10131



Case Details

Case Reference Number: TAX/09/22/2067

Type of Repair : Accident Repair

Vehicle Registration Number: SHB103G

Company Type: Strides Taxi Pte Ltd

Estimation ID: EST-19439-ID

Assigned By: Taxi Claims Manager Team

Insurance Company Name : income insurance limited

Accident Date and Time : 25/09/2022 01:17 AM

Vehicle Age(In Months): 114

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Rec	omme	ndation						Sur	veyor Approval	
ВОМ Туре	Costing I 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			DOOR ASSY FRONT LH	1	2,536.93	2,536.93	25.00	1,902.70	Replace	1	0	Repair ✓	R
Standard	Main			FENDER SUB- ASSY, FR , LH	1	1,060.70	1,060.70	25.00	795.53	Replace	1	0	Repair ✔	R
Standard	Main			LINER, FR FENDER, LH	1	219.10	219.10	25.00	164.33	Replace	0	0	Not Give ➤	XM
Standard	Main			HINGE ASSY, FRONT DOOR, UPPER LH	1	105.50	105.50	25.00	79.13	Replace	Q	0	Not Give 💙	Xan
tandard	Main			HINGE ASSY, FRONT DOOR, LOWER LH	1	120.00	120.00	25.00	90.00	Replace	Q	0	Not Give 🕶	Xnn
						Tot	al Spare P	art Cost	3,031.69			Surveyor Total	0.00	
						Lump	Sum Disco	ount (%)	20.00		Lun	np Sum Dis (%)	20.00	
						Fin	al Spare P	art Cost	2,425.35			Final Sur Total	0.00	

Labour's Cost Detail

S.No.	Costing Type	Job Scope		Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	676.00	300.00	
Total:			676.00	300.00	

Spray Cost Detail

S.No. Costing Type

Job Scope

Recommendation(\$) Adjustment(\$)

Surveyor

Remarks

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

9/27/22, 4:11 PM

7/22,	4:11 PM		-	Surveyor Remark
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	4
1	Main	TO RESPRAY FRONT FENDER LH	378.00	200.00
2	Main	TO RESPRAY FRONT DOOR LH	378.00	200.00
Total:			756.00	400.00

Other Cost Detail

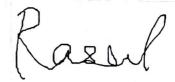
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	· ×11	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	° X11	
		the same of the sa	and the same of th		/
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	o XvJ	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 XVJ	
Total:			380.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,425.35	0.00
Total Labour Cost	676.00	300.00
Total Spray Painting	756.00	400.00
Other	380.00	0.00
Overall Total	4,237.35	700.00
Lump Sum Repair Option	3	
ump Sum Total	4,250.00	700.00
iurveyor Approved Amount		700.00
o of Repair Days*	4	3
emarks	•	REQ NBV / Lump sum repair / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR PASTILL LID 10001 0000 amoit regul@littenth.com

Surveyor Name

Signature



Estimator Assesment(\$)

Surveyor Assesment(\$)

Survey Date

27/09/2022

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SS3D229Q000E / Strides Automotive Services Pte Ltd (757705) ENTRY DATE & TIME: 27/09/2022 08:48 (SGT) SUBMITTED BY: LIM WEI SIONG (SMRT 01) VERSION: 1 (27/09/2022 08:48 (SGT))

© 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

27/09/2022 08:48 (SGT) Date of Submission Driver Reported by 25/09/2022 09:17 (SGT) **Date of Accident** 62 New Upper Changi Rd, Singapore **Exact Location of Accident** OPEN SPACE CAR PARK IN FRONT OF BLK 62 NEW UPPER Additional Location Information **CHANGI ROAD** Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SHB103G Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer

TX4 Model Variant 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? Commercial vehicle Vehicle Category Auto Transmission CC 2000

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth

CHIN YOKE HANG SXXXX071B 11/04/1970

The London Taxi Company



Outdoor Occupation 29/01/2006 **Date Of Driving Pass** 16 YEARS AND 8 MONTHS Driving experience Female 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Raining Weather Conditions Wet Road Surface

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) 0 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?

Police Station Name

Police Station Phone No

(Phone) +65-65470000

Alt. Police Station Phone No

(Fax) +65-65474900

Police Station Address

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/20220925/7031

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 Vehicle Manufacturer

GBL173Y

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SKETCH PLAN

IMPORTANT NOTICE

- 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 wiful 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 loggement of this report to the insurers, you hereby consent to the arctiving 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)

Lunderstand, 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;
- (w) 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 Ihird-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.

Policyholders Signature Date & Time

RIDES

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

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

Sketch Plan

A-S4B103G B-GBL 173Y

21/7/2022

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Accident report SS3D229Q000E

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Witnessed by Reporting Centre Personnel (Name as in NRIC3D care)

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars Owner D Type: (Elo)melaniy Owner ID: 369K Venie e Defails Vehicle No : SHB103G Vehicle to be exported: Na Intended Deregistration Date: 30 Sep 2022 Vehicle Make TIETE (O)NIDION TYAXI (CO Vericle Model: LONDON TX425 DIESELAUTO Primary Colour White Manufacuring Year 2013 Engine No.: VMI 9301117 Chassis No. LJU97(6782D)S000161 Maximum Power Output: 75.0 kW (100 bhp) Open Market-Value-\$37,542,00 (Oli Siriai Medisirai ilai ilai ilai ilai 08 Mar 2013 First Registration Date: 08 Mar 2013 Transfer Count Actual ARE Palos \$44,559.00 Intended PARF Rebate Details PARF Eligibility: Yes PARF Eligibility Expiry Date: 07 Mar 2023 PARE Rebate Amount: \$22,279.00 Intended COE Rebate Details COE Expiry Date:

COE Expiry Date: 07 Mar 2023
COE Category: A - Car (1600cr & below

COE Category: A - Car (1600cc & below)
COE Period(Years): 10

PQP Paid: \$84.822.00

COE Rebate Amount: \$3,693.00

Total Rebate Amount: \$25,972.00