

ASS. REC. BY:

REF: INC / 22004215 / Ktc

Kenneth

NS/INC22004215/Ktc

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s SMRT

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. MT/1175208-001

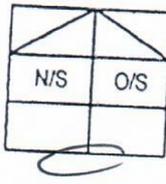
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 4723K Yr Regn: 04, 15

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

Truck / Trailer or

Make: Toy Prius (A) c.c. 1798

Colour: M. Brown A/C: Insured / Std / NI / NA

Sp. Reading: 549518 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKN36U005759207

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / SIR/Im / STD A/Rim or

Tyre Size: F110N89 195 / 65 R15

R: Pirelli

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 2/5/22

Survey held at

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

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

Rear R/Bal. 3 mm Yoko L/Bal. 3 mm Pirelli D.O.I. 4/5/2022

Date / Time Action / Instruction

2/6 11:50 AM @ 11501 Canton  
(Red: 7078.60, 85%)

7168.60

Date/Time, File Pass to?

: Prel. Report

: Final Report

1) Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Add Fee:  : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Table with columns for Survey Fee, Transportation, Photos, Others, and TOTAL.



## Case Details

**Case Reference Number :**  
TAX/05/22/2005

**Type of Repair :** Accident Repair

**Vehicle Registration Number :**  
SHC4723K

**Company Type :** Strides Taxi Pte Ltd

**Estimation ID :** EST-18169-ID

**Assigned By :** Taxi Claims Manager  
Team

**Insurance Company Name :** NTUC Income Insurance Co-operative Ltd

**Accident Date and Time :** 02/05/2022 12:12 PM

**Vehicle Age(In Months) :** 86

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			Remarks	
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace		
Standard	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.9	Replace	✓	Bo ✓
Standard	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace	✓	Bo ✓
Standard	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	✓	Bo ✓
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	✓	Dis ✓
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	✓	Bo X
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give	✓	
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	✓	Bo X
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	1	71.10	Replace	✓	Dis ✓
Standard	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	✓	
Standard	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Check	✓	Bo X
Standard	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	✓	
Standard	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Check	✓	Bo X
Standard	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	✓	
Standard	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	1	171.6	Replace	✓	Dis ✓
<b>Total Spare Part Cost</b>									<b>4,142.94</b>	<b>Surveyor Total</b>			<b>602.48</b>		
<b>Lump Sum Discount (%)</b>									<b>20.00</b>	<b>Lump Sum Dis (%)</b>			<b>20</b>		
<b>Final Spare Part Cost</b>									<b>3,297.07</b>	<b>Final Sur Total</b>			<b>481.98</b>		

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	SMRT Recommendation					Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	
Standard	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.93	Replace	0	0	Not Give	
Standard	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	R X
Standard	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.93	Replace	1	0	Old Dar	
Standard	Main			TAILGATE OUTSIDE GARNISH	1	504.90	504.90	25.00	378.67	Replace	0	0	Not Give	
Standard	Main			TAILGATE DOOR WEATHER STRIP	1	353.40	353.40	25.00	265.05	Replace	0	0	Not Give	
Standard	Main			TAILGATE DOOR HINGE LH/RH	2	58.30	116.60	25.00	87.45	Replace	0	0	Not Give	
Standard	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.93	Replace	0	0	Not Give	
Standard	Main			NAME PLATE (PRUIS)	1	60.80	60.80	25.00	45.60	Replace	0	0	Not Give	
Standard	Main			NAME PLATE (TOYOTA)	1	51.90	51.90	25.00	38.93	Replace	0	0	Not Give	
Standard	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	
Standard	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	
<b>Total Spare Part Cost</b>									<b>4,142.94</b>	<b>Surveyor Total</b>		<b>602.48</b>		
<b>Lump Sum Discount (%)</b>									<b>20.00</b>	<b>Lump Sum Dis (%)</b>		<b>20</b>		
<b>Final Spare Part Cost</b>									<b>3,297.07</b>	<b>Final Sur Total</b>		<b>481.98</b>		

**Labour's Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,014.00	200	
<b>Total:</b>			<b>1,014.00</b>	<b>200.00</b>	

**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 REAR PANEL	180.00	0	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0	100
4	Main	TO RESPRAY TAIL GATE	378.00	0	
<b>Total:</b>			<b>1,296.00</b>	<b>200.00</b>	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0	
<b>Total:</b>			<b>1,296.00</b>	<b>200.00</b>	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00	0	
2	Main	TO WASH AND VACUUM	60.00	0	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	50	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
<b>Total:</b>			<b>436.00</b>	<b>50.00</b>	

**Summary**

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,297.07	481.98
Total Labour Cost	1,014.00	200.00
Total Spray Painting	1,296.00	200.00
Other	436.00	50.00
Overall Total	6,043.07	931.98
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	6,050.00	950.00
Surveyor Approved Amount		950.00
No of Repair Days*	6	2
Remarks	-	LUMP SUM REPAIR / AFTER PAINT PHOTO / FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR Kenneth Kong (LKK) HP : 9691 0663 / Email :
Surveyor Name		Kenneth Kong (LKK)

**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	04/05/2022 14:41 (SGT)
Date of Accident	02/05/2022 20:12 (SGT)
Exact Location of Accident	Near Seletar Club Rd, Rower's Bay Park, Singapore
Additional Location Information	SELETAR WEST LINK SLIP ROAD TOWARDS YISHUN AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4723K
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#### 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	1798

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-22099115MFSH
Cover Note Number	-

#### DRIVER

Name of Driver	WOON YONG CHIANG
NRIC No	SXXXX562B

Date Of Birth	14/04/1980
Occupation	Outdoor
Date Of Driving Pass	17/03/2011
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-TARC@smrt.com.sg
Address	1
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	Collision - Head to Rear
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 ALONG THE SLIP ROAD OF SELETAR WEST LINK AND STOPPED AT THE PEDESTRIAN CROSSING AS I NOTICED A CYCLIST APPROACHING FROM THE LEFT. A MOMENT LATER, THE VEHICLE SJK760M FROM BEHIND HIT ONTO THE REAR 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	SJK760M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAMIS BIN SENIN

NRIC No	SXXXX126E
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.



*[Handwritten Signature]*  
4 May 2022 11:30 am

*[Handwritten Signature]* 4/5/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

