

(08/11/13) wef

ASS. REC. BY:

REF:

NS/INC 22011252/Rqy3

369K

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHF 385M

at Workshop m/s STRIDES

of 60, woodlands MEPT

Insured: 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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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: SHF 385M Yr Regn: 2019 DEC

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

Truck / Trailer or

Make: TOYOTA PRIMS 50R H.B.A c.c 1798

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

Sp. Reading: 250150 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 5TDK6Fu703090647

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15  
R: 2

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

TOYO / YOKO or FALKEN

Front

Rear

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

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

D.O.A. 08/11/22 D.O.I. 09/11/22

Survey held at STRIDES

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

FRt 6/3

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

Rasul finalised LS \$3050, 3 days. (Red \$12318.90, 80%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Report Format : TP

Lump Sum H.B.I. (\$) 3050 )

Add Fee: ☐ : Site Insp (\$ )☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

) S + RS SI

) Photos

) Others

TOTAL



## Case Details

Case Reference Number : TAX/11/22/2011  
Type of Repair : Accident Repair  
Vehicle Registration Number : SHF385M

Company Type : Strides Taxi Pte Ltd  
Estimation ID : EST-19798-ID  
Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited  
Accident Date and Time : 08/11/2022 12:35 PM  
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	565.60	565.60	25.00	424.20	Replace	1	424.20	Replace	der
Standard	Main			SUPPORT, FR BUMPER RH	1	86.20	86.20	25.00	64.65	Replace	0	0	Not Give	Xm
Standard	Main			COVER, FR BUMPER RH	1	32.70	32.70	25.00	24.53	Replace	1	24.53	Replace	ms✓
Standard	Main			SEAL, HOOD TO FR END	1	92.40	92.40	25.00	69.30	Replace	0	0	Not Give	Xm
Standard	Main			GRILLE, RADIATOR	1	192.80	192.80	25.00	144.60	Replace	0	0	Not Give	Xm
Standard	Main			GRILLE SUB-ASSY	1	457.10	457.10	25.00	342.83	Replace	0	0	Check	?
Standard	Main			GRILLE, SUB - ASSY , 2	1	170.20	170.20	25.00	127.65	Replace	0	0	Not Give	Xm
Standard	Main			COVER ASSY, ENGINE	1	261.60	261.60	25.00	196.20	Replace	0	0	Not Give	Xm
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace	new
Standard	Main			RETAINER, FR BUMPER, LH & RH	1	9.50	9.50	25.00	7.13	Replace	0	0	Not Give	Xm
Standard	Main			PAD, FRONT BUMPER ( NO.1)	1	44.10	44.10	25.00	33.08	Replace	0	0	Not Give	Xm
Standard	Main			PAD, FRONT BUMPER ( NO.2)	1	38.90	38.90	25.00	29.17	Replace	0	0	Not Give	Xm
Standard	Main			MOULDING, FRONT BUMPER SIDE, RH	1	103.70	103.70	25.00	77.78	Replace	1	77.78	Replace	see✓
Standard	Main			ABSORBER, FR BUMPER LOWER	1	143.60	143.60	25.00	107.70	Replace	0	0	Not Give	Xm
Standard	Main			ABSORBER, FR BUMPER	1	86.60	86.60	25.00	64.95	Replace	1	64.95	Replace	cm✓
Standard	Main			EXTENSION SUB-ASSY, RH	1	129.90	129.90	25.00	97.43	Replace	0	0	Not Give	Xm

Total Spare Part Cost 11,120.12

Surveyor Total 3,194.82

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20.00

Final Spare Part Cost 8,857.10

Final Sur Total 2,555.70

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			EXTENSION SUB-ASSY, LH	1	129.90	129.90	25.00	97.43	Replace	0	0	Not Give	Xm
Standard	Main			REINFORCEMENT FRONT LOWER	1	265.90	265.90	25.00	199.42	Replace	0	0	Not Give	Xm
Standard	Main			REINFORCEMENT FRONT UPPER	1	773.90	773.90	25.00	580.43	Replace	0	0	Check	?
Standard	Main			UNIT, HEADLAMP, RH	1	2,852.40	2,852.40	10.00	2,567.16	Replace	1	2,567.1	Replace	cm
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, RH NO.1	1	4,079.80	4,079.80	10.00	3,671.82	Replace	0	0	Not Give	Xm
Standard	Main			LAMP ASSY, FOG, RH	1	256.50	256.50	10.00	230.85	Replace	0	0	Not Give	Xm
Standard	Main			CORD, FOG LAMP	1	60.60	60.60	10.00	54.54	Replace	0	0	Not Give	Xm
Standard	Main			COVER ASSY, ENGINE UNDER CENTER SET	1	511.20	511.20	25.00	383.40	Replace	0	0	Not Give	Xm
Standard	Main			COVER, ENGINE UNDER SIDE RH	1	86.20	86.20	25.00	64.65	Replace	0	0	Not Give	Xm
Standard	Main			SUPPORT S/A UPPER,	1	408.50	408.50	25.00	306.38	Replace	0	0	Not Give	Xm
Standard	Main			SUPPORT, RADIATOR UPPER RH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give	Xm
Standard	Main			FENDER SUB-ASSY, FR, RH	1	1,060.70	1,060.70	25.00	795.53	Replace	1	0	Repair	R
Standard	Main			EMBLEM, SIDE PANEL (HYBRID)	1	59.10	59.10	25.00	44.33	Replace	1	0.00	Replace	see
Standard	Main			LINER, FR FENDER, RH	1	219.10	219.10	25.00	164.33	Replace	0	0	Not Give	Xm
Standard	Main			PAD, FR WHEEL RH	1	65.00	65.00	25.00	48.75	Replace	0	0	Not Give	Xm
Total Spare Part Cost									11,120.12	Surveyor Total				3,194.62
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				20.00
Final Spare Part Cost									8,857.10	Final Sur Total				2,555.70

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH FRONT 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	



S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0 <i>Xm</i>	
3	Main	TO RESPRAY FRONT FENDER RH	378.00	200	
Total:			936.00	400.00	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	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	0 <i>Xm</i>	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 <i>Xm</i>	
Total:			380.00	0.00	

**Summary**

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	8,857.10	2,555.70
Total Labour Cost	676.00	200.00
Total Spray Painting	936.00	400.00
Other	380.00	0.00
Overall Total	10,849.10	3,155.70
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	10,850.00	3,150.00
Surveyor Approved Amount		3,150.00
No of Repair Days*	6	3
Remarks	-	

LUMPSUM REPAIR / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 0901 0058 Email: rasul@lkkauto.com

Rasul

*Rasul*

Save

Clear

Surveyor Name

Signature

Survey Date

**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: 09/11/2022



## 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	09/11/2022 13:56 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 20:35 (SGT)
Exact Location of Accident	McCallum St, Singapore
Additional Location Information	MCCALLUM STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF385M
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	KAMARUDIN BIN YUSPOE
NRIC No	SXXXXX041G
Date Of Birth	29/07/1964
Occupation	Outdoor

Date Of Driving Pass	12/04/2016
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68622671
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	Wet

#### 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 STRAIGHT ALONG MC CALLUM STREET AND THE LANE I WAS ON WAS STRAIGHT/TURN LEFT. SUDDENLY A VEHICLE SMV8808P WHICH WAS TRAVELLING ON MY RIGHT IN THE STRAIGHT-ONLY LANE, CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED ONTO THE RIGHT FRONT PORTION OF MY TAXI.

#### ATTACHMENT(S)

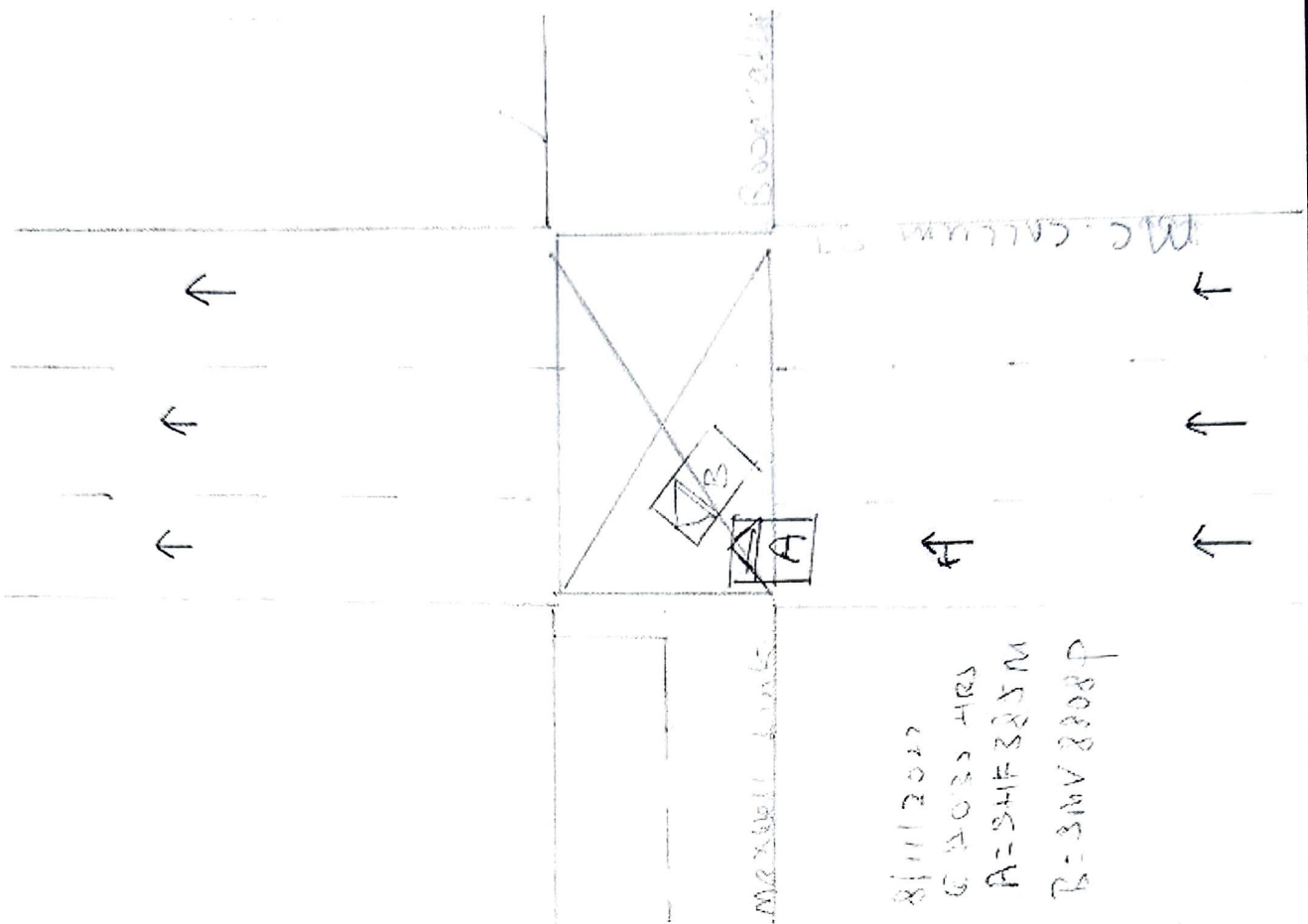
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV8808P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NG JUNING JOSHUA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-





Empty lines for additional notes or details.

**Declaration**

(We declare the foregoing particulars are true in every respect)

*[Signature]*  
Policyholder's Signature / Date & Time

*[Signature]* 09/11/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 9/11/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRICID card)

**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

Sketch Plan

*[Signature]* 09/11/22

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

*[Signature]* 9.11.2022

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHF385M
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2G28065
Chassis No.:	JTDKB3FU703090647
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	26 Dec 2019
First Registration Date:	26 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	\$10,897.00

COE Expiry Date:	25 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
POP Paid:	\$25,581.00
COE Rebate Amount:	\$16,383.00
Total Rebate Amount:	\$27,280.00

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 10 Nov 2022

OK