.94

Final Sur Total 680.54

https://vacsweb.smrt.com.sg/Estimation.aspx

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	676.00	200	
Total:			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 FENDER LH	378.00	200	
Total:			756.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0 Xvv	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	40	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 X11	
4	Main	TO REPLACE SUNDRY PARTS	100.00	· XM	
Total			380.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,698.94	680.54
Total Labour Cost	676.00	200.00
Total Spray Painting	756.00	400.00
Other	380.00	40.00
Overall Total	3,510.94	1,320.54
Lump Sum Repair Option		
Lump Sum Total	3,500.00	1,300.00
Surveyor Approved Amount		1,300.00

(2022, 14:38

https://vacsweb.smrt.com.sg/Estimation.aspx

Estimator Assesment(\$)

Surveyor Assesment(\$)

LUMP SUM REPAIR / RESURVEY AFTER PAINT PHOTO.

Surveyor Name

Signature

Remarks

Rasul

Clear

Survey Date

05/08/2022

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 witholding of material facts may allow insurance companies to repudiate
- 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 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

26/07/2022 16:51 (SGT)

Driver

26/07/2022 07:45 (SGT)

Sembawang Rd, Singapore

SEMBAWANG ROAD (BESIDE CHONG PANG)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC4907Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

Strides Taxi Pte Ltd

1XXXXXX369K

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

your vehicle?

Vehicle Category Transmission

CC

Toyota

Prius

No - Claiming third party

Taxi

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Are you claiming under your own insurance policy for repair to

MS First Capital Insurance Ltd

D-22099115MFSH

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

LIANG ENG HUAT SXXXX751Z 25/07/1963 Outdoor

Date Of Driving Pass Driving experience 08/10/1984 37 YEARS AND 9 MONTHS Gender Mobile Number Male Alt. Phone Number (Phone) +65-68662672 **Email Address** AUTO-SVCS-TARC@SMRT.COM.SG Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Hirer Does Driver Own Other Vehicles? 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 Side Swipe Weather Conditions Raining Road Surface Wet

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)	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 STRAIGHT ALONG SEMBAWANG ROAD. SUDDENLY A VEHICLE SMZ3280Y CUT TOWARDS MY LANE ABRUPTLY AND GRAZED ONTO THE LEFT FRONT PORTION OF MY TAXI. BOTH OF US WENT TO THE POLICE STATION TO LODGE A REPORT BUT THE POLICE TOLD US TO SETTLE AMONG OURSELVES.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMZ3280Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

	1
	vehicle Category
	Name of Driver
ı	Name of Driver Contact Number
I	College
	Address complement
	Address complement
	Postcode
	Insurance Company Name
	Nature Of Damage
	Details of property damaged in accident
	No. Or assenger (including Driver)
	2

Private car ENG LE XUAN

IMPORTANT NOTICE

SKETCH PLAN

- Please report correctly the details of the accident to speed up the claims process
- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy habitity 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
- 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 (callectively 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

- (a) investigating the accident and/or my claims;
- (a) carrying out and/or dealing with my instructions or responding to any enquries 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-pany service providers or agents (including their lawyers/law tirms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyhold (\$ gratiste) Date & Time

Witnessed by Reporting Centre Personnel

Um 26.7.2023

Sketch Plan

Sembawong Read

	nstance of the Accident
To the same of	
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	ATT -
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- Carriera	
5	

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

Vicinessed by Reporting Contro (Normalias in NRIC ID Land)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

U	
Owner ID Type:	Company a Company
Owner ID:	369K
Vehicle No.:	
Vehicle to be Exported:	SHC4907Y
	TO GET A NO. 4 TO THE TO SEE THE OWN AND A DESCRIPTION OF THE PARTY OF
Intended Deregistration Date:	10 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Mardon
Manufacturing Year:	2015
Engine No.:	2ZR6575837
Chassis No.:	JTDKN36U805767314
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	05 Feb 2016
First Registration Date:	05 Feb 2016
Transfer Count:	o de la companya della companya dell
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	
PARF Eligibility Expiry Date:	04 Feb 2024
PARF Rebate Amount:	\$3,250.00
COE Expiry Date:	04 Feb 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$43,040.00
COE Rebate Amount:	\$7,987.00
Total Rebate Amount:	\$11,237.00

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