ASS. REC. BY: Steve

CS/SMR22009398/Evy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHB 869E

Policy No. _____

Claims No. TAX/09/22/2050

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 2049G Yr Regn: 31/3/22

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Toyota Vellfire c.c 2493

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

Sp.Reading 36179 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AYH30007810

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: 215/50R16

R: 〃

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	22/9/22	D.O.I.	23/9/22

Survey held at Prime

Des. 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
	MV-270K
28/9/22	Steve informed LS $1350 (Red 560.69, 29%)

Date/Time, File Pass to?

1) _____

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 28/9/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / ~~T.P.~~ ($ $1350)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

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Prime Auto Claims Service Pte Ltd

PRIME GROUP

GST Reg. No : 201606560M
6 Benoi Place Singapore 629927
Tel: 6861 0908 Fax: 6515 2948

Steve (LKK)
23/9/22, 1.39p
L/S
3 days

Date: 23.09.2022

Strides Taxis Pte Ltd
60 Woodlands Industrial Park E4
Singapore 757705

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO SHD2049G TOYOTA VELLFIRE HYBRID 2.5X CVT
(REG DATE : 31 MAR 2022)

To Supply			
1) 1pc	Rear bumper		$ 1,627.59
		Sub total parts	$ 1,627.59
		Less: 25% discount	$ 406.90
			$ 1,220.69
To Supply S.Nett Parts			
1) 1set	Rear bumper clips		$ 30.00
		Sub total S.Nett Parts	$ 30.00
L/charges			
1)	To remove & refit right ultrasonic sensor & sensor retainer, reset reverse sensor light. Check wiring.		$ 60.00 30
2)	To remove & replace rear bumper. Align & adjust rear bumper and tail gate		$ 250.00 200
3)	To putty, respray painting rear bumper & ultrasonic sensor retainer in pearl white. To polish		$ 350.00 230
		Sub total L/charges	$ 660.00
		Estimated Grand total	$ 1,910.69

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:

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	293Z

Vehicle Details

Vehicle No.:	SHD2049G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE HYBRID 7-SEATER 2.5X CVT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	2ARJ245863
Chassis No.:	AYH300077810
Maximum Power Output:	145.0 kW (194 bhp)
Open Market Value:	$48,595.00
Original Registration Date:	31 Mar 2022
First Registration Date:	31 Mar 2022
Transfer Count:	0
Actual ARF Paid:	$60,033.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2030
PARF Rebate Amount:	$45,024.00

Intended COE Rebate Details

COE Expiry Date:	30 Mar 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$47,344.00
COE Rebate Amount:	$37,875.00
Total Rebate Amount:	**$82,899.00**

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 22 Sep 2022

OK

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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 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.
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 15:22 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 05:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI AIRPORT TERMINAL 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2049G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Company Reg No	1XXXXX293Z
Email Address	peiyee@primeautoclaims.com.sg
Mobile Phone No	(Phone) +65-68982000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2497

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0006372_01

DRIVER

Name of Driver	KOH KOON KEE
NRIC No	SXXXX039I
Date Of Birth	06/08/1968
Occupation	Outdoor

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Date Of Driving Pass	19/10/1988
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92977575
Alt. Phone Number	-
Email Address	peiyee@primeautoclaims.com.sg
Address	BLK 387 BUKIT BATOK WEST AVENUE 5 #09-380 SINGAPORE
Address complement	-
Postcode	650387
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)	1
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	-

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

REFER ATTACHED STATEMENT

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	SHB869E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MUHAMED HARIS
NRIC No	SXXXX064D

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...act Number	(Phone) +65-93661935
...ress	-
...ddress complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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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 Authorised 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. The 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.
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**")

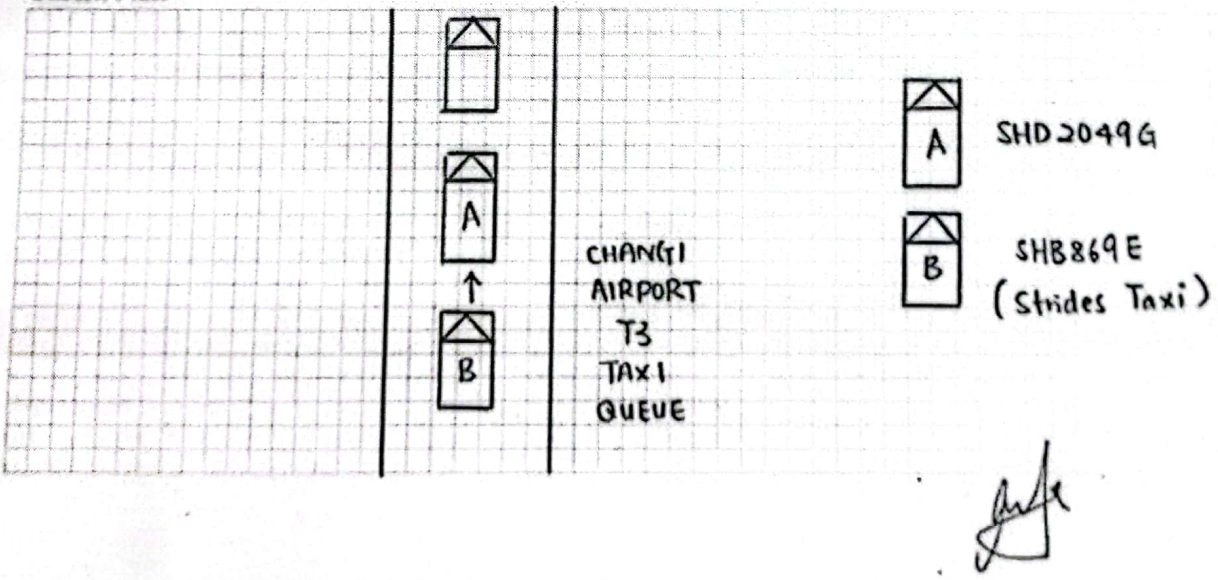
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

PRIME CAR RENTAL & TAXI SERVICES PTE LTD

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	22/9/22 14.14	

Sketch Plan



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Describe Circumstances of the Accident

On 22.09.2022 @ 0528 hrs, I stopped my taxi SHD2049G along Changi Airport T3 taxi queue. While stationary, one Strides Taxi SHB869E rear-ended into my stationary taxi rear portion.

After the accident, we alighted from our vehicles to check on the damages. We exchanged particulars. Driver of SHB869E, Mr. Muhammad Haris verbally proposed to reach a private settlement, however due to the cost is exceeded his budget so I advised him to report the accident. No one was injured in this accident.

Declaration

We declare the foregoing particulars are true in every respect.

PRIME CAR RENTAL & TAXI SERVICES PTE LTD

Policyholder's Signature / Date & Time

22/9/22 14:14

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

Witnessed by Reporting Centre Personnel

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