

ASS. REC. BY: Rasul

REF: NS/INC22009332/Rqc

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 551ST

at Workshop m/s STRIDES

of 60, WOODWARD LAD PK E4

Insured: INC

Policy No. _____

Claims No. _____

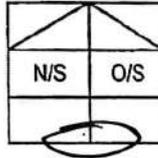
Sum Insured: _____ Excess: _____

(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: 2 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: SHB 551ST Yr Regn: 2017 / OCT

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

Truck / Trailer or _____

Make: TOYOTA PRIUS HYBRID c.c. 1798

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

Sp. Reading 503649 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU103572935

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. 18/09/22 D.O.I. 28/09/22

Survey held at STRIDES

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Rasul finalised LS \$900, 2 days. (Red \$7547.30, 89%)

Date/Time, File Pass to? : Preli. Report

1) 09/11 Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Rep. Format: TP

Lump Sum LEB: 900



Case Details

Case Reference Number : TAX/09/22/2038
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB5515T

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-19387-ID
 Assigned By : Wei Siong #

Insurance Company Name : income insurance limited
 Accident Date and Time : 18/09/2022 08:20 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				Repair/Replace	Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)		Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			COVER, RR BUMPER ASSY	1	478.90	478.90	25.00	359.17	Replace	1	0	Repair	R
Standard	Main			REAR BUMPER REINFORCEMENT	1	360.10	360.10	25.00	270.08	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, RH & LH , 1	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, RH & LH , 2	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, RH & LH , 3	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, CTR	3	2.50	7.50	25.00	5.63	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	1	12.30	12.30	25.00	9.23	Replace	0	0	Not Give	Xan
Standard	Main			STOPPER, RR BUMPER, RH & LH	1	4.80	4.80	25.00	3.60	Replace	0	0	Not Give	Xan
Standard	Main			RETAINER, RR BUMPER, RH	1	127.40	127.40	25.00	95.55	Replace	0	0	Not Give	Xan
Standard	Main			RETAINER, RR BUMPER, LH	1	127.40	127.40	25.00	95.55	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER , RH	1	95.50	95.50	25.00	71.63	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER , LH	1	95.50	95.50	25.00	71.63	Replace	0	0	Not Give	Xan
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	0	0	Not Give	Xan
Standard	Main			GUARD, RR BUMPER, LOWER	1	623.50	623.50	25.00	467.63	Replace	1	467.63	Replace	de
Standard	Main			FILLER, RR BUMPER , RH	1	168.60	168.60	25.00	126.45	Replace	0	0	Not Give	Xan
Total Spare Part Cost									5,030.86	Surveyor Total		480.15		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20.00		
Final Spare Part Cost									4,024.69	Final Sur Total		384.12		

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			FILLER, RR BUMPER , LH	1	168.60	168.60	25.00	126.45	Replace	0	0	Not Give	Xm
Standard	Main			COVER, GUARD RR BUMPER LOWER	1	16.70	16.70	25.00	12.52	Replace	1	12.52	Replace	sub
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	Xm
Standard	Main			ANTENNA, ELECTRICAL KEY	1	78.00	78.00	25.00	58.50	Replace	0	0	Not Give	Xm
Standard	Main			REAR BUMPER GROMMET SCREW	1	2.20	1.65	25.00	1.65	Replace	0	0	Not Give	Xm
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , RH	1	489.00	489.00	10.00	440.10	Replace	0	0	Not Give	Xm
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , LH	1	489.00	489.00	10.00	440.10	Replace	0	0	Not Give	Xm
Standard	Main			LENS & BODY ASSY , RR BUMPER , RH	1	544.40	544.40	10.00	489.96	Replace	0	0	Not Give	Xm
Standard	Main			LENS & BODY ASSY , RR BUMPER , LH	1	544.40	544.40	10.00	489.96	Replace	0	0	Not Give	Xm
Standard	Main			COVER, REAR COMBINATION LAMP, RH	1	69.90	69.90	25.00	52.43	Replace	0	0	Not Give	Xm
Standard	Main			COVER, REAR COMBINATION LAMP, LH	1	69.90	69.90	25.00	52.43	Replace	0	0	Not Give	Xm
Standard	Main			COVER, REAR FLOOR UNDER , RH	1	189.20	189.20	25.00	141.90	Replace	0	0	Not Give	Xm
Standard	Main			COVER, REAR FLOOR UNDER , LH	1	261.60	261.60	25.00	196.20	Replace	0	0	Not Give	Xm
Standard	Main			COVER, REAR FLOOR UNDER CENTER	1	249.10	249.10	25.00	186.83	Replace	0	0	Not Give	Xm
Standard	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	707.10	707.10	25.00	530.33	Replace	0	0	Not Give	Xm
Total Spare Part Cost									5,030.86	Surveyor Total		480.15		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20.00		
Final Spare Part Cost									4,024.69	Final Sur Total		384.12		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	200.00	
Total:			676.00	200.00	

Spray Cost Detail

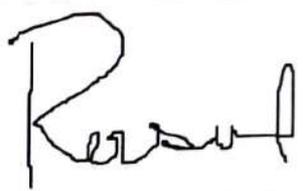
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200.00	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	Xm
3	Main	TO RESPRAY REAR PANEL	180.00	0	Xm
Total:			738.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0	Xm
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0	Xm
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	Xm
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0	Xm
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xm
Total:			500.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,024.69	384.12
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	500.00	0.00
Overall Total	5,938.69	784.12
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	5,950.00	800.00
Surveyor Approved Amount		800.00
No of Repair Days*	4	2
Remarks	-	Lumpsum repair / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 9991 0089 email: rasul@skhairs.com
Surveyor Name		Rasul

Signature	Estimator Assessment(\$) 	Surveyor Assessment(\$) 
Survey Date	20/09/2022	
		<input type="button" value="Save"/> <input type="button" value="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 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	19/09/2022 14:59 (SGT)
Reported by	Driver
Date of Accident	18/09/2022 16:20 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 5, Singapore
Additional Location Information	BUKIT BATOK WEST AVE 5 / IN FRONT OF BLK 303
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5515T
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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	NG SWEE TIONG
NRIC No	SXXXX420J
Date Of Birth	16/07/1975
Occupation	Outdoor

Date Of Driving Pass	13/03/2008
Driving experience	14 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	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 BUKIT BATOK WEST AVE 5 (INFRONT OF BLK 303) WITH ONE PASSENGER (MALE CHINESE) ON BOARD. VEHICLES IN FRONT OF MY TAXI STOPPED AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICILE SGK1917H HAD COLLIDED ONTO THE REAR OF MY TAXI.

ATTACHMENT(S)

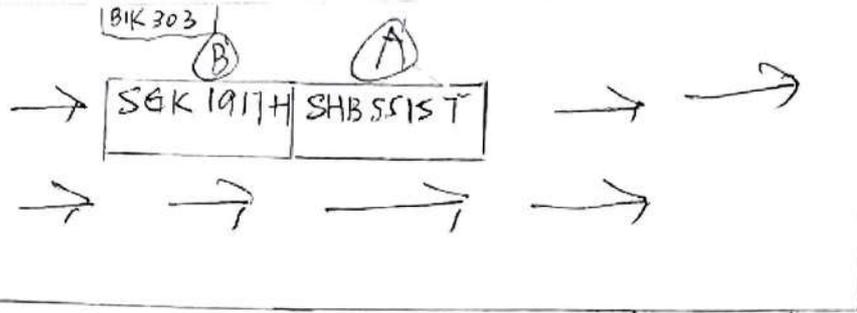
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK1917H
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SKETCH PLAN

Signat.



Surve

Bukit Batok West Ave 5
 outside BIK 303 4-20pm

18-9-22

Lined area for notes or additional information.

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)

J 19-9-22

Lin. 19.9.2022

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.

19-9-22 J

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB5515T
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR5098063
Chassis No.:	JTDKB3FU103572935
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Oct 2017
First Registration Date:	12 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	11 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$13,001.00
Total Rebate Amount:	\$16,751.00

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 21 Sep 2022

OK