

(08/11/13) wof
ASS. REC. BY: ASM

REF:

CC4/ASM 22011420/Rpa3

368k

COE-2023/Jan

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SHB 6990
at Workshop m/s STRIDES
of 60, NORMANNS 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

Veh No: SHB 6990 Yr Regn: 2015 / Jan
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA DRIVEN TAXI (SMET) C.C. 1798
Colour: MAROON A/C: Insured / Std / NI / NA
Sp. Reading: 64464 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTDKN36U 805753568
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In 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 GIT
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 13/11/22 D.O.I. 14/11/22
Survey held at STRIDES
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FR N/S
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 1K

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

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: (\$ _____)

TOTAL

Case Details

Case Reference Number : TAX/11/22/2020
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB699D

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-19824-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : AXA Insurance Singapore Pte Ltd
 Accident Date and Time : 13/11/2022 03:08 AM
 Vehicle Age(In Months) : 94

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			BUMPER FRT	1	602.60	602.60	30.00	421.82	Replace	1	421.82	Replace	✓	CR
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	30.00	33.60	Replace	10	33.60	Replace	✓	NR
Standard	Main			BUMPER SUPPORT F/LH	1	86.20	86.20	30.00	60.34	Replace	0	0	Not Give	✓	XAN
Standard	Main			BUMPER ENERGY ABSORBER FRT	1	97.60	97.60	30.00	68.32	Replace	0	0	Check	✓	?
Standard	Main			BUMPER REINFORCEMENT FRT	1	567.90	567.90	30.00	397.53	Replace	0	0	Check	✓	?
Standard	Main			ARM SUB-ASSY,FR BUMPER LH	1	284.00	284.00	30.00	198.80	Replace	0	0	Not Give	✓	XAN
Standard	Main			ARM SUB-ASSY,FR BUMPER RH	1	284.00	284.00	30.00	198.80	Replace	0	0	Not Give	✓	XAN
Standard	Main			BRACKET, FR BUMPER	1	126.10	126.10	30.00	88.27	Replace	1	88.27	Replace	✓	CR
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	1	25.00	Replace	✓	BT
Standard	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace	✓	BT
Standard	Main			COVER, FR BUMPER HOLE LH	1	21.40	21.40	30.00	14.98	Replace	1	14.98	Replace	✓	MS
Standard	Main			BUMPER GRILLE SUB-ASSY,LOWER	1	389.90	389.90	30.00	272.93	Replace	1	272.93	Replace	✓	CR
Standard	Main			FOG LAMP LH	1	319.30	319.30	10.00	287.37	Replace	0	0	Not Give	✓	XAN
Standard	Main			LENS & BODY,FR TURN LH	1	581.40	581.40	10.00	523.26	Replace	1	523.26	Replace	✓	SC
Standard	Main			EMBLEM FRONT	1	98.70	98.70	30.00	69.09	Replace	1	69.09	Replace	✓	NR

Total Spare Part Cost 5,956.45

Surveyor Total 1,483.95

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 4,765.16

Final Sur Total 1,187.16

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			GRILLE, RADIATOR	1	389.30	389.30	30.00	272.51	Replace	0	0	Not Give	Xan
Standard	Main			GRILLE, RADIATOR LOWER NO.2	1	118.30	118.30	30.00	82.81	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER LIP FRT	1	182.70	182.70	30.00	127.89	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER FRT ABSORBER LOWER	1	159.30	159.30	30.00	111.51	Replace	0	0	Not Give	Xan
Standard	Main			UNDER COVER CENTER	1	511.20	511.20	30.00	357.84	Replace	0	0	Not Give	Xan
Standard	Main			UNDER COVER SIDE/LH	1	52.50	52.50	30.00	36.75	Replace	0	0	Not Give	Xan
Standard	Main			SUPPORT SUB-ASSY	1	1,839.70	1,839.70	30.00	1,287.79	Replace	0	0	Not Give	Xan
Standard	Main			HEAD LAMP LH	1	1,075.40	1,075.40	10.00	967.86	Replace	0	0	Not Give	Xan
Standard	Main			SUPPORT RADIATOR, LH	1	23.40	23.40	30.00	16.38	Replace	0	0	Not Give	Xan
Total Spare Part Cost									5,956.45	Surveyor Total		1,483.95		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									4,765.16	Final Sur Total		1,187.16		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	676.00	200	
Total:			676.00	200.00	

Spray Cost Detail


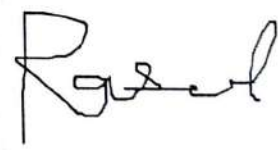
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT BUMPER LOWER GRILLE	180.00	0	Xan
3	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	Xan
Total:			738.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0	Xan
Total:			380.00	0.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 X17	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 X17	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 X17	
Total:			380.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,765.16	1,187.16
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	380.00	0.00
Overall Total	6,559.16	1,587.16
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	6,550.00	1,600.00
Surveyor Approved Amount		1,600.00
No of Repair Days*	5	3
Remarks		REQ NBV / Lumpsum repair / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 9001 0068, email: rasul@lkkauto.com
Surveyor Name		Rasul
Signature		

Save Clear

Survey Date

14/11/2022

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
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	14/11/2022 11:12 (SGT)
Reported by	Driver
Date of Accident	13/11/2022 11:08 (SGT)
Exact Location of Accident	Near 96 Somerset Rd, Singapore 238163
Additional Location Information	EXIT FROM 313 TO SOMERSET ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB699D
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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	SU LAK KIONG
NRIC No	SXXXX076B
Date Of Birth	10/03/1951
Occupation	Outdoor

Date Of Driving Pass	08/08/1977
Driving experience	45 YEARS AND 3 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 - Major/Minor Rd
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	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 WANTED TO EXIT THE 313 TO SOMERSET ROAD. I NOTICED THE VAN ON THE 1ST LANE OF SOMERSET ROAD TURNED INTO THE ENTRANCE OF 313 AND THE 1ST LANE WAS CLEARED THEN I STARTED TO MOVE OUT. AT THE MIDLST I MOVE INTO THE 1ST LANE OF SOMERSET ROAD, SUDDENLY THE COMFORT TAXI SHB2139R FROM THE 2ND LANE AT A GREAT SPEED CUT INTO MY TRAVEL PATH AND IT'S RIGHT REAR DOOR NEAR THE REAR TYRE PORTION COLLIDED ONTO THE FRONT LEFT 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	SHB2139R
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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)	-

(
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Date/Ti
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Date/Ti
2)
Repor
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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

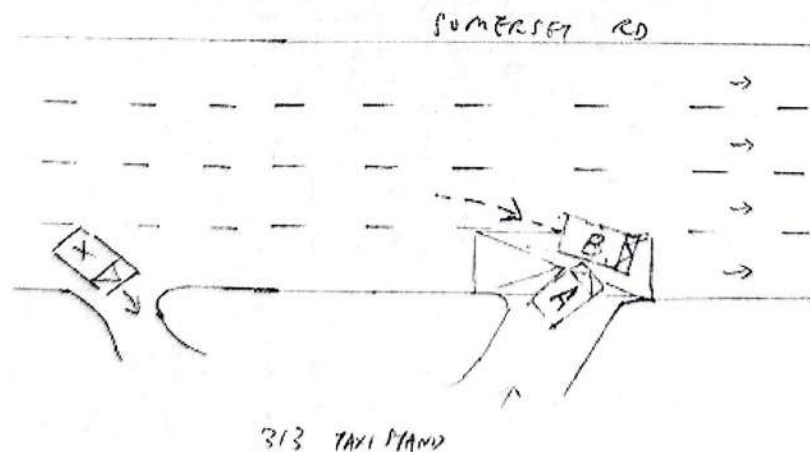


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

I/We declare the following particulars are true in every respect



Policyholder's Signature / Date & Time

AKA 14/11/2022 8:55am

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

sh 14/11/22

Witnessed by Reporting Centre Personnel
(Name as on NR C.D. 1 & 2)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	369K

Vehicle Details

Vehicle No.:	SHB699D
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (\$MRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6258226
Chassis No.:	JTDKN36U505755508
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	14 Jan 2015
First Registration Date:	14 Jan 2015
Transfer Count:	0
Actual ARF Paid:	\$8,088.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jan 2023
PARF Rebate Amount:	\$4,852.00

Intended COE Rebate Details

COE Expiry Date:	13 Jan 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$52,486.00
COE Rebate Amount:	\$1,058.00
Total Rebate Amount:	\$5,910.00

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.