

(08/11/13) wef

ASS. REC. BY: AMC

REF:

NS/INC22011193/Rnc

389K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: 3HB 551Xat Workshop m/s STRIBESof 60, WINDLANDS DEPOTInsured: NTUC

Policy No. _____

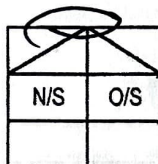
Claims No. _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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 551X Yr Regn: 2017 / 16UType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID 1.8U c.c. 1798Colour: MAROON A/C: Insured / Std / NI / NASp. Reading: 385808 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3TDKB3FU 703572714Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: NII / S/Rim / STD A/Rim orTyre 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. 04/11/22D.O.I. 07/11/22Survey held at STRIBESDes. of Damages Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

We will be advising our principal a cost of repair L/S \$3,750.00 /- with 03 days of repair,
subject to their approval:

(red, \$12203.4,76%)

Date/Time, File Pass to?

1) 27/12/22

Date/Time, File Return to?

2) _____



: Prell. Report



: Final Report

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format : TPLump Sum / I.B.I.: (\$ 3750)

Case Details

Case Reference Number : TAX/11/22/2007
Type of Repair : Accident Repair
Vehicle Registration Number : SHB551X

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-19778-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
Accident Date and Time : 04/11/2022 06:33 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						Repair/ Replace	Surveyor Approval			Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)		Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			COVER, FR BUMPER	1	560.30	560.30	25.00	420.22	Replace	1	420.22	Replace	See
Standard	Main			SUPPORT, FR BUMPER RH	1	86.20	86.20	25.00	64.65	Replace	0	0	Not Give	Xan
Standard	Main			SUPPORT, FR BUMPER LH	1	86.20	86.20	25.00	64.65	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET, FR BUMPER	1	111.80	111.80	25.00	83.85	Replace	1	83.85	Replace	ca
Standard	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace	bt
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	1	25.00	Replace	at
Standard	Main			REINFORCEMENT FRONT UPPER	1	773.90	773.90	25.00	580.43	Replace	1	580.42	Replace	bt
Standard	Main			ABSORBER, FR BUMPER	1	85.90	85.90	25.00	64.43	Replace	1	64.43	Replace	ca
Standard	Main			EXTENSION SUB-ASSY, LH	1	129.90	129.90	25.00	97.43	Replace	0	0	Not Give	Xan
Standard	Main			EXTENSION SUB-ASSY, RH	1	129.90	129.90	25.00	97.43	Replace	0	0	Not Give	Xan
Standard	Main			REINFORCEMENT FRONT LOWER	1	265.90	265.90	25.00	199.42	Replace	0	0	Not Give	Xan
Standard	Main			ABSORBER, FR BUMPER LOWER	1	143.60	143.60	25.00	107.70	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, HOOD TO FR END	1	55.80	55.80	25.00	41.85	Replace	0	0	Not Give	Xan
Standard	Main			EMBLEM ASSY FRONT	1	98.70	98.70	25.00	74.03	Replace	1	74.03	Replace	ca
Standard	Main			GRILLE, RADIATOR	1	183.90	183.90	25.00	137.93	Replace	0	0	Not Give	Xan
Standard	Main			GRILLE SUB-ASSY	1	374.40	374.40	25.00	280.80	Replace	1	280.80	Replace	ca

Total Spare Part Cost 12,246.24

Surveyor Total 4,166.91

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 9,796.99

Final Sur Total 3,333.53

SMRT Recommendation											Surveyor Approval			Remarks
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	
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace	an
Standard	Main			RETAINER, FR BUMPER, LH & RH	1	9.50	9.50	25.00	7.13	Replace	0	0	Not Give	Xan
Standard	Main			COVER ASSY, ENGINE	1	201.00	201.00	25.00	150.75	Replace	0	0	Not Give	Xan
Standard	Main			COVER ASSY, ENGINE UNDER CENTER SET	1	511.20	511.20	25.00	383.40	Replace	0	0	Not Give	Xan
Standard	Main			UNIT, HEADLAMP, RH	1	2,852.40	2,567.16	10.00	2,567.16	Replace	0	0	Not Give	Xan
Standard	Main			UNIT, HEADLAMP, LH	1	2,852.40	2,852.40	10.00	2,567.16	Replace	1	2,567.1	Replace	can
Standard	Main			LAMP ASSY, FOG, LH	1	1,029.90	926.91	10.00	926.91	Replace	0	0	Not Give	Xan
Standard	Main			LAMP ASSY, FOG, RH	1	1,029.90	1,029.90	10.00	926.91	Replace	0	0	Not Give	Xan
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1	1,039.90	1,039.90	10.00	935.91	Replace	0	0	Not Give	Xan
Standard	Main			SUPPORT S/A UPPER,	1	408.50	408.50	25.00	306.38	Replace	0	0	Not Give	Xan
Standard	Main			SUPPORT, RADIATOR UPPER LH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give	Xan
Standard	Main			SUPPORT, RADIATOR UPPER RH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give	Xan
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	Xan
Total Spare Part Cost									12,246.24	Surveyor Total			4,166.91	
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			20	
Final Spare Part Cost									9,796.99	Final Sur Total			3,333.53	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT PORTION	676.00	300	
Total:			676.00	300.00	

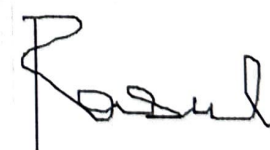
Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	Xan
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 <i>KM</i>	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	30	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 <i>KM</i>	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 <i>KM</i>	
Total:			380.00	30.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	9,796.99	3,333.53
Total Labour Cost	676.00	300.00
Total Spray Painting	558.00	200.00
Other	380.00	30.00
Overall Total	11,410.99	3,863.53
Lump Sum Repair Option	☒	
Lump Sum Total	11,400.00	3,850.00
Surveyor Approved Amount		3,850.00
No of Repair Days*	5	3
Remarks	-	LUMP SUM REPAIR / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 0001 0058 email: rasul@lkkauto.com
Surveyor Name		Rasul
Signature		

Save

Clear

Survey Date

07/11/2022

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

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	05/11/2022 10:37 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 14:33 (SGT)
Exact Location of Accident	Geylang Bahru, Singapore
Additional Location Information	GEYLANG BAHRU BLK 66 TO 71
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB551X
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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	ABDUL SAMAD BIN MOHD ALI
NRIC No	SXXXX369J
Date Of Birth	26/05/1971
Occupation	Outdoor

Date Of Driving Pass	18/11/2009
Driving experience	13 YEARS
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE CAR PARK OF GEYLANG BAHRU, BLK 66 -71 WITH 3 PASSENGERS (WIFE/2 SONS) ON BOARD. SUDDENLY A VEHICLE A VEHICLE SKW3220K IN FRONT OF MY TAXI WAS REVERSING. AS SUCH I STOPPED, BUT THE VEHICLE CONTINUED TO REVERSE AND HIT ONTO THE FRONT PORTION OF MY TAXI.

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	SKW3220K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)

LIM BUAY CHENG

-
-
-
-
-
-
-
-

IMPORTANT NOTICE**SKETCH PLAN**

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

Sketch Plan

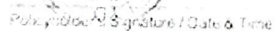
Driver's Signature (if driver is not the policyholder) / Date & Time

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

B
Spw 3220K

Declaration

We declare the foregoing particulars are true in every respect



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

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

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 369K

Vehicle Details

Vehicle No.: SHB551X

Vehicle to be Exported: No

Intended Deregistration Date: 08 Nov 2022

Vehicle Make: TOYOTA

Vehicle Model: PRIUS HYBRID 1.8 CVT

Primary Colour: Maroon

Manufacturing Year: 2017

Engine No.: 2ZRS096975

Chassis No.: JTDKB3FU703572714

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$29,007.00

Original Registration Date: 10 Oct 2017

First Registration Date: 10 Oct 2017

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 09 Oct 2025

PARF Rebate Amount: \$3,500.00

Intended COE Rebate Details

COE Expiry Date: 09 Oct 2025

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$34,052.00