

(08/11/13) Wef

ASS. REC. BY: Pam

REF:

NS/INC 22011415/RVY3

369k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 5079Kat Workshop m/s STRIDESof GO/MAUDSLANDS DEPOTInsured: NTUC

Policy No. _____

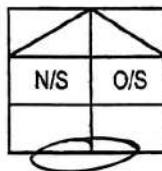
Claims No. _____

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: _____ 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 5079K Yr Regn: 2020 / NOVType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS S02 HBA c.c. 1798Colour: MARON A/C: Insured / Std / NI / NASp. Reading: 1830KS T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3TOKB3FU503091649Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 13/11/22 D.O.I. 14/11/22Survey held at STRIDEDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)) \$ + RS. \$ _____☐ : Interview (\$ _____)) Photos☐ : Tech. Invs (\$ _____)) Others☐ : Weekend (\$ _____))

Report Format : _____

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

Case Details

Case Reference Number : TAX/11/22/2025
Type of Repair : Accident Repair
Vehicle Registration Number : SHB5079K

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-19825-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
Accident Date and Time : 12/11/2022 05:40 PM
Vehicle Age(In Months) : 24

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

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			REAR BUMPER REINFORCEMENT	1	360.10	360.10	25.00	270.08	Replace	0	0	Check	?
Standard	Main			COVER, RR BUMPER ASSY	1	525.40	525.40	25.00	394.05	Replace	1	394.05	Replace	der
Standard	Main			PAD, RR BUMPER, RH & LH , 3	2	12.00	24.00	25.00	18.00	Replace	2	18.00	Replace	der
Standard	Main			PAD, RR BUMPER, RH & LH , 2	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace	der
Standard	Main			PAD, RR BUMPER, RH & LH , 1	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace	der
Standard	Main			PAD, RR BUMPER, CTR	3	12.00	36.00	25.00	27.00	Replace	3	27.00	Replace	der
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	2	12.30	24.60	25.00	18.45	Replace	2	18.45	Replace	der
Standard	Main			STOPPER, RR BUMPER, RH & LH	1	4.80	4.80	25.00	3.60	Replace	0	0	Not Give	Xan
Standard	Main			RETAINER, RR BUMPER, RH	1	143.60	143.60	25.00	107.70	Replace	0	0	Not Give	Xan
Standard	Main			RETAINER, RR BUMPER, LH	1	143.60	143.60	25.00	107.70	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER , RH	1	128.00	128.00	25.00	96.00	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER , LH	1	128.00	128.00	25.00	96.00	Replace	0	0	Not Give	Xan
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace	der
Standard	Main			GUARD, RR BUMPER, LOWER	1	405.00	405.00	25.00	303.75	Replace	1	303.75	Replace	der
Standard	Main			COVER, GUARD RR BUMPER LOWER	1	23.90	23.90	25.00	17.92	Replace	0	0	Not Give	Xan

Total Spare Part Cost 10,223.76

Surveyor Total 1,115.03

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 10,223.76

Final Sur Total 1,115.03

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			REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1	42.20	42.20	25.00	31.65	Replace	0	0	Not Give	Xan
Standard	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	42.20	42.20	25.00	31.65	Replace	0	0	Not Give	Xan
Standard	Main			REAR BUMPER GROMMET SCREW	1	2.20	2.20	25.00	1.65	Replace	0	0	Not Give	Xan
Standard	Main			COVER, REAR FLOOR UNDER, RH	1	189.20	189.20	25.00	141.90	Replace	0	0	Not Give	Xan
Standard	Main			COVER, REAR FLOOR UNDER, LH	1	261.60	261.60	25.00	196.20	Replace	0	0	Not Give	Xan
Standard	Main			COVER, REAR FLOOR UNDER CENTER	1	249.10	249.10	25.00	186.83	Replace	1	186.82	Replace	cut
Standard	Main			LENS & BODY, REAR COMBINATION LAMP, RH	1	367.30	367.30	10.00	330.57	Replace	0	0	Not Give	Xan
Standard	Main			LENS & BODY, REAR COMBINATION LAMP, LH	1	367.30	367.30	10.00	330.57	Replace	0	0	Not Give	Xan
Standard	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	1	282.70	282.70	10.00	254.43	Replace	0	0	Not Give	Xan
Standard	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1	282.70	282.70	10.00	254.43	Replace	0	0	Not Give	Xan
Standard	Main			LAMP ASSY, REAR, RH	1	317.80	317.80	10.00	286.02	Replace	0	0	Not Give	Xan
Standard	Main			LAMP ASSY, REAR, LH	1	317.80	317.80	10.00	286.02	Replace	0	0	Not Give	Xan
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	Xan
Standard	Main			ANTENNA, ELECTRICAL KEY	1	78.00	78.00	10.00	70.20	Replace	0	0	Not Give	Xan
Standard	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	707.10	707.10	25.00	530.33	Replace	0	0	Not Give	Xan
Standard	Main			SPARE TYRE PANEL, PAN, REAR FLOOR	1	630.30	630.30	25.00	472.72	Replace	0	0	Not Give	Xan
Standard	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xan
Standard	Main			TAIL GATE PANEL SUB-ASSY, BACK DOOR	1	1,238.40	1,238.40	25.00	928.80	Replace	0	0	Not Give	Xan
Standard	Main			TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1	992.30	992.30	25.00	744.22	Replace	1	0	Repair	R

Total Spare Part Cost 10,223.76

Surveyor Total 1,115.03

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 10,223.76

Final Sur Total 1,115.03

SMRT Recommendation										Surveyor Approval				
SOM 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			TAIL GATE LOCK ASSY, BACK DOOR	1	505.50	505.50	10.00	454.95	Replace	0	0	Not Give	Xm
Standard	Main			TAIL GATE LOCK COVER, BACK DOOR	1	32.70	32.70	25.00	24.53	Replace	0	0	Not Give	Xm
Standard	Main			AUTO TAILGATE SYSTEM	1	2,520.00	2,520.00	0.00	2,520.00	Replace	0	0	Not Give	Xm
Standard	Main			NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1	59.10	59.10	25.00	44.33	Replace	1	44.33	Replace	m
Standard	Main			NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1	59.10	59.10	25.00	44.33	Replace	1	44.33	Replace	m
Standard	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	m
Standard	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	m
Standard	Main			TAIL GATE WEATHERSTRIP, BACK DOOR	1	402.50	402.50	25.00	301.88	Replace	0	0	Not Give	m
Total Spare Part Cost									10,223.75	Surveyor Total 1,115.03				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									10,223.75	Final Sur Total 1,115.03				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,014.00	300	
Total:			1,014.00	300.00	


Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY REAR PANEL	180.00	0 Xm	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0 Xm	
4	Main	TO RESPRAY REAR SPARE TYRE PANEL	180.00	0 Xm	
5	Main	TO RESPRAY TAIL GATE	378.00	0 Xm	
6	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	100	
Total:			1,476.00	300.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0 Xnn	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 Xnn	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 Xnn	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0 Xnn	
Total:			500.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	10,223.76	1,115.03
Total Labour Cost	1,014.00	300.00
Total Spray Painting	1,476.00	300.00
Other	500.00	40.00
Overall Total	13,213.76	1,755.03
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	1,755.03
Surveyor Approved Amount		1,755.03
No of Repair Days*	6	3
Remarks	-	PART BY PART / resurvey before paint photo ,FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 9001 0068, email: rasul@lkkauto.com
Surveyor Name		Rasul
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
- Part survey is on a "Without Prejudice" basis
- Confirmation(s) is allowed
- any item(s) must be resurveyed and final approval from Insurance Company

Signed by Repairer

Signature:

Date:

Save

Clear

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	14/11/2022 14:17 (SGT)
Reported by	Driver
Date of Accident	13/11/2022 01:40 (SGT)
Exact Location of Accident	Saujana Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5079K
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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	1798

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	HENG AIK YEOW
NRIC No	SXXXX954A
Date Of Birth	05/06/1955
Occupation	Outdoor

Date Of Driving Pass	16/04/1980
Driving experience	42 YEARS AND 7 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	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	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?	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

I WAS TRAVELLING ALONG SAUJANA ROAD AND GRADUALLY SLOW DOWN TO A STOP AT THE ROAD SIDE PREPARE TO ALIGHT MY PASSENGER WHEN SUDDENLY THE MOTORCYCLE FBK2507K FROM BEHIND FAILED TO STOP AND COLLIDED ONTO THE REAR 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	FBK2507K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

6 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

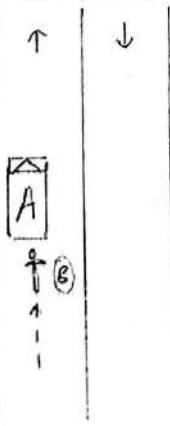
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

BLK 408

CAUTION ROAD



A- 5485079K
B- FBK2507K

Describe Circumstance of the Accident

Declaration

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



Policyholder's Signature (Date & Time)

[Handwritten Signature]
Driver's Signature (if different to policyholder) / Date & Time

[Handwritten Signature]
Witnessed by Reporting Centre Personnel
(Name as on NRMC Card)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	369K

Vehicle Details

Vehicle No.:	SHB5079K
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2020
Engine No.:	2ZR2G83730
Chassis No.:	JTDKB3FU503091649
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	30 Nov 2020
First Registration Date:	30 Nov 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2028
PARF Rebate Amount:	\$10,897.00

Intended COE Rebate Details

COE Expiry Date:	29 Nov 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$29,180.00
COE Rebate Amount:	\$22,026.00
Total Rebate Amount:	\$32,923.00

Message

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.