

ASS. REC. BY: Steve

REF: Alkanz CS/AIS 22001213/ER#3

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: SLP 4419Z
 Policy No. _____
 Claims No. 2022 22003896SL
 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

Bel. or Market Value: _____
 IDAC Accident Report: _____ 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

Veh No: SHF 339Y Yr Regn: 10/19/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c. 1797
 Colour: maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 404811 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU903512594
 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: _____
 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. 6/2/12 D.O.I. 9/2/12
 Survey held at SMRT
 Des. of Damages: Frt / Rear / O/S / NIS / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
2/3/22	Steve informed LS \$1200 (red 5878.30, 83%)

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

1) _____
 Date/Time, File Return to?
 2) 3/3/22-typist

Report Format : TP
 Lump Sum I.B.I. (\$) 1200

Days Of Repair: 2
 Resurvey No. of Trip: 1

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

Survey Fee: _____
 Transportation: _____ \$ + RS _____ \$
 Photos _____
 Others _____
 TOTAL _____

TAXI 02/22/2014



Case Details

Case Reference Number : TAX/02/22/2014
Type of Repair : Accident Repair
Vehicle Registration Number : SHF339Y

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-17405-ID
Assigned By : Selena Tan Lee See

Insurance Company Name : Allianz Insurance Co of (S) Pte Ltd
Accident Date and Time : 06/02/2022 03:25 PM
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	Part Name	Qty	SMRT Recommendation				Repair/ Replace	Surveyor Quantity	Surveyor Approval		Remarks	
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)			Surveyor Final Price(\$)	Repair/Replace		
One Time Key In	Main			MIRROR ASSY, OUTER REAR VIEW, RH	1	1,373.50	1,373.50	10.00	1,236.15	Replace	1	1,236.15	Replace	✓ BR	
One Time Key In	Main			COVER, OUTER MIRROR, RH	1	89.50	89.50	25.00	67.13	Replace	1	67.13	Replace	✓ MS	
One Time Key In	Main			PANEL SUB-ASSY, FRONT DOOR RH	1	1,249.60	1,249.60	25.00	937.20	Replace	0	0	Not Give	✗ m	
One Time Key In	Main			STICKER DECAL STRIDES (DOOR)	1	60.00	60.00	0.00	60.00	Replace	0	0	Not Give	✗ m	
One Time Key In	Main			PANEL SUB-ASSY, REAR DOOR, RH	1	1,243.90	1,243.90	25.00	932.93	Replace	0	0	Not Give	✗ m	
One Time Key In	Main			PANEL SUB-ASSY, FENDER REAR RH	1	824.80	824.80	25.00	618.60	Replace	0	0	Not Give	✗ m	
									Total Spare Part Cost	3,852.01			Surveyor Total	1,303.28	
									Lump Sum Discount (%)	20.00			Lump Sum Dis (%)	20	
									Final Spare Part Cost	3,081.61			Final Sur Total	1,042.62	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			507.00	80.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH PORTION	507.00	80	/
Total:			507.00	80.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	RESPRAY MIRROR COVER RH	180.00	50	/
2	Main	TO RESPRAY FRONT DOOR RH	378.00	0	X
3	Main	TO RESPRAY REAR DOOR RH	378.00	0	X
4	Main	TO RESPRAY REAR FENDER RH	378.00	0	X
Total:			1,314.00	50.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REMOVE AND REFIX WING MIRROR	120.00	0	α m
2	Main	TO REPLACE SUNDRY PARTS	100.00	0	X m
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	/ nec
4	Main	TO WASH AND VACUUM	60.00	0	α m
5	Main	TOWING CHARGE	56.00	0	α m
Total:			416.00	20.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,081.61	1,042.62
Total Labour Cost	507.00	80.00
Total Spray Painting	1,314.00	50.00
Other	416.00	20.00
Overall Total	5,318.61	1,192.62
Lump Sum Repair Option		

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Lump Sum Total	5,300.00	1,200.00
Surveyor Approved Amount		1,200.00
No of Repair Days*	5	2
Remarks		L/S repair, take after spray
Surveyor Name		STEVE CHEN
Signature		

Save Clear

Survey Date

09/02/2022

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 modifications is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Steve (LKK)
9/2/22, 12.00pm
With Prejudice
2 days
L/S

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	08/02/2022 11:03 (SGT)
Date of Accident	06/02/2022 23:25 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE TOWARDS SLE /NEAR LP628
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF339Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Strides Taxi Pte Ltd
Company Reg No	1XXXXX369K
Email Address	AUTO-SVCS-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	ANG BENG KEE
NRIC No	SXXXX500B

Birth	13/05/1957
Location	Outdoor
Age of Driving Pass	09/05/1983
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-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	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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220207/2011

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

Registration Number	SLP4419Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	SJE4941M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 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.



Policyholder's Signature / Date & Time

Sketch Plan

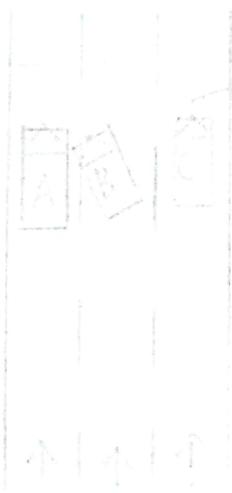
[Handwritten Signature]

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

TPE

[Handwritten Signature] 7.2.2022

Witnessed by Reporting Centre Personnel



A - SHF 339 Y
 C - SJE 4941 M
 B - SLP 4419 Z



**SINGAPORE
POLICE FORCE**



T/20220207/2011

1 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800 6049999

Report No: T/20220207/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 09:20	Video Report No.: F/20220206/0244	Station Diary No.: 24
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Informant's Particulars

Name of Informant: ANG BENG KEE		Address: APT BLK 185 EDGEFIELD PLAINS #02-288 SINGAPORE 820185	
ID Type / ID No.: NRIC NO / S1243500B		Contact No.: Home/Office: Mobile: 88863739	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 13/05.1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B.3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2022 23:25	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY			
Lamp Post Number: 628			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF339Y	Car	TOYOTA	Prius Hybrid	Maroon	Slightly Damaged	1
SJE4941M	Car	HONDA	Stream	Brown	Seriously Damaged	1
SLP4419Z	Car	TOYOTA	Wish	Silver	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20220207/2011

2 of 3

Report No. T/20220207/2011

CONTINUATION OF REPORT

Brief Details.

On the above-mentioned date, time and place, I was travelling along Tampines Expressway towards Seletar Expressway. As I was travelling along the extreme left lane of Tampines Expressway, a silver car bearing plate no. SLP4419Z from the middle lane swerved into my lane and hit the right side of my car. I responded by continuing to drive forward to avoid further collision with the other car. After stopping the car, I checked my car and realised that the car's right side mirror was damaged. Afterwards, I noticed there was black car bearing plate no. SJE4941M that was involved in the accident. Traffic Police came and attended to the scene. I was advised by Traffic Police to lodge a police report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20220207/2011

1 of 3

Report No: T/20220207/2011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
F /
SGT 2 MUHAMMAD YUSRI BIN
JOHARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/02/2022 09 20

Officer In Charge Of Case
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No. : 65476214

Classification Of Case:

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