

ASS. REC. BY:

Steve

Ergo CS/EGI21005525/Euf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD TP / WS / TP RES / OD RES / EVA / INV / MYTo Inspect Vehicle No: SHC 4741Hat Workshop n/s SMRT AUTOMOTIVE

of

Insured: YM 7947H

Policy No.

Claims No. CDMFG21000851

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: 3 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:

SHC 4741H

Yr Regn:

22/1/16

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

Truck / Trailer or

Make:

Toyota Prous

c.c

1798

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

591566

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

J10 KAI 364 705 766 865

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

4/5/21

D.O.I.

6/5/21

Survey held at

SMRT

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

7/5/2021 @ 11.31am Revised to Ergo via Merimen.

18/5/2021 Cfm with Poh Suan final fig L/S \$1700, 3 repair days.

(RED \$8914.84; 84%)

05/21/2006

Date/Time, File Pass to?

☐

Preli. Report

1) 19/5 TYPIST

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Material (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others:

TOTAL

Repair Fee: TP

Lump Sum / Fee: \$1700

01/2021



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

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation					Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Approval			Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)					Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			BUMPER FRT	1	482.00	482.00		25.00	361.50	Replace	1	0	Repair	X R
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10		25.00	12.08	Replace	0	0	Not Give	X NM
One Time Key In	Main			BUMPER SUPPORT F/RH	1	76.40	76.40		25.00	57.30	Replace	0	0	Not Give	X NM
One Time Key In	Main			BUMPER ENERGY ABSORBER FRT	1	78.80	78.80		25.00	59.10	Replace	0	0	Not Give	X NM
One Time Key In	Main			BUMPER GRILLE SUB-ASSY,LOWER	1	311.10	311.10		25.00	233.33	Replace	0	0	Not Give	X NM
One Time Key In	Main			LENS & BODY, FR TURN RH	1	511.80	511.80		10.00	460.62	Replace	0	0	Not Give	X NM
One Time Key In	Main			BUMPER LIP FRT	1	139.60	139.60		25.00	104.70	Replace	0	0	Not Give	X NM
One Time Key In	Main			BUMPER FRT ABSORBER LOWER	1	127.70	127.70		25.00	95.78	Replace	0	0	Not Give	X NM
One Time Key In	Main			HEAD LAMP RH	1	945.20	945.20		10.00	850.68	Replace	0	0	Not Give	X NM
One Time Key In	Main			FENDER FRT/RH	1	723.40	723.40		25.00	542.55	Replace	1	0	Repair	X R

Total Spare Part Cost 6,418.91
 Lump Sum Discount (%) 20.00
 Final Spare Part Cost 5,135.13

Surveyor Total 1,228.56
 Lump Sum Dis (%) 20
 Final Sur Total 982.85

1/2021

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			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace	✓ MC
One Time Key In	Main			FENDER LINER FRT/RH	1	171.70	171.70	25.00	128.77	Replace	1	128.77	Replace	✓ TN
One Time Key In	Main			FENDER LINER PAD, FR WHEEL, RH	1	49.30	49.30	25.00	36.97	Replace	0	0	Not Give	X NM
One Time Key In	Main			WHEEL DISC, FRONT	1	1,484.20	1,484.20	25.00	1,113.15	Replace	0	0	Not Give	X NM
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	X NM
One Time Key In	Main			WHEEL HUB FRT	1	549.70	549.70	25.00	412.28	Replace	0	0	Not Give	X NM
One Time Key In	Main			MOULDING BODY, RH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Give	X NM
One Time Key In	Main			MIRROR ASSY,RH	1	1,307.10	1,307.10	25.00	980.32	Replace	1	980.32	Replace	✓ BR
One Time Key In	Main			MIRROR GLASS RH	1	212.80	212.80	25.00	159.60	Replace	0	0	Not Give	X NM
One Time Key In	Main			MIRROR LAMP RH	1	65.30	65.30	10.00	58.77	Replace	0	0	Not Give	X NM
One Time Key In	Main			COVER, OUTER MIRROR, RH	1	107.40	107.40	25.00	80.55	Replace	1	80.55	Replace	✓ BR
Total Spare Part Cost									6,418.91	Surveyor Total		1,228.56		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									5,135.13	Final Sur Total		982.85		

Labour's 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	

12021

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

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
1	Main	TO REMOVE AND REFIX WING MIRROR	120.00	30	acc /
2	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	X N/A
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	X N/A
4	Main	TO REPLACE SUNDRY PARTS	100.00	10	acc /
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	acc /
6	Main	TO WASH AND VACUUM	60.00	0	X N/A
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	7,538.13 \$10614.84	1,938.56
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	7,550.00	1,950.00
Surveyor Approved Amount		1,950.00
No of Repair Days*	5	3

12021

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

Estimator Assessment(\$)

Surveyor Assessment(\$)

Remarks

LUMPSUM REPAIR, TAKE AFTER SPRAY

Surveyor Name

STEVE CHEN

Signature



Save

Clear

Survey Date

06/05/2021

Steve CLKK) Wn An
L/S
6/5/21, 1.00pm
3 days
My AL sy

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 05/05/2021 13:44 (SGT)
Date of Accident 04/05/2021 11:50 (SGT)
Exact Location of Accident Near 84 Upper Cross St, Singapore 058356
Additional Location Information JUNCTION OF EU TONG SEN STREET AND UPPER CROSS STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC4741H
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 1798

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 TOH TIOW BENG

PC No	SXXXX657H
Date Of Birth	29/12/1957
Occupation	Outdoor
Date Of Driving Pass	02/04/1976
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	TARC@psmrt.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	Side Swipe
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?	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 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?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YM7947H
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 willful 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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Upper Cross Street

Fu Tong Sen Street

A - SHC 4741H

B - YM 7947H



