

ASS. REC. BY:

REF:

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHD 60213at Workshop m/s STRINGSof 60213/12/1K 04Insured: INC

Policy No. _____

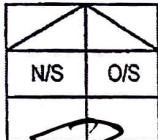
Claims No. _____

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: _____ 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: SHD 60213 Yr Regn: 2020 / DECType: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA PRIMS HBA c.c. 1798Colour: MAROON A/C: Insured / Std / NI / NASp. Reading: 146738 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4603691823Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 20/01/22D.O.I. 22/01/22

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Rep. Format:

Lump Sum / L.B. / %

Case Details

Case Reference Number : TAX/09/22/2044
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHD6021J

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-19409-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
 Accident Date and Time : 20/09/2022 06:55 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
One Time Key In	Main			COVER, RR BUMPER ASSY	1	525.40	525.40	25.00	394.05	Replace	1	394.05	Replace	de /
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	360.10	360.10	25.00	270.08	Replace	0	0	Check	?
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	1	12.00	12.00	25.00	9.00	Replace	1	9.00	Replace	na /
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	1	4.30	4.30	25.00	3.22	Replace	1	3.22	Replace	na /
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	1	4.30	4.30	25.00	3.22	Replace	1	3.22	Replace	na /
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	143.60	143.60	25.00	107.70	Replace	0	0	Not Give	Xan
One Time Key In	Main			SEAL, RR BUMPER , LH	1	128.00	128.00	25.00	96.00	Replace	0	0	Not Give	Xan
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace	na /
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	405.00	405.00	25.00	303.75	Replace	1	303.75	Replace	de /
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	42.20	42.20	25.00	31.65	Replace	1	31.65	Replace	sed /

Total Spare Part Cost 9,922.71

Surveyor Total 898.95

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 9,922.71

Final Sur Total 898.95

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
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	707.10	707.10	25.00	530.33	Replace	0	0	Check	?
One Time Key In	Main			TAIL GATE PANEL SUB-ASSY, BACK DOOR	1	1,238.40	1,238.40	25.00	928.80	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1	992.30	992.30	25.00	744.22	Replace	1	0	Repair	R
One Time Key In	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	new
One Time Key In	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	new
One Time Key In	Main			NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1	59.10	59.10	25.00	44.33	Replace	1	44.33	Replace	new
One Time Key In	Main			NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1	59.10	59.10	25.00	44.33	Replace	1	44.33	Replace	new
One Time Key In	Main			PANEL SUB-ASSY, REAR DOOR, LH	1	1,401.70	1,401.70	25.00	1,051.28	Replace	0	0	Not Give	Xan
One Time Key In	Main			WHEEL, DISC	1	2,036.30	2,036.30	25.00	1,527.22	Replace	0	0	Not Give	Xan
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	Xan
One Time Key In	Main			CAP SUB-ASSY, WHEEL	1	229.00	229.00	25.00	171.75	Replace	0	0	Not Give	Xan
One Time Key In	Main			MIRROR ASSY, OUTER REAR VIEW, LH	1	1,454.40	1,454.40	10.00	1,308.96	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	117.80	117.80	25.00	88.35	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR FLOOR UNDER, LH	1	261.60	261.60	25.00	196.20	Replace	0	0	Check	?
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	249.10	249.10	25.00	186.82	Replace	0	0	Not Give	Xan

Total Spare Part Cost 9,922.71

Surveyor Total 898.95

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 9,922.71

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
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, LH	1	367.30	367.30	10.00	330.57	Replace	0	0	Check	?
One Time Key In	Main			COVER, REAR COMBINATION LAMP, LH	1	75.90	75.90	25.00	56.93	Replace	0	0	Not Give	Xan
One Time Key In	Main			SOCKET & WIRE SUB-ASSY, REAR COMBINATION LAMP, LH	1	56.70	56.70	10.00	51.03	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1	282.70	282.70	10.00	254.43	Replace	0	0	Check	?
One Time Key In	Main			LAMP ASSY, REAR, LH	1	317.80	317.80	10.00	286.02	Replace	0	0	Not Give	Xan
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	707.10	707.10	25.00	530.33	Replace	0	0	Not Give	Xan
Total Spare Part Cost									9,922.71	Surveyor Total 898.95				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									9,922.71	Final Sur Total 898.95				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	845.00	300.00	
Total:			845.00	300.00	

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 BUMPER REINFORCEMENT	180.00	0 Xan	
3	Main	TO RESPRAY REAR PANEL	180.00	0 Xan	
4	Main	TO RESPRAY REAR FENDER LH	378.00	0 Xan	
5	Main	TO RESPRAY RIM	180.00	0 Xan	
Total:			2,592.00	300.00	

BUSINESS REG. NO.: 0608...
GST REG. NO.: 0608...
FAX: 83685917
TOLL FREE: 1-800-737-869

Summary

3

9/22/22, 4:49 PM

CO. Ref. No. : 7013179137

<https://vacswb.smrt.com.sg/Estimation.aspx>

Estimator Assessment(\$)

Surveyor Assessment(\$)

Remarks

part by part /
Resurvey before paint / Before paint photos . After repair
photo FOR CHECK ITEM and REPLACE ITEM PLEASE
CALL SURVEYOR BASUL / HP : 9994 0088 email :

Surveyor Name

Rasul

Signature

Rasul

Save

Clear

Survey Date

22/09/2022

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	22/09/2022 08:50 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 14:55 (SGT)
Exact Location of Accident	Mount Sinai Ln, Singapore
Additional Location Information	MOUNT SINAI LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6021J
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	SHAHRUDIN BIN MOHD SAID
NRIC No	SXXXX799F
Date Of Birth	12/10/1962
Occupation	Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

15/05/1985
37 YEARS AND 4 MONTHS
Male
(Phone) +65-68662672
-
AUTO-SVCS-TARC@SMRT.COM.SG
11
-
-
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
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

No
2
Yes
No
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Serangoon North Neighbourhood Police Post
Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220920/2118

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

SGK8604P
-
-
-
-
Private car

of Driver
Fact Number
Address
Postcode
Insurance Company
Nature Of Damage
Details Of Damage
No. Of Passengers

3
Bus

Co

163

or /

/ Lea

Lea

/ Rim

20

LIZ

Name of Driver	PAUL WU
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	SHAH RudyN BIN MOHD SAID
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6021J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

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

Witnessed by Reporting Centre Personnel
(Name as in NR Q/D card)

Sketch Plan


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 and Date & Time

 21/9/2022
Driver's Signature, if different from the policyholder, Date & Time

 21-9-2022
Witnessed by Reporting Officer's Name (as in New Zealand)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHD6021J
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2020
Engine No.:	2ZR2G89383
Chassis No.:	JTDKB3FU603091823
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	01 Dec 2020
First Registration Date:	01 Dec 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Nov 2028
PARF Rebate Amount:	\$10,897.00
COE Expiry Date:	30 Nov 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$29,843.00
COE Rebate Amount:	\$23,076.00
Total Rebate Amount:	\$33,973.00

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 23 Sep 2022

OK