ASS. REC. BY: ROME	369K
ASSIC	GNMENT
From: Date:	Veh No: SHB 5282P Yr Regn: 2017 1007
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SHS 52624	Make: TOYOTA PRIMS HYBRIS 18 CVT C.C 1798 Colour A/C: Insured / Std / NI / NA
at Workshop m/s STEMS	COROUI
of 60, novimanos Ind PKEY	Sp.Reading 612740 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No: 2777 494
Policy No.	C/No: 37D kB3F U50 3572484
Claims No.	Gen. Cond: Good / Pair/ Poor / Burnt
Sum Insured: Excess:	Steering: Morder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 195 65R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO OF FALKEN
repair at the time of inspection.	Deer
Bal. or Market Value:	PiRal mm
IDAC Accident Rport: Consistent? : Yes or No	1/Pol /
GIA / PR Seen: Consistent? : Yes or No Get Pengirs: days Res.: Yes or No	D.O.A. 17 09 22 D.O.I. 20 09 22
2 Vol.: You or No.	Survey held at STRIPES
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fo	ee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Reprosperition :	: Tech. Invs (\$) Others
Lump Sum / LEJ: (%	: Weelfend (\$
	707.51

Case Details

Case Reference Number: TAX/09/22/2037 Type of Repair : Accident Repair

Vehicle Registration Number: SHB5282P

Company Type : Strides Taxi Pte Ltd Estimation ID : EST-19388-ID Assigned By: Wei Siong #

Insurance Company Name: income insurance limited Accident Date and Time: 17/09/2022 04:30 AM

Vehicle Age(In Months): 59

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Recomme	endati	on						Sun	eyor 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, RR BUMPER ASSY	1	478.90	478.90	25.00	359.17	Replace	1	359.17	Replace 🕶	de-
Standard	Main			REAR BUMPER REINFORCEMENT	1	360.10	360.10	25.00	270.08	Replace	0	0	Check ✓	7.
Standard	Main			PAD, RR BUMPER, RH & LH , 1	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace >	per/
Standard	Main			PAD, RR BUMPER, RH & LH, 2	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace ♥	M/
Standard	Main			PAD, RR BUMPER, RH & LH , 3	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace ✔	pe /
Standard	Main			PAD, RR BUMPER, CTR	3	2.50	7.50	25.00	5.63	Replace	0	0	Not Giv∈ ✔	Xm
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	1	12,30	12.30	25.00	9.23	Replace	0	0	Not Giv∈ ∨	xnn
Standard	Main			STOPPER, RR BUMPER, RH & LH	1	4.80	4.80	25.00	3.60	Replace	0	0	Not Give	XAA
Standard	Main			RETAINER, RR BUMPER, RH	1	127.40	127.40	25.00	95.55	Replace	0	0	Not Giv€	Xnn
Standard	Main			RETAINER, RR BUMPER, LH	1	127.40	127.40	25.00	95.55	Replace	0	0	Not Give	XVV
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 Giv€	XVV
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	9 10	36.00	Replace	· m/
Standard	Main			GUARD, RR BUMPER, LOWER	1	623.50	623.50	25.00	467.63	Replace	e 1	467.63	Replace	· de/
Standard	Main			FILLER, RR BUMPER , RH	1	168.60	168.60	25.00	126.45	Replac	e 0	0	Not Give	XAR

Total Spare Part Cost 5,030.86

Lump Sum Discount (%) 20.00

Surveyor Total 894.67

Lump Sum Dis (%)

20.00

Final Sur Total 715.74

9/20/22, 2:47 PM Surveyor Approval **SMRT** Recommendation Repair/Replace Remarks Surveyor Repair/ Surveyor Final Dis(%) List Qty List Final BOM Costing Portion Material Part Name Quantity Replace Price(\$) Price(\$) Price Price(\$) Type Type Number Per Unit(\$) XAD **Not Giv**€ 126.45 Replace 0 25.00 Standard Main 168.60 168.60 FILLER, RR BUMPER, LH gur/ Replace Replace 12.52 Standard Main 25.00 12.52 COVER, GUARD 16.70 16.70 RR BUMPER LOWER Standard Main Check SENSOR 180.00 0.00 180.00 Replace 0 180.00 REVERSE XMA Standard Main 58.50 Replace **Not Give** ANTENNA. 78.00 78.00 25.00 0 **ELECTRICAL KEY** XAN Standard Main **REAR BUMPER** 1.65 Replace 1 2.20 2.20 25.00 Not Give ♥ 0 GROMMET SCREW Standard Main LENS & BODY, 489.00 489.00 10.00 440.10 Replace Xnn 0 Not Giv€ REAR COMBINATION LAMP, RH Standard Main LENS & BODY, 489.00 489.00 10.00 440.10 Replace xnn Not Give COMBINATION LAMP . LH Standard Main LENS & BODY 10.00 489.96 Replace Not Giv€ 0 ASSY, RR BUMPER, RH Standard Main LENS & BODY 544.40 544,40 10.00 489.96 Replace Not Give ✓ Xnn ASSY, RR BUMPER, LH Standard Main COVER, REAR 69.90 69.90 25.00 52.43 Replace Xnn Not Giv∈ ∨ COMBINATION LAMP, RH Standard Main COVER, REAR Replace 69.90 69.90 25.00 52.43 XM Not Giv∈ ∨ COMBINATION LAMP, LH Standard Main COVER, REAR 189.20 189.20 25.00 141.90 Replace Not Giv∈ ∨ X11 FLOOR UNDER. RH Standard Main COVER, REAR 261.60 261.60 25.00 196.20 Replace Xan Not Give ∨ FLOOR UNDER, LH Standard Main COVER, REAR 1 249.10 249.10 25.00 186.83 **Not Give** XAN **FLOOR UNDER** CENTER Standard Main **END PANEL SUB-**1 707.10 707.10 25.00 530.33 Replace XAN 0 Not Giv€ ASSY, BODY LOWER BACK

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	

Total Spare Part Cost 5.030.86

Final Spare Part Cost 3,600.42

Lump Sum Discount (%) 20.00

Surveyor Total

Final Sur Total 715.74

Lump Sum Dis (%)

894.67

20.00

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

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 PANEL	180.00	0 X14	
3	Main	TO RESPRAY BUMPER BEAM	180.00	o Xw	
Total:			738.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00		request invoice
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	° X17	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	o Kan	
4	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	e 2036 3608). [00 296.88): 901 161 (6 10) 1906 910	ing Repaired C
5	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	โองา บออา ¢	on 40.00 poidues	met yes, soft
6	Main	TO WASH AND VACUUM	Autouic Coulouse	None X X	Contract Contract
7	Main	TO REPLACE SUNDRY PARTS	100.00	/.	A promo von- A
Fotal:			852.88	336.88	170.7.00

Summary

Remarks

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,600.42	715.74
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	852.88	336.88
Overall Total	5,867.30	1,452.62
ump Sum Repair Option	В	✓
Lump Sum Total	5,850.00	1,450.00
Surveyor Approved Amount		1,450.00
No of Repair Days*	5	3

Lumpsum repair / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP:

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

LKK Auto Consultants hence notify the Repairer of the following:

• To resurvey before/after spray painting

20/09/2022

- 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:

9/20/22, 2:47 PM

Survey Date

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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.

- 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 14:21 (SGT) Reported by Driver Date of Accident 17/09/2022 12:30 (SGT) **Exact Location of Accident** Near CTE, Singapore Additional Location Information CTE TOWARDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SHB5282P**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner STRIDES TAXI PTE LTD Company Reg No 1XXXXXX69K **Email Address** Auto-Svcs-TARC@smrt.com.sg Mobile Phone No (Phone) +65-68662671 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model **Prius** Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-22099115MFSH

DRIVER

Name of Driver LAU OW PHENG NRIC No SXXXX303E Date Of Birth 19/02/1964 Occupation Outdoor

21/11/2008 Date Of Driving Pass 13 YEARS AND 10 MONTHS Driving experience Male Gender (Phone) +65-68662672 Mobile Number Alt Phone Number Auto-Svcs-TARC@smrt.com.sg Email Address Address 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? 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? Yes Police Station Name **Traffic Police** Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20220917/7031

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	SKR4853D
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	· - 3
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	~

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK1747X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	LAU OW PHENG Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	•
Injured person in which vehicle?	SHB5282P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Oriver.
- 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 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 Contro 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
- (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
- (d) 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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

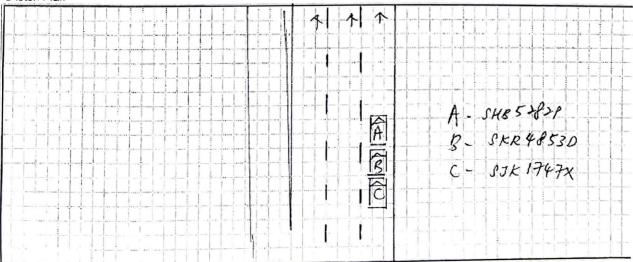
Policyholder's Signature / Date & Time

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

W 19/1/2m

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

Sketch Plan



VJun2022

describe Circumstance of the Accident	
REFER TO POLICE REPORT	
-	
	and the second s

Declaration

Inweiged are the foregoing particulars are true in every respect.

Policyholder's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Ah 19/9/202

Jun2022

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	di process
	SHB5282P
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.:	2ZRS095536
Chassis No.:	JTDKB3FU503572484
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	10 Oct 2017
First Registration Date:	10 Oct 2017
Transfer Count:	
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	· · · · · · · · · · · · · · · · · · ·
PARF Eligibility Expiry Date:	09 Oct 2025
PARF Rebate Amount:	\$3,750.00
PARF REDate Amount:	\$3,130.00 it is a second of the second of th
COE Explry Date:	09 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$12,978.00
Total Rebate Amount:	\$16,728.00

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