

(03/11/13) wef

ASS. REC. BY: JSme

REF:

369K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SAB 5947Eat Workshop m/s STRIDES (SMRT)of 60, WOODLANDS Rd PK 44Insured: CTI

Policy No.

Claims No.

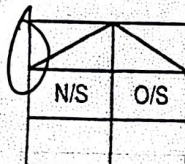
Sum Insured:

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 Rpt:

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

Date / Time

Action / Instruction

Veh No:

SAB 5947EYr Regn: 2017 / DECType: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRADO HYBRID 1.8CVT c.c 1798

Colour

MAROON

A/C: Insured / Std / NI / NA

Sp. Reading

342707

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

3TDKB3FU403576056Gen. Cond: Good / Fair / Poor / BurntSteering: (order) / Jammed / Leaked / Burnt orBrake: (order) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

155/65R15

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.

30/08/22

D.O.I.

31/08/22

Survey held at

STRIDES

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

N/S FR

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

Date/Time, File Pass to?



: Preli. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$

) S + RS, SI



: Interview (\$

) Photos



: Tech. Invs (\$

) Others

Report Format :

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



Case Details

Case Reference Number :

TAX/08/22/2083

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB5947E

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-19226-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : China Taiping Insurance (Singapore) Pte Ltd

Accident Date and Time : 30/08/2022 01:30 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	495.50	495.50	25.00	371.63	Replace	<input type="text" value="1"/>	<input type="text" value="371.63"/>	Replace ▾	de/
Standard	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	? Rea
Standard	Main			COVER, ENGINE UNDER SIDE LH	1	76.90	76.90	25.00	57.68	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xan
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	<input type="text" value="10"/>	<input type="text" value="11.25"/>	Replace ▾	re/
Standard	Main			LAMP ASSY, FOG, LH	1	910.20	910.20	10.00	819.18	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	?
Standard	Main			UNIT , HEADLAMP , LH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	?
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1	486.40	486.40	10.00	437.76	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xan
Standard	Main			FENDER SUB-ASSY, FR , LH	1	933.10	933.10	25.00	699.83	Replace	<input type="text" value="1"/>	<input type="text" value="699.83"/>	Replace ▾	st/
Standard	Main			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	52.90	25.00	39.68	Replace	<input type="text" value="1"/>	<input type="text" value="39.67"/>	Replace ▾	re/
Standard	Main			LINER, FR FENDER, LH	1	194.30	194.30	25.00	145.73	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check ▾	?
Standard	Main			PAD, FR WHEEL LH	1	57.70	57.70	25.00	43.28	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xan
Standard	Main			SEAL SUB-ASSY, LH	1	50.20	50.20	25.00	37.65	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give ▾	Xan

Total Spare Part Cost 6,936.76

Surveyor Total 1,254.23

Lump Sum Dis (%) 20

8/31/22, 3:41 PM

Surveyor Approval

3/17/22, 5:41 PM

SMRT Recommendation														
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			PROTECTOR, FR FENDER LH	1	90.40	90.40	25.00	67.80	Replace	0	0	Not Give	Xm
Standard	Main			CAP SUB-ASSY, WHEEL	1	175.80	175.80	25.00	131.85	Replace	1	131.85	Replace	sc
Standard	Main			WHEEL, DISC	1	1,555.10	1,555.10	25.00	1,166.32	Replace	0	0	Not Give	Xm
Standard	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	Xm
Standard	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	0	0	Not Give	Xm
Total Spare Part Cost									6,936.76	Surveyor Total		1,254.23		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									5,216.89	Final Sur Total		1,003.38		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	676.00	400	
Total:			676.00	400.00	

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	
3	Main	RESPRAY WHEEL CAP	180.00	0	Xm
4	Main	TO RESPRAY RIM	180.00	0	Xm
Total:			1,116.00	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	Xm
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40	
Total:			380.00	100.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 <i>xm</i>	
Total:			380.00	100.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,216.89	1,003.38
Total Labour Cost	676.00	400.00
Total Spray Painting	1,116.00	400.00
Other	380.00	100.00
Overall Total	7,388.89	1,903.38
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	7,400.00	1,900.00
Surveyor Approved Amount		1,900.00
No of Repair Days*	5	4
Remarks	-	resurvey after repair / lump sum
Surveyor Name		Rasul
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	31/08/2022	

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:

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 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	31/08/2022 14:10 (SGT)
Reported by	Driver
Date of Accident	30/08/2022 09:30 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	NEWTON CIRCUS TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5947E
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	TIA CHEONG SENG
NRIC No	SXXXXX751I
Date Of Birth	04/09/1956
Occupation	Outdoor

Date Of Driving Pass	17/02/1981
Driving experience	41 YEARS AND 6 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 NEWTON CIRCUS TOWARDS BUKIT TIMAH ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. SUDDENLY A VEHICLE SLA6258L WHICH WAS TRAVELLING ON MY LEFT CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED 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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA6258L
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)	-

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 willful 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

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

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

Sketch Plan

Newton Circus

A-5HB5147E
B-SJA 6258L

v. Jun 2022

Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

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



Policyholder's Signature / Date & Time

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

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

[Signature] 31/8/22

[Signature] 31.8.2022

v.1.0 2022

2

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

369K

Vehicle Details

Vehicle No.:

5HB5947E

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Aug 2022

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS HYBRID 1.8 CVT

Primary Colour:

Maroon

Manufacturing Year:

2017

Engine No.:

2ZRS111342

Chassis No.:

JTDKB3FU403576056

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:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

11 Dec 2025

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry 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:

\$14,003.00

Total Rebate Amount:

\$17,753.00

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 31 Aug 2022