

ASS. REC. BY: Steve

REF: CTI

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD/TP/WS/TP RES/QD 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

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 51654 Yr Regn: 19/12/17
Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or

Make: Toyota Prous c.c. 1797

Colour: Black A/C: Insured / Std / NI / N

Sp. Reading: 234285 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: JTDKBJF480JS7971

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

195/65R5
11

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

TOYO / YOKO or Sailun

Front

Rear

R/Bal. 4 mm

R/Bal. 4 mm

L/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 23/4/21

D.O.I. 26/4/21

Survey held at SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear RH

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL _____

Rep. Form: _____

Lump Sum / L.R. / _____

26/04/2021

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



Case Details

Case Reference Number :

TAX/04/21/2068

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB5165U

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-14718-ID

Assigned By : Taxi Claims Manager
TeamInsurance Company Name : China Taiping Insurance (Singapore) Pte
Ltd

Accident Date and Time : 23/04/2021 07:40 AM

Vehicle Age(In Months) : -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

Spare Part's Cost Detail											Surveyor Approval				
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	
One Time Key In	Main			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	<input type="text" value="1"/>	<input type="text" value="317.92"/>	Replace	▼	BR
				REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give	▼	NN
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	2	3.80	7.60	25.00	5.70	Replace	<input type="text" value="2"/>	<input type="text" value="5.70"/>	Replace	▼	NEC
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	2	3.80	7.60	25.00	5.70	Replace	<input type="text" value="2"/>	<input type="text" value="5.70"/>	Replace	▼	NEC
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	2	3.80	7.60	25.00	5.70	Replace	<input type="text" value="2"/>	<input type="text" value="5.70"/>	Replace	▼	NEC
One Time Key In	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give	▼	NN
One Time Key In	Main			STOPPER, RR BUMPER, RH & LH	2	4.30	8.60	25.00	6.45	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give	▼	NN
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	<input type="text" value="1"/>	<input type="text" value="84.53"/>	Replace	▼	BR
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give	▼	NN

Total Spare Part Cost 5,872.12

Surveyor Total 2,133.06

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 4,697.70

Final Sur Total 1,706.45

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			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace	▼ NEC
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			FILLER, RR BUMPER , RH	1	119.90	119.90	25.00	89.93	Replace	1	0	Repair	▼ R
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	14.80	14.80	25.00	11.10	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	▼ nec
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP , RH	1	438.10	438.10	10.00	394.29	Replace	1	394.29	Replace	▼ BR
One Time Key In	Main			LENS & BODY ASSY , RR BUMPER , RH	1	486.80	486.80	10.00	438.12	Replace	1	438.12	Replace	▼ BR
One Time Key In	Main			COVER, REAR COMBINATION LAMP, RH	1	54.00	54.00	25.00	40.50	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			COVER, REAR FLOOR UNDER , RH	1	169.50	169.50	25.00	127.13	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			PANEL SUB-ASSY, FENDER REAR RH	1	824.80	824.80	25.00	618.60	Replace	1	618.60	Replace	▼ DD
One Time Key In	Main			PATCH, SIDE PANEL REAR END , RH & LH	1	33.70	33.70	25.00	25.28	Replace	0	0	Not Give	▼ NN
One Time Key In	Main			LINER, REAR FENDER , RH	1	135.80	135.80	25.00	101.85	Replace	1	101.85	Replace	▼ CUT
Total Spare Part Cost									5,872.12	Surveyor Total		2,133.06		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									4,697.70	Final Sur Total		1,706.45		

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			WHEEL, DISC	1	1,555.10	1,555.10	25.00	1,166.32	Replace	0	0	Not Give	NN
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	554.20	554.20	25.00	415.65	Replace	0	0	Not Give	NN
One Time Key In	Main			COVER SUB-ASSY, REAR QUARTER PILLAR, RH	1	201.30	201.30	25.00	150.98	Replace	0	0	Not Give	NN
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	NEC
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	NEC
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	629.80	629.80	25.00	472.35	Replace	1	0	Repair	R
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	NN
One Time Key In	Main			DUCT ASSY, QUARTER VENT , RH & LH	1	65.00	65.00	25.00	48.75	Replace	0	0	Not Give	NN
Total Spare Part Cost									5,872.12	Surveyor Total		2,133.06		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									4,697.70	Final Sur Total		1,706.45		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION RH	507.00	500	
Total:			507.00	500.00	

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 REAR FENDER RH	378.00	200	
4	Main	TO RESPRAY REAR PANEL	180.00	100	
Total:			1,476.00	550.00	

2021

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

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO RESPRAY RIM	180.00	0	
6	Main	TO RESPRAY FILLER RR BUMPER RH	180.00	50	
Total:			1,476.00	550.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	X nn
2	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	X nn
3	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	/ nec
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	X nn
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30	/ nec
6	Main	TO WASH AND VACUUM	60.00	0	X nn
7	Main	TOWING CHARGE	56.00	50	/ nec
Total:			656.00	110.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,697.70	1,706.45
Total Labour Cost	507.00	500.00
Total Spray Painting	1,476.00	550.00
Other	656.00	110.00
Overall Total	7,336.70	2,866.45
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	7,350.00	2,850.00
Surveyor Approved Amount		2,850.00
No of Repair Days*	5	5
Remarks	-	Lumpsum and take after spray
Surveyor Name		STEVE CHEN

2021

Estimator Assessment(\$)

Surveyor Assessment(\$)

Signature



Save Clear

Survey Date

26/04/2021

Let the repairer/supplier/insurer notify the Rep. before the repair work.

- To resurvey and estimate the repair cost.
- To display data on the repair cost.
- To ensure the repair work is done on a "Without Fault" basis.
- To ensure the repair work is done on a "Without Fault" basis.
- To ensure the repair work is done on a "Without Fault" basis.
- To ensure the repair work is done on a "Without Fault" basis.

Acknowledged by Repairer
Signature:
Date:

WHL April
26/4/21, 3.37pm
L/S
My AL my
5 days

E2140000F / SMRT AUTOMOTIVE SERVICES PTE LTD
TRY DATE & TIME: 24/04/2021 11:17 (SGT)
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
VERSION: 1 (24/04/2021 11:17 (SGT))



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	24/04/2021 11:17 (SGT)
Date of Accident	23/04/2021 15:40 (SGT)
Exact Location of Accident	Chai Chee Dr, Singapore
Additional Location Information	CHAI CHEE DRIVE TOWARDS SIGLAP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5165U
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
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

DRIVER

Name of Driver	NG AIK CHUANG
NRIC No	SXXXX632C

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

09/09/1961
Outdoor
30/11/1982
38 YEARS AND 5 MONTHS
Male
(Phone) +65-68662672
-
TARC@SMRT.COM.SG
11
-
-
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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 material 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

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 CHAI CHEE DRIVE TOWARDS SIGLAP. I WAS SLOWING DOWN AS I SAW A PASSENGER FLAGGING AT MY TAXI. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE PA3734B HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI AND DROVE ACROSS THE DOUBLE WHITE LINE BEFORE STOPPING.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE TOO BIG
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY

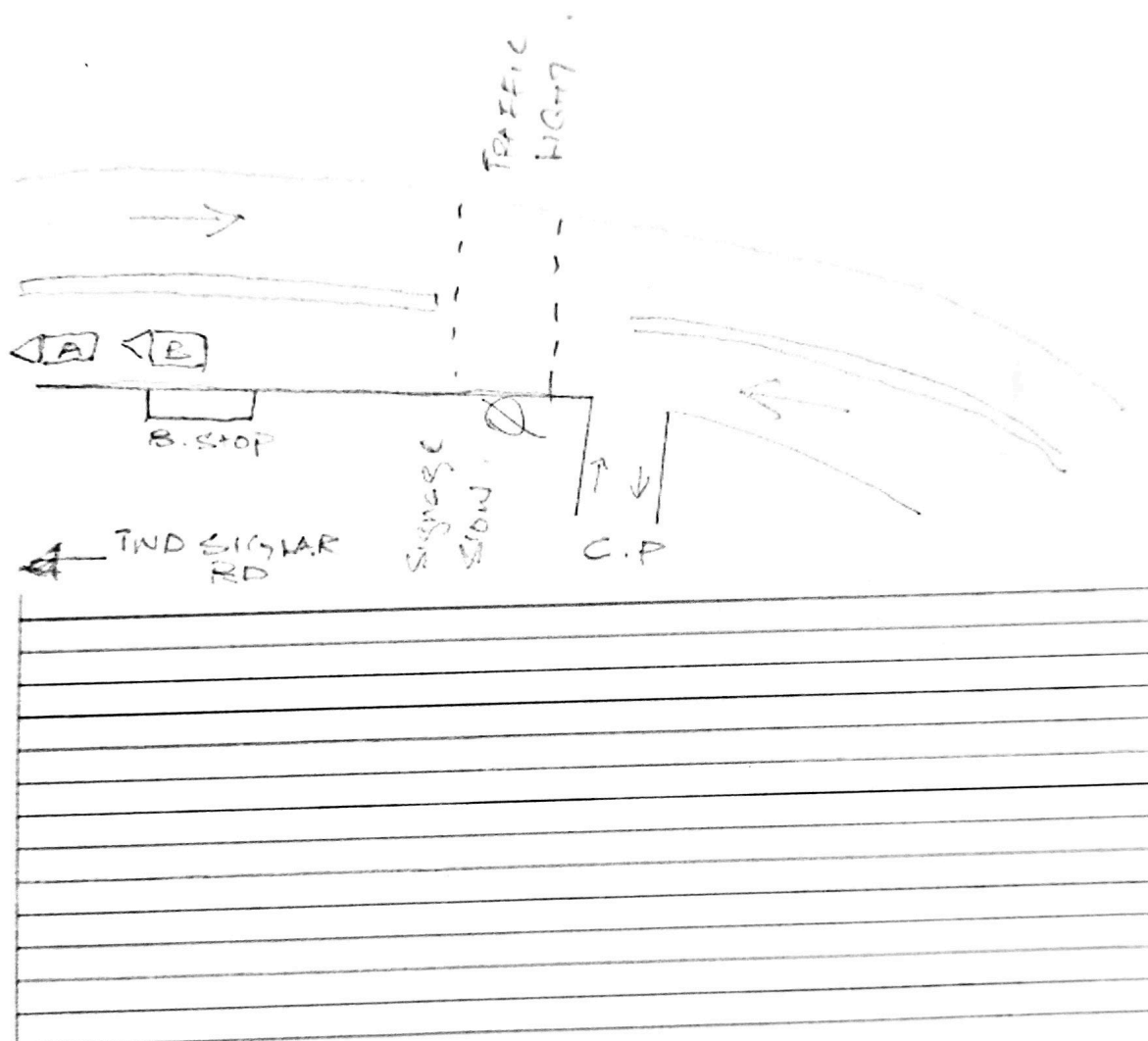
Vehicle Registration Number PA3734B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver -

Accident Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-
-
-

SKETCH PLAN

- Ø 2 way road
- Ø Inbetween double white line
- Ø Slow sign before traffic light
- Ø Sunny day.



Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

January 24th April 2021

24/4/2021

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

Sketch Plan

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

Witnessed by Reporting Centre Personnel