

ASS. REC. BY: 7mm

REF:

369k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 4573Bat Workshop m/s STRIDESof GO, MARRONERS Ind. PK E4Insured: INC

Policy No. _____

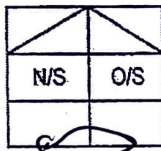
Claims No. _____

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: Book Value: \$9860.50

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: SHC 4573B Yr Regn: 2015 / FEB

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

Truck / Trailer or _____

Make: TOYOTA PRIMS TAXI C.C. 1798Colour MAROON A/C: Insured / Std / NI / NASp. Reading 537437 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN36U10575 8566

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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

Falken

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 25/09/22D.O.I. 26/09/22

Survey held at

STRIDES

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

REPAIR LIMIT \$200

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Rep. Format: _____

Lump Sum / L.B.J. / _____

Case Details

Case Reference Number : TAX/09/22/2063
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHC4573B

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-19433-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
 Accident Date and Time : 25/09/2022 09:00 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
Standard	Main			BUMPER REAR	1	478.90	478.90	25.00	359.17	Replace	1	359.1	Replace	de -
Standard	Main			BUMPER CLIPS (10 PCS)	10	2.40	24.00	25.00	18.00	Replace	10	18.00	Replace	na -
Standard	Main			BUMPER REINFORCEMENT REAR	1	234.70	234.70	25.00	176.02	Replace	0	0	Check	?
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	157.90	157.90	25.00	118.43	Replace	0	0	Not Give	Xan
Standard	Main			ARM SUB-ASSY. RR BUMPER LH	1	157.90	157.90	25.00	118.43	Replace	0	0	Not Give	Xan
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	208.10	208.10	10.00	187.29	Replace	0	0	Not Give	Xan
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	108.70	108.70	25.00	81.53	Replace	0	0	Not Give	Xan

Standard	Main		BUMPER SIDE RETAINER RR/RH	1	108.70	108.70	25.00	81.53	Replace	0	0	Not Give	✓	Xan	
Standard	Main		BUMPER SEAL, RR LH	1	101.80	101.80	25.00	76.35	Replace	0	0	Not Give	✓	Xan	
Standard	Main		BUMPER SEAL, RR RH	1	74.40	74.40	25.00	55.80	Replace	0	0	Not Give	✓	Xan	
Standard	Main		BUMPER LIP COVER RR/LH	1	93.90	Total Spare Part Cost 93.90	25.00	4,852.71 70.43	Replace	0	Surveyor Total 0	377.17	Not Give	✓	Xan
						Lump Sum Discount (%)	20.00				Lump Sum Dis (%)	20.00			
Standard	Main		BUMPER LIP COVER RR/RH	1	155.40	155.40	25.00	116.55	Replace	0	0	Not Give	✓	Xan	
						Final Spare Part Cost	3,882.17				Final Sur Total	301.74			

Standard	Main	Portion	Material Number	Part Name	Qty	List Price	List Price (\$)	Dis(%)	Final Price (\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price (\$)	Repair/Replace	Surveyor Approval	Remarks
BOM Type Standard	Costing Type Main			BUMPER REAR	1	301.90	301.90	25.00	226.42	Replace	0	0	Not Give	0	Xan
				UNDER COVER SUB-ASSY, RR FLOOR	1	566.10	566.10	25.00	424.58	Replace	0	0	Not Give	0	Xan
Standard	Main			UNDER COVER RR SHIELD	1	66.10	66.10	25.00	49.57	Replace	0	0	Not Give	0	Xan
Standard	Main			END PANEL	1	755.10	755.10	25.00	566.33	Replace	0	0	Check	0	?
One Time Key In	Main			FENDER RR/RH	1	980.80	980.80	25.00	735.60	Replace	0	0	Not Give	0	Xan
One Time Key In	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	0	Xan
One Time Key In	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	0	Xan
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	35.20	35.20	25.00	26.40	Replace	0	0	Not Give	0	Xan
One Time Key In	Main			TAIL LAMP RH	1	618.60	618.60	10.00	556.74	Replace	0	0	Not Give	0	Xan
One Time Key In	Main			TAIL LAMP BRACKET, LH	1	35.20	35.20	25.00	26.40	Replace	0	0	Check	0	?
One Time Key In	Main			TAIL LAMP LH	1	618.60	618.60	10.00	556.74	Replace	0	0	Check	0	?
Total Spare Part Cost									4,852.71	Surveyor Total		377.17			
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20.00			
Final Spare Part Cost									3,882.17	Final Sur Total		301.74			

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 REAR PANEL	180.00	0	Xan
3	Main	TO RESPRAY BUMPER BEAM	180.00	0	Xan
4	Main	TO RESPRAY REAR FENDER RH	378.00	0	Xan
Total:			1,116.00	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 X17	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 X11	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 X11	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0 X11	
Total:			500.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,882.17	301.74
Total Labour Cost	676.00	200.00
Total Spray Painting	1,116.00	200.00
Other	500.00	40.00
Overall Total	6,174.17	741.74
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lump Sum Total	6,150.00	741.74
Surveyor Approved Amount		741.74
No of Repair Days*	5	2
Remarks	-	Lump sum repair / Resurvey after paint photos / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR BASUL / 981-0001-0088 email
Surveyor Name		Rasul
Signature		
Survey Date	26/09/2022	

Save

Clear

LK 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:

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	26/09/2022 12:52 (SGT)
Reported by	Driver
Date of Accident	25/09/2022 17:00 (SGT)
Exact Location of Accident	100 Orchard Rd, Singapore 238840
Additional Location Information	ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4573B
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
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN CHOON MENG
NRIC No	SXXXX779F
Date Of Birth	11/04/1977
Occupation	Outdoor

Date Of Driving Pass	29/05/1997
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-TARC@smrt.com.sg
Address	1
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220926/2105

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	GBC9911Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	TAN CHOON MENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC4573B
Were seat belts worn?	Yes
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 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



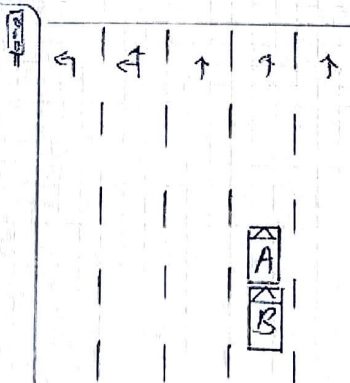
Policyholder's Signature / Date & Time

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

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

Sketch Plan

CONCORDE
HOTEL



A-SHC4573B
B-GBC9911Y

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO. 7/202209 26/2/05

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 26/2/2022

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHC4573B
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6309438
Chassis No.:	JTDKN36U105758566
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	11 Feb 2015
First Registration Date:	11 Feb 2015
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Feb 2023
PARF Rebate Amount:	\$4,852.00
COE Expiry Date:	10 Feb 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$52,904.00
COE Rebate Amount:	\$2,472.00
Total Rebate Amount:	\$7,324.00

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 27 Sep 2022

OK