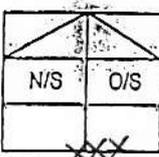


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. MT/1093204-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB784R Yr Regn: 06/03/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c 1796
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 887488 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN364705159544
 Gen. Cond: Good / (Fair) / Poor / Burnt
 Steering: (In order) / Jammed / Leaked / Burnt or
 Brake: (In order) / Jammed / Leaked / Burnt or
 Mod: (NII / S/RIm) / STD A/RIm or
 Tyre Size: F: 195/65R15
 R: 195/65R15

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Newton

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

Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 23/05/2020 D.O.I. 26/05/2020
 Survey held at SMIRT
 Des. of Damages: Frt (Rear) / O/S / NIS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP FBN2093K TAX/05/20/2023
	L/S \$1500F (Red \$6700-00, 81%)

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 2

Date/Time, File Return to?
 2) 26/6/20 Typist

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

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

Report Formel :
 Lump Sum / E.I. : \$1500F

(L100)

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 Authorised 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 Report	26/05/2020 09:41
Date Of Accident	23/05/2020 21:05
Exact Location Of Accident	HOUANG AVE 3 TOWARDS TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB784R
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	

Driver

Name of Driver	CHENG GUAN HEE
NRIC No	SXXXX156A
Date Of Birth	08/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1970
Driving Experience	50 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	11
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG HOUGANG AVE 3 AND SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A MOTORCYCLE HAD COLLIDED ONTO MY TAXI AND FELL TO THE GROUND.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN2093X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ARINA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 2

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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Case Details

Case Reference Number :

TAX/05/20/2023

Company Type : SMRT Taxis Pte Ltd

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Type of Repair : Accident Repair

Estimation ID : EST-11560-ID

Accident Date and Time : 23/05/2020 01:05 PM

Vehicle Registration Number : SHB784R

Assigned By : Taxi Claims Manager Team

Vehicle Age(In Months) : 62

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	<input type="text" value="1"/>	343.95	Replace	✓ / CR4 25%
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	<input type="text" value="10"/>	12.08	Replace	✓ / NEC 25%
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	<input type="text" value="0"/>	0	Check	✓ X SUC
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	<input type="text" value="0"/>	0	Check	✓ X SUC
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	<input type="text" value="0"/>	0	Check	✓ X SUC
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	<input type="text" value="0"/>	0	Check	✓ X SUC
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	<input type="text" value="2"/>	120.00	Replace	✓ / NEC 0%
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	<input type="text" value="0"/>	0	Not Give	✓ X SUC
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	<input type="text" value="0"/>	0	Check	✓ X SUC
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	<input type="text" value="0"/>	0	Check	✓ X SUC

Total Spare Part Cost 5,710.49

Surveyor Total 476.03

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Spare Part Cost 4,568.39

Final Sur Total 380.82

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Check	X SVC
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	X SVC
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	X SVC
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	X SVC
One Time Key In	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.92	Replace	0	0	Not Give	X SVC
One Time Key In	Main			TAILGATE OUTSIDE GARNISH	1	504.90	504.90	25.00	378.67	Replace	0	0	Not Give	X SVC
One Time Key In	Main			EMBLEM REAR	1	60.30	60.30	25.00	45.22	Replace	0	0	Not Give	X SVC
One Time Key In	Main			NUMBER PLATE	1	15.00	15.00	0.00	15.00	Replace	0	0	Not Give	X SVC
One Time Key In	Main			NUMBER PLATE FRAME	1	12.00	12.00	0.00	12.00	Replace	0	0	Not Give	X SVC
One Time Key In	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	0	0	Not Give	X SVC
One Time Key In	Main			NAME PLATE (PRIUS)	1	60.80	60.80	25.00	45.60	Replace	0	0	Not Give	X SVC
One Time Key In	Main			NAME PLATE (TOYOTA)	1	51.90	51.90	25.00	38.92	Replace	0	0	Not Give	X SVC
One Time Key In	Main			SPOILER REAR	1	953.70	953.70	25.00	715.28	Replace	0	0	Not Give	X SVC
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	X SVC
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	X SVC
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give	X SVC
Total Spare Part Cost									5,710.49	Surveyor Total		476.03		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									4,568.39	Final Sur Total		380.82		

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
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	X Svc.
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	30.70	30.70	25.00	23.02	Replace	0	0	Check	X Svc
One Time Key In	Main			TAIL LAMP RH	1	557.80	557.80	10.00	502.02	Replace	0	0	Not Give	X Svc
One Time Key In	Main			FENDER RR/RH	1	766.80	766.80	25.00	575.10	Replace	0	0	Not Give	X Svc
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	X Svc
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	X Svc
One Time Key In	Main			FENDER LINER RR/RH	1	141.30	141.30	25.00	105.98	Replace	0	0	Not Give	X Svc
Total Spare Part Cost									5,710.49	Surveyor Total		476.03		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									4,568.39	Final Sur Total		380.82		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR 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 REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY TAIL GATE	378.00	0	
4	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0	
5	Main	TO RESPRAY REAR SPOILER	180.00	0	
Total:			1,854.00	200.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
6	Main	TO RESPRAY REAR PANEL	180.00	0	
7	Main	TO RESPRAY REAR FENDER RH	378.00	0	
Total:			1,854.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40	
3	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
5	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0	
6	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	
7	Main	TO REPLACE SUNDRY PARTS	100.00	0	
8	Main	TO WASH AND VACUUM	60.00	0	
Total:			1,076.88	386.88	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,568.39	380.82
Total Labour Cost	676.00	200.00
Total Spray Painting	1,854.00	200.00
Other	1,076.88	386.88
Overall Total	8,175.27	1,167.70
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	8,200.00	1,150.00
Surveyor Approved Amount		1,150.00
No of Repair Days*	5	2 <i>2 days.</i>
Remarks		L/S, After paint photo

Estimator Assesment(\$)		Surveyor Assesment(\$)
Surveyor Name		Sun Pin (LKK)
Signature		
Survey Date	26/05/2020	<input type="button" value="Save"/> <input type="button" value="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

Acknowledged by Repairer
Signature:
Date: