

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s

of _____

Insured: _____

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
<input checked="" type="checkbox"/>	

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 5218 B r Regn: 26 Dec 2019

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

Truck / Trailer or

Make: Taxi Prins

c.c

1798Colour: Maroon

A/C: Insured / Std / NI / NA

Sp. Reading: 71082

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKB 3FU 803080254Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or SAILUN

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 07-12-20Survey held at w/s12:30pmDes. 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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Signed By:

Emp. No. / UIC No.

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Other (\$)

Survey Fee:

Transportation:

3 + PS. \$

Photos

Other:

Total:



Case Details

Case Reference Number :

TAX/12/20/2007

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB5218B

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-13362-ID

Assigned By : Tan Lee Ge #

Insurance Company Name : China Taiping Insurance (Singapore) Pte Ltd

Accident Date and Time : 04/12/2020 06:00 AM

Vehicle Age(In Months) : 12

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
One Time Key In	Main			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	1	364.20	Replace	✓ Re
One Time Key In	Main			STOPPER, RR BUMPER, RH & LH	1	4.50	4.50	25.00	3.38	Replace	0	0	Not Give	X NA
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	2	4.00	8.00	25.00	6.00	Replace	2	6.00	Replace	✓ RBL
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	2	4.00	8.00	25.00	6.00	Replace	2	6.00	Replace	✓ RBL
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	2	11.00	22.00	25.00	16.50	Replace	2	16.50	Replace	✓ RBL
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.30	22.60	25.00	16.95	Replace	2	16.95	Replace	✓ RBL
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	✓ RBL
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	132.60	132.60	25.00	99.45	Replace	0	0	Check	?
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	1	280.88	Replace	✓ Act
Total Spare Part Cost									8,804.36	Surveyor Total			1,016.25	
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)			0	
Final Spare Part Cost									8,804.36	Final Sur Total			1,016.25	

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			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	3	24.75	Replace	/ MCC
One Time Key In	Main			SEAL, RR BUMPER, LH	1	118.30	118.30	25.00	88.72	Replace	0	0	Not Give	X NN
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	?
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	/ MCC
One Time Key In	Main			TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1	913.60	913.60	25.00	685.20	Replace	1	0	Repair	X Repair
One Time Key In	Main			EMBLEM SUB-ASSY REAR	1	47.90	47.90	25.00	35.92	Replace	1	35.92	Replace	/ MCC
One Time Key In	Main			NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1	54.60	54.60	25.00	40.95	Replace	1	40.95	Replace	/ MCC
One Time Key In	Main			NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1	54.60	54.60	25.00	40.95	Replace	1	40.95	Replace	/ MCC
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	/ MCC
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	/ MCC
One Time Key In	Main			SPOILER SUB-ASSY, REAR	1	1,575.40	1,575.40	25.00	1,181.55	Replace	1	0	Repair	X Repair
One Time Key In	Main			TAIL GATE PANEL SUB-ASSY, BACK DOOR	1	1,147.80	1,147.80	25.00	860.85	Replace	0	0	Not Give	X NN
One Time Key In	Main			AUTO TAILGATE SYSTEM	1	2,520.00	2,520.00	10.00	2,268.00	Replace	0	0	Not Give	X NN
One Time Key In	Main			TAIL GATE BACK DOOR HINGE ASSY, LH	1	61.00	61.00	25.00	45.75	Replace	0	0	Not Give	X NN
Total Spare Part Cost									8,804.36	Surveyor Total 1,016.25				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 0				
Final Spare Part Cost									8,804.36	Final Sur Total 1,016.25				

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			TAIL GATE BACK DOOR HINGE ASSY, RH	1	61.00	61.00	25.00	45.75	Replace	0	0	Not Give	X NN
One Time Key In	Main			TAIL GATE LOCK ASSY, BACK DOOR	1	467.00	467.00	10.00	420.30	Replace	0	0	Not Give	X NN
One Time Key In	Main			TAIL GATE LOCK COVER, BACK DOOR	1	30.20	30.20	25.00	22.65	Replace	0	0	Not Give	X NN
One Time Key In	Main			TAIL GATE STRIKER ASSY, BACK DOOR	1	25.80	25.80	25.00	19.35	Replace	0	0	Not Give	X NN
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	39.00	39.00	25.00	29.25	Replace	0	0	Check	?
One Time Key In	Main			REVERSE SENSOR, REAR BUMPER	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, LH	1	339.60	339.60	10.00	305.64	Replace	0	0	Check	?
One Time Key In	Main			COVER, REAR COMBINATION LAMP, LH	1	69.90	69.90	25.00	52.43	Replace	0	0	Check	?
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1	261.00	261.00	10.00	234.90	Replace	0	0	Check	?
One Time Key In	Main			LAMP ASSY, REAR, LH	1	293.60	293.60	10.00	264.24	Replace	0	0	Not Give	8 NN
One Time Key In	Main			PANEL SUB-ASSY, FENDER REAR LH	1	871.50	871.50	25.00	653.63	Replace	0	0	Not Give	8 NN
One Time Key In	Main			TROUGH, BACK DOOR, LH	1	103.40	103.40	25.00	77.55	Replace	0	0	Not Give	X NN
Total Spare Part Cost									8,804.36	Surveyor Total		1,016.25		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									8,804.36	Final Sur Total		1,016.25		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH REAR PORTION	854.00	300	
Total:			854.00	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 BUMPER REINFORCEMENT	180.00	0	
3	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	100	
4	Main	TO RESPRAY REAR SPOILER	180.00	80	
5	Main	TO RESPRAY TAIL GATE	378.00	0	
6	Main	TO RESPRAY REAR FENDER LH	378.00	0	
7	Main	TO RESPRAY TROUGH BACK DOOR LH	180.00	0	
Total:			1,854.00	380.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30	
2	Main	TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0	
3	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0	
4	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
5	Main	TO WASH AND VACUUM	80.00	0	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			600.00	30.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	8,804.36	1,016.25
Total Labour Cost	0.00	300.00
Total Spray Painting	0.00	380.00
Other	0.00	30.00
Overall Total	8,804.36	1,726.25

Estimator Assessment(\$)

Surveyor Assessment(\$)

Lump Sum Repair Option



Lump Sum Total

0.00

1,726.25

Surveyor Approved Amount

1,726.25

No of Repair Days*

6

3

Remarks

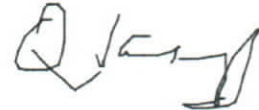
-

part by part repair / before paint photo / FOR CHECK ITEM
AND REPLACE ITEM PLEASE CALL SURVEYOR
quoqianq (LKK) & Email :quoqianq@lkkauto.com

Surveyor Name

GuoQiang

Signature



Save

Clear

Survey Date

07/12/2020

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:

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 Submission	07/12/2020 09:49 (SGT)
Date of Accident	04/12/2020 14:00 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE TOWARDS MANDAI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5218B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

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

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-20095484MFSH
Cover Note Number	-

DRIVER

Name of Driver	YEO SIEW FATT
NRIC No	SXXXX754E
Date Of Birth	01/09/1946
Occupation	Outdoor

Date Of Driving Pass	15/05/1967
Driving experience	53 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662671
Alt. Phone Number	-
Email Address	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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

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 WAS STATIONARY ALONG BKE TOWARDS MANDAI ROAD WITH 2 PASSENGERS (COUPLE CHINESE) ON BOARD. WHEN THE TRAFFIC WAS GREEN I PROCEEDED TO TURN. SUDDENLY A LORRY XD256Z APPEARED WITHOUT STOPPING AT THE TRAFFIC LIGHT INFRON, AS SUCH I HAD TO STOP. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE YN7681T HAD COLLIDED ONTO THE REAR LEFT PORTION OF MY TAXI.

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	YN7681T
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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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD256Z
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)	-

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 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.

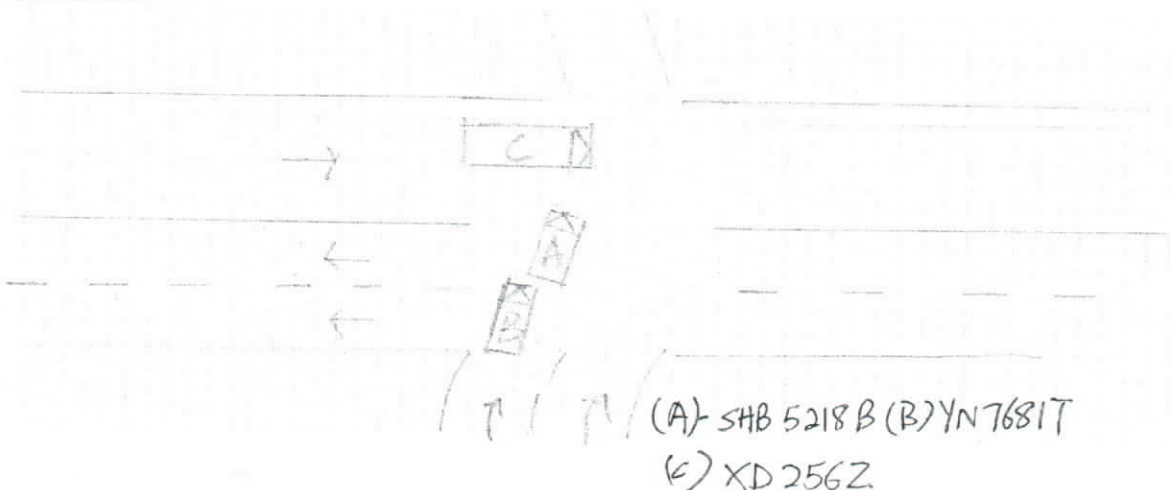


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I/We declare the foregoing particulars are true in every respect.



Imp. 5/12/2020

5/12/2020