

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 4101E

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 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 4101E Yr Regn: 2017 10K

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

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID 1.8CVT c.c. 1798

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

Sp. Reading: 629316 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU863576190

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: R5/65R15

R: _____

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

TOYO / YOKO or SAILUN

Front 6 mm Rear 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 29/10/22 D.O.I. 01/11/22

Survey held at STRINGS

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

O/S FR

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

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

Report Format : _____

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

Case Details

Case Reference Number : TAX/10/22/2097
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHC4101E

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-19713-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : AXA Insurance Singapore Pte Ltd
 Accident Date and Time : 29/10/2022 10:10 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	30.00	392.21	Replace	0	0	Not Give	X11
Standard	Main			FENDER SUB-ASSY, FR, RH	1	1,060.70	1,060.70	30.00	742.49	Replace	1	0	Repair	R
Standard	Main			EMBLEM, SIDE PANEL (HYBRID)	1	59.10	59.10	30.00	41.37	Replace	1	41.37	Replace	me ✓
Standard	Main			LINER, FR FENDER, RH	1	223.50	223.50	30.00	156.45	Replace	0	0	Not Give	X11
Standard	Main			PAD, FR WHEEL RH	1	65.00	65.00	30.00	45.50	Replace	0	0	Not Give	X11
Standard	Main			WHEEL, DISC FRONT	1	2,036.30	2,036.30	30.00	1,425.41	Replace	0	0	Not Give	X11
Standard	Main			MOULDING ASSY, BODY ROCKER PANEL, RH	1	649.10	649.10	30.00	454.37	Replace	0	0	Not Give	X11
Standard	Main			COVER, OUTER MIRROR, RH	1	117.80	117.80	30.00	82.46	Replace	1	0	Repair	R
Standard	Main			MIRROR ASSY, OUTER REAR VIEW, RH	1	1,556.00	1,556.00	10.00	1,400.40	Replace	0	0	Not Give	X11
Standard	Main			PANEL SUB-ASSY, FRONT DOOR RH	1	1,407.80	1,407.80	30.00	985.46	Replace	1	985.46	Replace	bt ✓
Standard	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	me ✓
Standard	Main			CHECK ASSY, FRONT DOOR	1	199.40	199.40	30.00	139.58	Replace	0	0	Not Give	X11

Total Spare Part Cost 7,780.54

Surveyor Total 1,086.83

SMRT Recommendation

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			HINGE ASSY, FRONT DOOR , UPPER RH	1	105.50	105.50	30.00	73.85	Replace	0	0	Not Give	Xan
Standard	Main			HINGE ASSY, FRONT DOOR , LOWER RH	1	120.00	120.00	30.00	84.00	Replace	0	0	Not Give	Xan
Standard	Main			DOOR FRONT WINDOW REGULATOR SUB-ASSY, RH	1	257.80	257.80	30.00	180.46	Replace	0	0	Not Give	Xan
Standard	Main			DOOR FRONT MOTOR ASSY, POWER WINDOW REGULATOR , RH	1	996.60	996.60	10.00	896.94	Replace	0	0	Not Give	Xan
Standard	Main			LOCK ASSY, FRONT DOOR RH	1	655.30	655.30	10.00	589.77	Replace	0	0	Not Give	Xan
Standard	Main			DOOR LOCK STRIKER	1	42.60	42.60	30.00	29.82	Replace	0	0	Not Give	Xan
Total Spare Part Cost									7,780.54			Surveyor Total	1,086.83	
Lump Sum Discount (%)									20.00			Lump Sum Dis (%)	20	
Final Spare Part Cost									6,224.43			Final Sur Total	869.46	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	845.00	300	
Total:			845.00	300.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	0	Xan
2	Main	TO RESPRAY FRONT FENDER RH	378.00	200	
3	Main	TO RESPRAY FRONT DOOR RH	378.00	200	
4	Main	TO RESPRAY VIEW MIRROR	180.00	70	
5	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	Xan

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
6	Main	TO RESPRAY RIM	180.00	0 <i>Xm</i>	
Total:			1,674.00	470.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0 <i>Xm</i>	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 <i>Xm</i>	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40	
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0 <i>Xm</i>	
5	Main	TO TRANSFER DOOR MECHANISM	120.00	60	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0 <i>Xm</i>	
Total:			620.00	100.00	

Acknowledged by Repsiter
 Signature: _____
 Date: _____

Subject to final approval from insurance
 and supplementary items must be resurveyed and
 a report submitted to the Repsiter.
 No repair work to be carried out without Repsiter's
 approval. Parts are subject to confirmation
 of damaged parts during resurvey.
 To display damaged parts during resurvey.
 To resurvey before repair spray painting
 the Repsiter of the following:
 LKX Auto and finance notes

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	6,224.43	669.46
Total Labour Cost	845.00	300.00
Total Spray Painting	1,674.00	470.00
Other	620.00	100.00
Overall Total	9,363.43	1,739.46
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	9,350.00	1,750.00
Surveyor Approved Amount		1,750.00
No of Repair Days*	6	4
Remarks	-	LUMP SUM REPAIR / RESURVEY AFTER REPAIR
Surveyor Name		Rasul

Signature

Estimator Assesment(\$)



Surveyor Assesment(\$)



Save

Clear

Survey Date

01/11/2022

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 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	01/11/2022 10:55 (SGT)
Reported by	Driver
Date of Accident	29/10/2022 18:10 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	VICTORIA STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4101E
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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	TAN CHEK FONG
NRIC No	SXXXX381F
Date Of Birth	12/07/1966
Occupation	Outdoor

Date Of Driving Pass 14/11/1991
 Driving experience 30 YEARS AND 11 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) 3
 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

PASSENGER 2

Name UNKNOWN
 Gender Female

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

I WAS DRIVING ALONG VICTORIA STREET, THE TRAFFIC WAS HEAVY. I WAS DRIVING SLOWLY, SUDDENLY I FELT AN IMPACT AT THE SIDE OF MY DOOR (DRIVER'S DOOR). I HAVE 2 PASSENGERS (CAUCASIAN COUPLE- TOURIST) ON BOARD BUT THEY WERE NOT INJURED.
 I ALIGHTED FROM MY TAXI AND CHECKED ON THE DAMAGE, THIRD PARTY (SHB2120T - CITYCAB) ADMITTED THAT HE CUT OUT FROM THE LANE ON MY RIGHT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

easons for
 Vehicle
 Vehi
 Ve

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2120T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
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 (a) 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

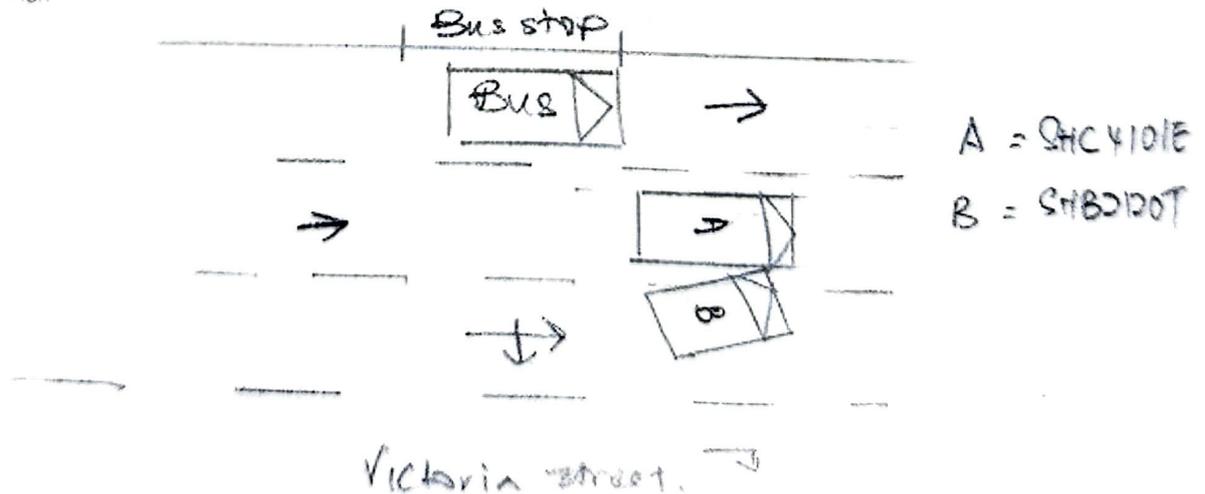
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature (Date & Time)

Sketch Plan

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

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



A = SHC4101E
B = SHB2100T

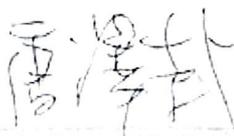
Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature, Date & Time

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


Witness's Full Name, Address, District No. & Phone No.
(Name as in N.V.C. ID Card)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHC4101E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS111868
Chassis No.:	JTDKB3FU803576190
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Dec 2017
First Registration Date:	12 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2025
PARF Rebate Amount:	\$3,750.00

COE Expiry Date:	11 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$13,268.00
Total Rebate Amount:	\$17,018.00

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 02 Nov 2022

OK