

Acc. REC. BY:

REF:

CS/EO122009052/Rvy3

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB99Kat Workshop n/s STRINGSof 60, Woodlands Ind Pk 64Insured: EQ1

Policy No. _____

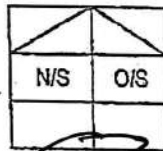
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bel. 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

Veh No: SHB99KYr Regn: 2015 / OCTType: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA BRIUS TAXI (SMR) c.c. 1798Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 674404 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3TDKN36U505766296Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15R: 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or FALKO

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 13/09/22D.O.A. 14/09/22

Survey held at

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

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

Date / Time Action / Instruction

Report Limit - 3.5K

Date/Time, File Pass to?



: Preli. Report



: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Report Format: _____

Lump Sum / L.S. / %

Case Details

Case Reference Number : TAX/09/22/2030
Type of Repair : Accident Repair
Vehicle Registration Number : SHB99K

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-19357-ID
Assigned By : Tan Lee Ge #

Insurance Company Name : EQ Insurance Company Ltd
Accident Date and Time : 13/09/2022 04:26 AM
Vehicle Age(In Months) : -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	SMRT Recommendation					Surveyor Approval				Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace		
Standard	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	<input type="text" value="1"/>	<input type="text" value="343.9"/>	Replace <input type="button" value="v"/>	<input type="text" value="CR"/>	
Standard	Main			BUMPER CLIPS (10 PCS)	10	2.40	24.00	25.00	18.00	Replace	<input type="text" value="10"/>	<input type="text" value="18.00"/>	Replace <input type="button" value="v"/>	<input type="text" value="AM"/>	
Standard	Main			BUMPER REINFORCEMENT REAR	1	234.70	234.70	25.00	176.02	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check <input type="button" value="v"/>	<input type="text" value="?"/>	
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	157.90	157.90	25.00	118.43	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check <input type="button" value="v"/>	<input type="text" value="?"/>	
Standard	Main			ARM SUB-ASSY. RR BUMPER LH	1	157.90	157.90	25.00	118.43	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check <input type="button" value="v"/>	<input type="text" value="?"/>	
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	208.10	208.10	10.00	187.29	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Check <input type="button" value="v"/>	<input type="text" value="?"/>	
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	<input type="text" value="1"/>	<input type="text" value="180.0"/>	Replace <input type="button" value="v"/>	<input type="text" value="AM"/>	
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	108.70	108.70	25.00	81.53	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="X17"/>	
Standard	Main			BUMPER SIDE RETAINER RR/RH	1	108.70	108.70	25.00	81.53	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="X17"/>	

Standard	Main		BUMPER SEAL, RR LH	1	101.80	101.80	25.00	76.35	Replace	0	0	Not Give	▼	X17	
Standard	Main		BUMPER SEAL, RR RH	1	74.40	74.40	25.00	55.80	Replace	0	0	Not Give	▼	X17	
Standard	Main		BUMPER LIP COVER RR/LH	1	93.90	93.90	25.00	70.43	Replace	0	0	Not Give	▼	X17	
Standard	Main		BUMPER LIP COVER RR/RH	1	155.40	Total Spare Part Cost 155.40	25.00	116.55	Replace	0	Surveyor Total 0	2,514.90	Not Give	▼	X17
					Lump Sum Discount (%)			20.00		Lump Sum Dis (%)			20.00		
Standard	Main		BUMPER LIP REAR	1	301.90	301.90	25.00	226.42	Replace	0	0	Not Give	▼	X17	
					Final Spare Part Cost			7,362.80		Final Sur Total			2,011.92		

Standard		Main	Portion		Material	UNDER COVER RR ASSY, RR FLOOR Part Name		Qty	List Price	List Price	Dis(%)	Final Price	Repair/Replace	Surveyor Quantity	Surveyor Final Price	Repair/Replace	Surveyor Approval	Remarks
BOM		Costing	Type		Number	UNDER COVER RR SHIELD		1	861.10	861.10	25.00	855.57	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				END PANEL		1	755.10	755.10	25.00	566.33	Replace	1	566.3	Replace	Not Give	Xan
Standard		Main				SPARE TYRE PANEL		1	755.10	755.10	25.00	566.33	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAILGATE ASY		1	1,280.70	1,260.70	25.00	945.53	Replace	1	0	Repair	Repair	R
Standard		Main				TAILGATE DOOR HINGE LH/RH (2 PCS)		2	61.20	122.40	25.00	91.80	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAILGATE DOOR LOCK		1	631.90	631.90	10.00	568.71	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAILGATE LOCK, COVER		1	20.70	20.70	25.00	15.52	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAILGATE DOOR WEATHER STRIP		1	402.50	402.50	25.00	301.88	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAILGATE OUTSIDE GARNISH		1	574.80	574.80	25.00	431.10	Replace	1	0	Repair	Repair	R
Standard		Main				EMBLEM REAR		1	68.70	68.70	25.00	51.53	Replace	1	51.53	Replace	Replace	Xan
Standard		Main				LICENSE PLATE LAMP (2 PCS)		2	40.80	81.60	10.00	73.44	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				CAMERA ASSY, TELEVISION, RR		1	1,429.80	1,429.80	10.00	1,286.82	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				NAME PLATE (HYBRID)		1	59.20	59.20	25.00	44.40	Replace	1	44.40	Replace	Replace	Xan
Standard		Main				NAME PLATE (PRUIS)		1	69.40	69.40	25.00	52.05	Replace	1	52.05	Replace	Replace	Xan
Standard		Main				NAME PLATE (TOYOTA)		1	59.20	59.20	25.00	44.40	Replace	1	44.40	Replace	Replace	Xan
Standard		Main				STRIDES LOGO		1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	Replace	Xan
Standard		Main				STICKER DECAL 65558888		1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	Replace	Xan
Standard		Main				3RD BRAKE LAMP		1	263.40	263.40	10.00	237.06	Replace	1	237.0	Replace	Replace	Xan
One Time Key In		Main				SPOILER REAR		1	1,263.70	1,263.70	25.00	947.78	Replace	1	947.7	Replace	Replace	Xan
Standard		Main				TAIL LAMP BRACKET, RH		1	35.20	35.20	25.00	26.40	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAIL LAMP RH		1	618.60	618.60	10.00	556.74	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAIL LAMP BRACKET, LH		1	35.20	35.20	25.00	26.40	Replace	0	0	Not Give	Not Give	Xan
Standard		Main				TAIL LAMP LH		1	618.60	618.60	10.00	556.74	Replace	0	0	Not Give	Not Give	Xan

Total Spare Part Cost 9,760.24

Surveyor Total 2,514.90

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

SMRT Recommendation

Temp Sum Dis(\$): 20.00

Temp Sum Dis(\$): 20.00

Surveyor Approval

XAA

Costing Type	Portion	Material Number	Part Name	Qty	List Price	Final Price	Spare Part Dis(\$)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Final Price	Final Sur Total	Repair/Replace	Remarks
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Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,014.00	600.00	
Total:			1,014.00	600.00	



Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200.00	
2	Main	TO RESPRAY REAR SPARE TYRE PANEL	180.00	0 XAA	
3	Main	TO RESPRAY REAR PANEL	180.00	100.00	
4	Main	TO RESPRAY REAR SPOILER	180.00	100.00	
5	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	100.00	
6	Main	TO RESPRAY TAIL GATE	378.00	200.00	
7	Main	TO RESPRAY BUMPER BEAM	180.00	0 XAA	
Total:			1,656.00	700.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00	0 XAA	request invoice
2	Main	TO WASH AND VACUUM	60.00	0 XAA	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	40.00	
4	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40.00	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0 XAA	
6	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40.00	
Total:			556.00	120.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	7,362.80	2,011.92
Total Labour Cost	1,014.00	600.00
Total Spray Painting	1,656.00	700.00
Other	556.00	120.00
Overall Total	10,588.80	3,431.92
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	10,600.00	3,450.00
Surveyor Approved Amount		3,450.00
No of Repair Days*	6	5
Remarks	-	Request NBV / Lump sum repair / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 0001 0068 email:
Surveyor Name		Rasul
Signature		
Survey Date	14/09/2022	

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 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 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	13/09/2022 16:06 (SGT)
Reported by	Driver
Date of Accident	13/09/2022 12:26 (SGT)
Exact Location of Accident	Chin Swee Rd, Singapore
Additional Location Information	SLIP ROAD FROM CHIN SWEE ROAD TOWARDS HAVELOCK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB99K
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	CHANDRAKASAN
NRIC No	SXXXX366F
Date Of Birth	12/08/1956

Occupation	Outdoor
Date Of Driving Pass	04/10/1979
Driving experience	42 YEARS AND 11 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	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)	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	Male

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 THE SLIP ROAD FROM CHIN SWEE ROAD TURNING LEFT TOWARDS HAVELOCK ROAD WITH ONE PASSENGER (MALE CHINESE) ON BOARD. I STOPPED TO LOOK OUT FOR THE ONCOMING TRAFFIC AND SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE YP8559Y HAD COLLIDED ONTO THE REAR 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	YP8559Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	LIM GAY WAH
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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



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

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.

6. 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

[Signature] 13/9/2022 1510h
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 13.9.2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vJun2022

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB99K
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6536131
Chassis No.:	JTDKN36U505766296
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	16 Oct 2015
First Registration Date:	16 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Oct 2023
PARF Rebate Amount:	\$3,250.00
COE Expiry Date:	15 Oct 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	8
PQP Paid:	\$45,439.00
COE Rebate Amount:	\$6,153.00
Total Rebate Amount:	\$9,403.00

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 15 Sep 2022

OK