

(08/11/13) wef

ASS. REC. BY: Jane

REF:

CC4/ASM22010417/Rpa3

365K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SHB 5276H

at Workshop m/s

STRINGS

of

60, WOODMAN'S DEPOT

Insured:

ASM

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.

N/S	O/S

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

Date / Time Action / Instruction

Veh No:

SHB 5276H

Yr Regn:

2017 / DEC

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

Truck / Trailer or

Make:

TOYOTA PRIMO HYBRID 1.8CM c.c 1798

Colour

MARSON

A/C: Insured / Std / NI / NA

Sp. Reading

407236

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU103576774

Gen. Cond: Good / Fail / Poor / BurntSteering: In order / Order / Jammed / Leaked / Burnt orBrake: In order / 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

SAIKUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

19/10/22

D.O.I.

20/10/22

Survey held at

STRINGS

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) : S + RS : SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

)

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 88662672

Date Generated : 20/10/2022



User ID : BoonChewTay

Section A - Accident Details

Registration Number	SHB5276H
Case Reference Number	TAX/10/22/2064
Registration Date	14/12/2017
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	GOH CHIN HUAT
Type of Accident	Head to Rear
Accident Date and Time	19/10/2022 12:20 PM
Accident Reported Date and Time	19/10/2022 4:47 PM
Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	24116641
Special Instruction to ARC, if any	TP/ REAR PORTION
Prepared Date and Time	20/10/2022 7:32 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$676.00	\$0.00
Total Spray Cost	\$1,116.00	\$0.00
Total Spare Part Cost	\$3,298.28	\$0.00
Total Other Cost	\$500.00	\$0.00
TOTAL COST	\$5,590.28	\$0.00
Temp Sum Total	\$5,750.00	\$0.00
Number of Repair Days	4.0	2 days
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	20/10/2022 7:44 AM	
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 738692
FAX Number : 63685592
Estimator Telephone Number : 68682923
Accident Reporting Number : 68682672

Date Generated : 20/10/2022

User ID : BoonChewTay

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR REAR PORTION	\$676.00	200
total Labour	\$676.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY REAR BUMPER	\$378.00	200
O RESPRAY REAR PANEL	\$180.00	X
O RESPRAY BUMPER BEAM	\$180.00	X
O RESPRAY REAR FENDER RH	\$378.00	X
total Spray Painting & Panel Beating	\$1,116.00	

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O WASH AND VACUUM	\$60.00	X
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00	X
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	X
O TEST AND REFX REVERSE SENSOR SYSTEM	\$120.00	X
O REPLACE SUNDRY PARTS	\$100.00	X
total Other Costs	\$500.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	X
		8999730100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace	X
		8158147010	LENS & BODY ASSY, RR BUMPER, RH	1.00	\$544.40	10.00	\$489.96	Replace	X
		8155147281	LENS & BODY, REAR COMBINATION LAMP, RH	1.00	\$489.00	10.00	\$440.10	Replace	X
		5839847050	COVER, REAR FLOOR UNDER, RH	1.00	\$189.20	30.00	\$132.44	Replace	X
		6625947010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	30.00	\$174.37	Replace	X
		6160147150	PANEL SUB-ASSY, FENDER REAR RH	1.00	\$943.10	30.00	\$660.17	Replace	X
		6563747060	LINER, REAR FENDER, RH	1.00	\$151.10	30.00	\$105.77	Replace	X
		5830747090	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	30.00	\$494.97	Replace	X
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$16.70	30.00	\$11.69	Replace	MIS /
		5256547900	FILLER, RR BUMPER, RH	1.00	\$168.60	30.00	\$118.02	Replace	X
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$623.50	30.00	\$436.45	Replace	SG /
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	30.00	\$33.60	Replace	X
		5259147050	SEAL, RR BUMPER, RH	1.00	\$85.50	30.00	\$66.85	Replace	X
		5257547040	RETAINER, RR BUMPER, RH	1.00	\$127.40	30.00	\$89.18	Replace	X
		5259968030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	30.00	\$3.36	Replace	X
		5219147030	SEAL, RR BUMPER AFM, RH & LH	1.00	\$12.30	30.00	\$8.61	Replace	X
		5246147010	PAD, RR BUMPER, CTR	1.00	\$2.50	30.00	\$1.75	Replace	X

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 20/10/2022

User ID : BoonChewTay

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$4.30	30.00	\$6.02	Replace	X
		5246247020	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	30.00	\$6.02	Replace	X
		5246247030	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	30.00	\$6.02	Replace	X
		5202347030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	30.00	\$252.07	Replace	X
		5215947913	COVER, RR BUMPER ASSY	1.00	\$478.90	30.00	\$335.23	Replace	repair
total					\$5,439.00		\$4,122.85		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
total									

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	20/10/2022 08:33 (SGT)
Reported by	Driver
Date of Accident	19/10/2022 12:20 (SGT)
Exact Location of Accident	Near 9X3J+HM Singapore
Additional Location Information	T3 ARRIVALDRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5276H
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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	GOH CHIN HUAT
NRIC No	SXXXX149H
Date Of Birth	08/04/1967
Occupation	Outdoor

Date Of Driving Pass	02/11/1996
Driving experience	25 YEARS AND 11 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	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT BO. T/20221019/2061

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	SHA2644D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
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	GOH CHIN HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB5276H
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 making 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:

Sketch Plan

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

[Signature] 19-10-22

Witnessed by Reporting Centre Personnel (Name as in NR QID card):

[Signature] 19-10-2022



T3 Arrival Drive

A - SHB5076H

B - SHA2644DC (comfort)


Describe Circumstance of the Accident

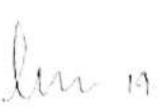
Large rectangular area for describing the accident circumstances, containing horizontal lines for text entry.

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature (Date & Time)

 19-10-22
Driver's Signature of driver as notified by signpost (Date & Time)

 19-10-2022
Witnessed by Reporting Officer (Name and Date)

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB5276H
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	22R8261197
Chassis No.:	JTDKB3FU103576774
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	14 Dec 2017
First Registration Date:	14 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2025
PARF Rebate Amount:	\$3,750.00

COE Expiry Date:	13 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$13,421.00
Total Rebate Amount:	\$17,171.00

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 21 Oct 2022

OK