

ASS. REC. BY: Tajm

REF:

INC

ASSIGNMENT

NS/INC22002059/Ttc

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. **MT/1163893-002**

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

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMB1322J Yr Regn: 2021 Sep
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MG MG5 EV C.C. 120kW

Colour: Green A/C: Insured / Std / NI / NA

Sp. Reading: 45942 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LSJE24037MG051329

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 16

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 4/3/22

Survey held at SMRT WL

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 _____

COR \$4258.14 , 6 days

red: 8254.61;65%

12512.72

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Rep. Format : _____

Lump Sum / L.B. / ()

Days Of Repair: **6**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL



Case Details

Case Reference Number :
TAX/03/22/2011

Type of Repair : Accident Repair

Vehicle Registration Number :
SHB1322J

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17639-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 03/03/2022 03:15 AM

Vehicle Age(In Months) : -

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			LATCH ASM-RR S/D -L	1	139.98	139.98	10.00	125.98	Replace	0	0	Not Give	Run
One Time Key In	Main			LATCH ASM-FRT S/D -L	1	156.84	156.84	10.00	141.16	Replace	0	0	Not Give	Run
One Time Key In	Main			MOTOR ASM-RR S/D WDO REG -L	1	169.00	169.00	10.00	152.10	Replace	0	0	Check	?
One Time Key In	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	Run
One Time Key In	Main			HINGE ASM-RR S/D UPR-L	1	46.90	46.90	10.00	42.21	Replace	0	0	Check	?
One Time Key In	Main			HINGE ASM-RR S/D LWR-L	1	47.22	47.22	10.00	42.50	Replace	0	0	Check	?
One Time Key In	Main			MOTOR ASM-FRT S/D WDO REG-L	1	169.00	169.00	10.00	152.10	Replace	0	0	Not Give	Run
One Time Key In	Main			REGULATOR ASM-FRT S/D WDO-L	1	324.06	324.06	10.00	291.65	Replace	0	0	Not Give	Run
One Time Key In	Main			PANEL-BODY SI OTR-L	1	1,747.82	1,747.82	10.00	1,573.04	Replace	1	0	Repair	Ry
Total Spare Part Cost									8,346.48	Surveyor Total			2,048.14	
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)			0	
Final Spare Part Cost									8,346.48	Final Sur Total			2,048.14	

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			DOOR ASM-RR SI -L	1	2,185.04	2,185.04	10.00	1,966.54	Replace	1	1,966.54	Replace	bt ✓
One Time Key In	Main			DOOR ASM-FRT SI -L	1	2,338.76	2,338.76	10.00	2,104.88	Replace	1	0	Repair	Rx
One Time Key In	Main			REGULATOR ASM-RR S/D WDO-L	1	265.30	265.30	10.00	238.77	Replace	0	0	Not Give	xun
One Time Key In	Main			STICKER ELECTRIC (LOGO)	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	nee ✓
One Time Key In	Main			WHEEL	1	618.07	618.07	10.00	556.26	Replace	1	0	Repair	Rx
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	xun
One Time Key In	Main			FASCIA-RR BPR	1	758.47	758.47	10.00	682.62	Replace	1	0	Repair	Rx
One Time Key In	Main			BRACKET-RR BPR FASCIA SI MTG	1	46.07	46.07	10.00	41.46	Replace	0	0	Not Give	xun
One Time Key In	Main			BRACKET ASM-RR BPR FASCIA SI-L	1	29.85	29.85	10.00	26.87	Replace	0	0	Not Give	xun
Total Spare Part Cost									8,346.48			Surveyor Total	2,048.14	
Lump Sum Discount (%)									0.00			Lump Sum Dis (%)	0	
Final Spare Part Cost									8,346.48			Final Sur Total	2,048.14	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION	3,600.00	800	
Total:			3,600.00	800.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT DOOR LH	428.00	220	
2	Main	TO RESPRAY REAR DOOR LH	428.00	220	
Total:			1,942.00	940.00	

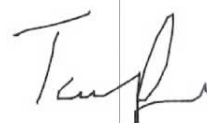
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO RESPRAY REAR FENDER LH	428.00	220	
4	Main	TO RESPRAY REAR BUMPER	428.00	220	
5	Main	TO RESPRAY RIM	230.00	60	
Total:			1,942.00	940.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	80	
2	Main	TO TRANSFER DOOR MECHANISM	240.00	60	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
4	Main	TO REMOVE & REFIT REAR QUARTER GLASS LH	120.00	0	
5	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150	
6	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
7	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
8	Main	TO REPLACE SUNDRY PARTS	100.00	0	
9	Main	TO WASH AND VACUUM	60.00	0	
Total:			1,320.00	470.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	8,346.48	2,048.14
Total Labour Cost	3,600.00	800.00
Total Spray Painting	1,942.00	940.00
Other	1,320.00	470.00
Overall Total	15,208.48	4,258.14
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	4,258.14

Estimator Assesment(\$)	Surveyor Assesment(\$)
Surveyor Approved Amount	4,258.14
No of Repair Days*	6
Remarks	PART BY PART REPAIR / BEFORE PAINT PHOTO / NEW PART AND OLD DAMAGE PART PHOTO .
Surveyor Name	Taufikh
Signature	
	<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	04/03/2022

KK 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:

Taufikh 974175749

06 days

WP' 4/3/22 @ 1230pm

P/P Resurvey before part

Taufikh @ WhatsApp

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	04/03/2022 10:16 (SGT)
Date of Accident	03/03/2022 11:15 (SGT)
Exact Location of Accident	142 Owen Rd, Singapore 218941
Additional Location Information	OWEN ROAD FOOD CENTRE OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1322J
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	MG
Model	MG5
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	1

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	BOO MUI CHIN
NRIC No	SXXXX993E

Date Of Birth	29/04/1964
Occupation	Outdoor
Date Of Driving Pass	28/12/1981
Driving experience	40 YEARS AND 3 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	2
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)	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 STRAIGHT ALONG OWEN FOOD CENTRE CAR PARK AND SUDDENLY I FELT AN IMPACT ON THE LEFT PORTION OF MY TAXI. A VEHICLE SCL9494A WAS REVERSING FROM THE PARKING LOT WITHOUT A PROPER LOOKOUT AND COLLIDED ON THE LEFT PORTION OF MY TAXI.

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 1

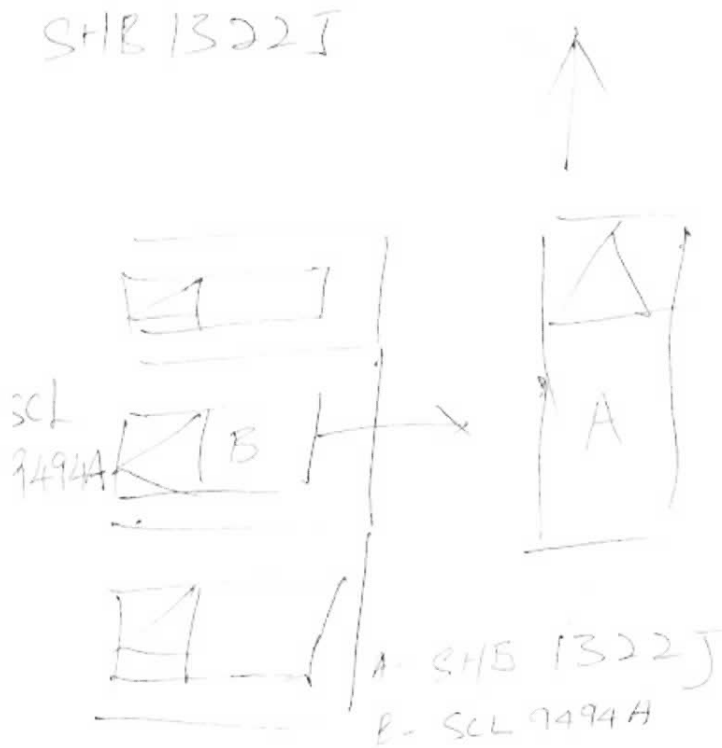
Vehicle Registration Number	SCL9494A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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




Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature Date & Time

 03-03-2022
Driver's Signature (if driver is not the policyholder) Date & Time

 33.2022
Witnessed by Reporting Centre Personnel

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, 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 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, law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan

Pauline 03-03-2022
Driver's Signature (If driver is not the policyholder) / Date & Time

lu 3-3-2022
Witnessed by Reporting Centre Personnel