

(09/11/13) Wei

ASS. REC. BY: Edan

REF:

CS/EGI22009908/Rqy3

36K

**ASSIGNMENT**

From:

Date:

Estimated Cost:

Veh No:

SHB 1336U

Yr Regn:

2017/NovType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

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

To Inspect Vehicle No:

SHB 1336U

at Workshop m/s

STRIDES

of

60, Mountman Ind Pk E4

Insured:

EG1

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Make:

TOYOTA PRINS HYBRID ECUT c.c 1798

Colour

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

482165

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU403574338Gen. 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:

195/65R15

R:

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

GITI

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

04/10/22

D.O.I.

06/10/22

Survey held at

STRIDESDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Rasul finalised LS \$850, 2 days. (Red \$11772.30, 93%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 09/11 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format : MER-TPLump Sum H.B.H. (\$850)

TOTAL

## Case Details

Case Reference Number : TAX/10/22/2012  
Type of Repair : Accident Repair  
Vehicle Registration Number : SHB1336U

Company Type : Strides Taxi Pte Ltd  
Estimation ID : EST-19540-ID  
Assigned By : Taxi Claims Manager Team

Insurance Company Name : ERGO Insurance Pte Ltd  
Accident Date and Time : 04/10/2022 08:30 AM  
Vehicle Age(In Months) : -

## Documents / Photographs

View Documents / Photographs

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval				Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			COVER, FR BUMPER	1	560.30	560.30	25.00	420.22	Replace	1	420.23 420.22	Replace	TURN ✓
Standard	Main			SUPPORT, FR BUMPER RH	1	86.20	86.20	25.00	64.65	Replace	0	0	Not Give	Xn
Standard	Main			COVER, FR BUMPER RH	1	31.80	31.80	25.00	23.85	Replace	0	0	Not Give	Xn
Standard	Main			BRACKET, FR BUMPER	1	111.80	111.80	25.00	83.85	Replace	0	0	Not Give	Xn
Standard	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace	See ✓
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	0	0	Not Give	bf X NN
Standard	Main			REINFORCEMENT FRONT UPPER	1	773.90	773.90	25.00	580.43	Replace	0	0	Not Give	Xn
Standard	Main			ABSORBER, FR BUMPER	1	85.90	85.90	25.00	64.43	Replace	0	0	Not Give	Xn
Standard	Main			EXTENSION SUB-ASSY, LH	1	129.90	129.90	25.00	97.43	Replace	0	0	Not Give	Xn
Standard	Main			EXTENSION SUB-ASSY, RH	1	129.90	129.90	25.00	97.43	Replace	0	0	Not Give	Xn
Standard	Main			EMBLEM ASSY FRONT	1	98.70	98.70	25.00	74.03	Replace	1	74.03	Replace	na ✓
Standard	Main			SEAL, HOOD TO FR END	1	55.80	55.80	25.00	41.85	Replace	0	0	Not Give	Xn
Standard	Main			GRILLE, RADIATOR	1	183.90	183.90	25.00	137.93	Replace	0	0	Not Give	Xn
Standard	Main			GRILLE SUB-ASSY	1	374.40	374.40	25.00	280.80	Replace	0	0	Not Give	Xn
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace	na ✓
Standard	Main			RETAINER, FR BUMPER, LH & RH	1	9.50	9.50	25.00	7.13	Replace	0	0	Not Give	Xn

Total Spare Part Cost 9,437.45

Surveyor Total 565.25

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20



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			LAMP ASSY, FOG, RH	1	1,029.90	1,029.90	10.00	926.91	Replace	0	0	Not Give ✓ X11
Standard	Main			UNIT, HEADLAMP, RH	1	2,852.40	2,852.40	10.00	2,567.16	Replace	0	0	Not Give ✓ X11
Standard	Main			UNIT, HEADLAMP, LH	1	2,852.40	2,852.40	10.00	2,567.16	Replace	0	0	Not Give ✓ X11
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, RH NO.1	1	1,039.90	1,039.90	10.00	935.91	Replace	0	0	Not Give ✓ X11
Standard	Main			SUPPORT S/A UPPER,	1	408.50	408.50	25.00	306.38	Replace	0	0	Not Give ✓ X11
Standard	Main			SUPPORT, RADIATOR UPPER RH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give ✓ X11
Total Spare Part Cost									9,437.45	Surveyor Total 565.25			
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20			
Final Spare Part Cost									7,549.96	Final Sur Total 452.20			

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	676.00	200	
Total:			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0 X11	
Total:			558.00	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 X11	
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 REPLACE SUNDRY PARTS	100.00	0 X11	

# Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	7,549.96	452.20
Total Labour Cost	676.00	200.00
Total Spray Painting	558.00	200.00
Other	380.00	0.00
Overall Total	9,163.96	852.20
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	9,150.00	850.00
Surveyor Approved Amount		850.00
No of Repair Days*	4	2
Remarks	-	lump sum repair / resurvey after repair
Surveyor Name		Rasul
Signature		
Survey Date	06/10/2022	<input type="button" value="Save"/> <input type="button" value="Clear"/>

**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 GlA 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	05/10/2022 15:47 (SGT)
Reported by	Driver
Date of Accident	04/10/2022 16:30 (SGT)
Exact Location of Accident	Ubi Rd 1, Singapore
Additional Location Information	BLK 3015A UBI ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1336U
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### 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	MOHAMED BOUZI BIN SULAIMAN
NRIC No	SXXXX544D
Date Of Birth	20/09/1966
Occupation	Outdoor

Date Of Driving Pass	29/12/1986
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
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	Side Swipe
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)	2
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### 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

MY TAXI WAS STATIONARY AND MY PASSENGER( MALE CHINESE) WAS IN THE MIDST OF PAYING THE FARE WHEN A LORRY YQ6020S REVERSED AND COLLIDED ONTO THE FRONT BUMPER OF MY TAXI DESPITE THAT I HAVE HORNED HIM 3-4 TIMES.

#### 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	YQ6020S
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	DAVEEDU YESUKUMAR
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## 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.

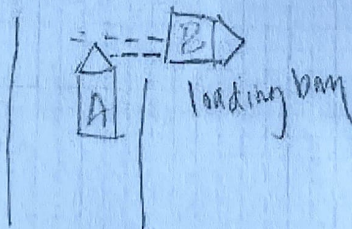


Policyholder's Signature / Date & Time

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

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

Sketch Plan



BIK 3015A

UBI Road 1

A - SHB 13364

B - 9A 60205



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 / Date & Time

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

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

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1336U
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR5103807
Chassis No.:	JTDKB3FU403574338
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	27 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130CV)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$13,181.00
Total Rebate Amount:	\$16,931.00

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 07 Oct 2022

OK