ASS FEG BY: STEVE	SSIGNMENT
From; Date:	Veh No: SHC 4741H Yr Regn: 32/1/16 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD TP WS ITP RES I OD RES I EVA I INV I MY	Make Touch Dung
To Inspect Vehicle No: SHC 4741H	Colour Marn A/C: Insured / Std / NI / NA
at Workshop m/s SMRT AUTOMOTIVE	a comment of the comm
of	_ 0,7000
Insured: YM 7947H	Eng/No: T+0 V117111 700 7/1 C.60
Policy No.	C/No: J10 KN/364 725 766 865
Claims No. CDMFG21000851	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Interder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modl: Nil / S(Rim) / STD A/Rim or
	Tyre Size: F: 195/65/RUS
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO / KOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm / R/Bal. 4
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. L/Bal. L/Bal.
Est. Repairs: 3 days Res.: Yes or No	D.O.A. 415/21 0.01. 6/5/21
Lum Sum: % 3 Val.: Yes or No	Survey held at
	Des. of Damages : Frt / Rear / O/S/ N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / O	шт
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to col
Date / Time Action / Instruction	• • • • • • • • • • • • • • • • • • • •
7/5/2021@11.31am Revised to Ergo via Me	rimen
18/ <u>5/2</u> 021 Cfm with Poh Suan final fig L/S \$17	700, 3 repair days
(RED \$8914.84; 84%)	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
1) 19/5 TYPIST : Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2	Fee: : Site Insp (\$ )s+Rssi
	: Interview (\$ ) Photos
figure Famed: TP	: Tech. Irreg. (S ) Others
Lunay Suns / 48-54-4 \$1700	CMARI STATE
	(Carrier )





## Case Details

Case Reference Number: TAX/05/21/2006

Type of Repair : Accident Repair

Vehicle Registration Number : SHC4741H

Company Type : SMRT Taxis Pte Ltd Estimation ID : EST-14799-ID

Assigned By: Taxi Claims Manager Team

Insurance Company Name : ERGO Insurance Pte Ltd Accident Date and Time: 04/05/2021 03:50 AM

Vehicle Age(In Months): -

## Documents / Photographs

View Documents / Photographs

Total Documents: 0

## **Estimation Details**

### Spare Part's Cost Detail

				SMRT Reco	mme	ndation							urveyor Approval
)M pe	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
ie ne	Main			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	0	Repair X
e	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	0	0	Not Give - X N/
y e ne y	Main			BUMPER SUPPORT F/RH	1	76.40	76.40	25.00	57.30	Replace	0	0	Not Give - X ///
e 10 Y	Main			BUMPER ENERGY ABSORBER FRT	1	78.80	78.80	25.00	59.10	Replace	0	0	Not Give - X //
e ne y	Main			BUMPER GRILLE SUB- ASSY,LOWER	1	311.10	311.10	25.00	233.33	Replace	0	0	Not Give V X MN
ne me	Main			LENS & BODY, FR TURN RH	1	511.80	511.80	10.00	460.62	Replace	0	0	Not Give - X // A
ne ime	Main			BUMPER LIP FRT	- <b>1</b>	139.60	139.60	25.00	104.70	Replace	0	0	Not Give - X NA
n One Time Key	Main			BUMPER FRT ABSORBER LOWER	1	127.70	127.70	25.00	95.78	Replace	0	0	Not Give ~ X NA
n One Time Key	Main			HEAD LAMP	1	945.20	945.20	10.00	850.68	Replace	0	0	Not Give - X NA
In One Tim Key	e			FENDER FRT/RH	1	723.40	723.40	25.00	542.55	Replace	. <b>1</b>	0	Repair - X R

Total Spare Part Cost 6,418.91

Lump Sum Discount (%) 20.00

Surveyor Total 1,228.56

Lump Sum Dis (%)

Final Sur Total 982.85

Final Spare Part Cost 5,135.13

2027

والفر	2027						100.0						veyor Approval	
,				SMRT Re	comm	endation						50		
BON 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	Main			NAME PLATE (HYBRID)	•	51.90	51.90	25.00	38.92	Replace	•	36.92	Replace	/ NC
One Time Key	Main			FENDER LINER FRT/RH	•	171.70	171.70	25.00	128.77	Replace	•	128.77	Replace Y	/ TN
One Time Key	Main			FENDER LINER PAD, FR WHEEL. RH	•	49.30	49.30	25.00	36.97	Replace	0	•	Not Give 🗸	KW X
One Time	Main			WHEEL DISC.	•	1,484.20	1,484.20	25.00	1,113.15	Replace	0	•	Not Give	X WM
Key In One Time	Main			TYRE	•	126.74	126.74	0.00	126.74	Replace	•	0	Not Give 💌	MIA X
in One Time	Main			WHEEL HUB	1	549.70	549.70	25.00	412.28	Replace	0	0	Not Give 💙	X NM
Key In One	Main			MOULDING BODY, RH	1	673.60	673.60	25.00	505.20	Replace	0	0 B	Not Give 🕶	x Juli
Time Key In	Main			MIRROR	1	1,307.10	1,307.10	25.00	980.32	Replace	1	980.32	Replace V	/ BR
One Time Key In	<b>M</b> ani			ASSY,RH									8 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	X NAI
One Time Key In	Main			MIRROR GLASS RH	1	212.80	212.80	25.00	159.60	Replace	0	0	Not Give •	X
One Time Key	Main			MIRROR LAMP RH	1	65.30	65.30	10.00	58.77	Replace	0	0	Not Give 🕶	X IM
One Time	Main			COVER, OUTER MIRROR, RH	1	107.40	107.40	25.00	80.55	Replace	1	80.55	Replace ✓	- OR
łn						Tot	al Spare Pa	art Cost	6,418.91		g 2	Surveyor Total	1,228.56	
						Lump	Sum Disco	ount (%)	20.00		Lum	p Sum Dis (%)	20	
						Fin	al Spare Pa	art Cost	5,135.13			Final Sur Total	982.85	

I abours	Cost	Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH PORTION	507.00	200	
Total:			507.00	200.00	
Spray	Cost Detail				
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			1,296.00	450.00	

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

12	<b>-</b>			,	zotimatorii.dopx
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
/ 1	Main	TO REPSRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT FENDER RH	378.00	200	
3	Main	TO RESPRAY RIM	180.00	0	
4	Main	RESPRAY MIRROR COVER RH	180.00	50	
5	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	
Total:			1,296.00	450.00	

### Other Cost Detail

S.No	. Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$	Remarks 5)
1	Main	TO REMOVE AND REFIX WING MIRROR	120.00	30	Nec /
2	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	X MM
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	X WAI
4	Main	TO REPLACE SUNDRY PARTS	100.00	10	NIC /
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	nic /
6	Main	TO WASH AND VACUUM	60.00	0	x hai
Total:			600.00	60.00	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,135.13	982.85
Total Labour Cost	507.00	200.00
Total Spray Painting	1,296.00	450.00
Other	600.00	60.00
Overall Total	***** \$10614.84	1,938.56
Lump Sum Repair Option	2	
Lump Sum Total	7,550.00	1,950.00
Surveyor Approved Amount		1,950.00
No of Repair Days*	5 ,	

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

surveyor Name

Signature

Estimator Assesment(\$)

Surveyor Assesment(\$)

LUMPSUM REPAIR, TAKE AFTER SPRAY

STEVE CHEN

Save Clear

Survey Date

06/05/2021

Stere (LKK) MM Am L/S 6/5/21, 1.00pm 3 days My ALAY

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:

21550004 / SMRT AUTOMOTIVE SERVICES PTE LTD 1/2/15/00/07 SIME: 05/05/2021 13:44 (SGT)
1/2/ DATE & TIME: 05/05/2021 13:44 (SGT)
1/2/ DATE BY: LIM WEI SIONG (SMRT 01)
1/2/ 1/05/05/2021 13:44 (SGT) IBMITTED D. . EINT TVET SIONG (SM ERSION: 1 (05/05/2021 13:44 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT TO THE CONTECT THE details of the accident to speed up the claims process.

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be as structured and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information of windows and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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.

4. The issue and acceptance of this reporting may be referred to the Police for investigation.

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 the conject of this report will, for a fee, be made available upon application by interested parties.

6. This report will be to work to the insurers of the GIA records management Centre established and that copies of this report will, for a fee, be made available upon application by interested parties. and that copies of this report will, for a fee, or made available aforesaid.

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 Date of Accident **Exact Location of Accident** 

Additional Location Information

Country/State of Loss

05/05/2021 13:44 (SGT) 04/05/2021 11:50 (SGT) Near 84 Upper Cross St, Singapore 058356 JUNCTION OF EU TONG SEN STREET AND UPPER CROSS STREET

Singapore

### IDETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC4741H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No Yes

SMRT TAXIS PTE LTD

1XXXXX369K

TARC@smrt.com.sg (Phone) +65-68662671

(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category

Transmission

CC

Toyota

Prius

No - Claiming third party

Taxi Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

MS First Capital Insurance Ltd **ThirdParty** 

Yes

D-21097466MFSH

DRIVER

Name of Driver

**TOH TIOW BENG** 

Assidant range CO1E31EEAAA

SXXXX657B eite Of Shith 29/12/1957 Autoston Outdoor THE OF DRIVING PASS 02/04/19/6 THINK EXDENSIVE 45 YEARS AND 1 MONTH COUNTRY Male Mobile Number (Fhone) +65-68662672 At. Phone Number Email Activess TARC@smrt.com.sg A TESS Address complement Postcode is the driver the policyholder? No # 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 Side Swipe Weather Conditions Clear Boad Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Yes
Number of Passengers (Including Driver)

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 EU TONG SEN STREET TURNING LEFT TOWARDS UPPER CROSS STREET, SUDDENLY A LORRY YM7947H WHICH WAS ON MY RIGHT CUT TOWARDS MY LANE ABRUPTLY, I SOUNDED MY HORN BUT THIRD CONTINUED TO CUT TOWARDS MY LANE AND COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

### MEDETAILS OF OTHER VEHICLE PROPERTY # 1

Intact Number
Iddress
Iddress complement
Insurance Company Name
Insurance Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

ETCH PLAN

### SKETCH PLAN

### IMPORTANT NOTICE

- \* Rease 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 atow 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 comminies.
- 5 Any false reporting may be referred to the Police for investigation
- g 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 So the ladgement 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)

funderstand, 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' law yers/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 end/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the clams
- (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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Rurposes; 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date & Tarre

Witnessed by Reporting Centre

Personnel

Sketch Plan

upper cross stand Fu Tong Sen Street A - SHC 4741H B- YM 7947H

rescribe Circu	imstances of the Accident	
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### Declaration

I'We deciare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel