

ASS. REC BY: Taujan

REF:

NS/ INC. 23000314/Tvp3

ASSIGNMENT

2023 Jan

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **GBH 9433J**

Policy No. _____

Claims No **MT/1205531-001**

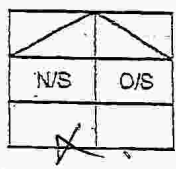
Sum Insured: _____ Excess: _____

(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 Report _____ 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: **SMB5048A** Yr Regn: **2015 Jan**

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

Truck / Trailer or _____

Make: **Toyota Proace** C.C. **1798**

Colour: **Maroon** A/C: Insured / Std / Nil / NA

Sp. Reading: _____ T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **JT BK N364105755787**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: **ND** / S/Rim / STD A/Rim or

Tyre Size: F: **195/65R15**

R: _____

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

TOYO / YOKO or **S9144**

Front _____ Rear _____

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

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

D.O.A. **31/12/2022** D.O.I. **4/1/23**

Survey held at **SMART WL**

Des. 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	Action / Instruction
	Battery work
	Purchase Value: \$114,289.67.
	Nett Value: \$322.44, Not Economical to Repair,
	Recommended for total loss.
17/1/22	Submit uneconomical total Loss-BV \$5332.44 LTA:\$5010 nv:\$322.44
	revised fig \$2316.69 check items \$592.88

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S + RS	SI

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)

Date/Time, File Return to?

17/1/23-typist

Formal:



Case Details

Case Reference Number : TAX/12/22/2081
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB5048A

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-20171-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
 Accident Date and Time : 31/12/2022 08:00 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			BUMPER REAR	1	478.90	478.90	25.00	359.17	Replace	1	359.17	Replace	de-
Standard	Main			BUMPER CLIPS (10 PCS)	10	2.40	24.00	25.00	18.00	Replace	10	18.00	Replace	de-
Standard	Main			BUMPER REINFORCEMENT REAR	1	234.70	234.70	25.00	176.02	Replace	0	0	Check	?
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	157.90	157.90	25.00	118.43	Replace	0	0	Check	?
Standard	Main			ARM SUB-ASSY. RR BUMPER LH	1	157.90	157.90	25.00	118.43	Replace	0	0	Check	?
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	208.10	208.10	10.00	187.29	Replace	0	0	Not Give	Xun
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	108.70	108.70	25.00	81.53	Replace	1	81.53	Replace	de-
Standard	Main			BUMPER SEAL, RR LH	1	101.80	101.80	25.00	76.35	Replace	0	0	Not Give	Xun
Standard	Main			BUMPER LIP COVER RR/LH	1	93.90	93.90	25.00	70.43	Replace	1	70.43	Replace	de-
Standard	Main			BUMPER LIP REAR	1	301.90	301.90	25.00	226.42	Replace	1	226.42	Replace	de-
Standard	Main			END PANEL	1	755.10	755.10	25.00	566.33	Replace	1	0	Repair	Ry
Standard	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xun
Standard	Main			TAILGATE ASY	1	1,260.70	1,260.70	25.00	945.53	Replace	1	0	Repair	Ry
Standard	Main			TAILGATE OUTSIDE GARNISH	1	574.80	574.80	25.00	431.10	Replace	0	0	Not Give	Xun
Standard	Main			EMBLEM REAR	1	68.70	68.70	25.00	51.53	Replace	0	0	Not Give	Xun

Total Spare Part Cost 4,396.95
 Lump Sum Discount (%) 20.00

Final Spare Part Cost 3,072.17

Surveyor Total 1,356.69
 Lump Sum Dis (%) 20

Final Sur Total 1,085.33

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			NAME PLATE (HYBRID)	1	59.20	59.20	25.00	44.40	Replace	1	44.40	Replace	✓ <i>See</i>
Standard	Main			NAME PLATE (PRUIS)	1	69.40	69.40	25.00	52.05	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			NAME PLATE (TOYOTA)	1	59.20	59.20	25.00	44.40	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			TAIL LAMP BRACKET, LH	1	35.20	35.20	25.00	26.40	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			TAIL LAMP LH	1	618.60	618.60	10.00	556.74	Replace	1	556.74	Replace	✓ <i>one</i>
Total Spare Part Cost									4,396.95	Surveyor Total		1,356.69		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				
Final Spare Part Cost									3,072.17	Final Sur Total		1,085.35		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,014.00	400	
Total:			1,014.00	400.00	

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	130.00	100	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0	
4	Main	TO RESPRAY TAIL GATE	378.00	200	
5	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0	
Total:			1,296.00	500.00	

Other Cost Detail

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

1/4/23, 3:48 PM

https://vacswb.smrt.com.sg/Estimation.aspx

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	30	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			500.00	60.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	3,072.17	1,085.35
Total Labour Cost	1,014.00	400.00
Total Spray Painting	1,296.00	500.00
Other	500.00	60.00
Overall Total	5,882.17	2,045.35
Lump Sum Repair Option		☒
Lump Sum Total	5,900.00	2,050.00
Surveyor Approved Amount		2,050.00
No of Repair Days*	6	4
Remarks		REQ NBV / LUMPSUM REPAIR / AFTER PAINT PHOTOS.FOR CHECK ITEM and REPLACE ITEM.PLEASE CALL SURVEYOR TAUFIKH. HP 0740 5740 EMAIL
Surveyor Name		Taufikh
Signature		

Survey Date

04.01/2023

Save

Clear

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

Taufikh 97495749
 WP 4/1/23
 LKS Resurvey after repair.
 04 days
 Taufikh @LKKAuto

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	369K

Vehicle Details

Vehicle No.:	SHB5048A
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Jan 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6263728
Chassis No.:	JTDKN36U105755781
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:	\$158.00
Total Rebate Amount:	\$5,010.00

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.

The information contained herein is correct as at 04 Jan 2023

OK

Purchase Value: \$111,289.67.

$$111289.67 - 4852 = \frac{106437.67}{96}$$

$$= 1108.72/\text{mth}$$

$$\frac{1108.72}{30} = 36.96/\text{day}.$$

$$\text{Balance 13 days: } \$36.96 \times 13 \\ = \$480.44$$

$$\$480.44 + 4852 = \$5332.44$$

$$\text{Nett Value } \$5332.44 - 5010 = \$322.44 \#$$

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	03/01/2023 13:59 (SGT)
Reported by	Driver
Date of Accident	31/12/2022 14:00 (SGT)
Exact Location of Accident	Kallang Bahru, Singapore
Additional Location Information	KALLANG BAHRU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5048A
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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	KOH GEE KWAN
NRIC No	SXXXX599I
Date Of Birth	04/03/1973
Occupation	Outdoor

Date Of Driving Pass 02/11/1995
 Driving experience 27 YEARS AND 1 MONTH
 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 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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? Yes
 Police Station Name Woodlands East Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18007679999
 Police Station Address 3 Woodlands Drive 63 Singapore 737890
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20230101/2017

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 GBH9433J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH GEE KWAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 making 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		
B		
↑		

Kallang Bahru

A - SHB 5048A

B - GBH 9433J

Describe Circumstance of the Accident

Declaration

We declare the foregoing particulars are true in every respect

Police officer's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in N.R.C. ID card)