ASS. REC. BY: Kenneth

REF: AIG /

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. _____

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 Rport: _____ 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: SJB 5105 T Yr Regn: 12, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A

Make: Toy Prius c.c 1798

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

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

Eng/No: _____

C/No: JTDKB3FU4035768929

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: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	8 mm
L/Bal.	7 mm	L/Bal.	8 mm
D.O.A.	7/5/22	D.O.I.	10/5/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: (S _____)

Add Fee: Site Insp

Date/Time, File Return to?

SMRT AUTOMOTIVE

Case Details

Case Reference Number : TAX/05/22/2020
Type of Repair : Accident Repair
Vehicle Registration Number : SHB5105T

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-18227-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd
Accident Date and Time : 07/05/2022 03:45 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
Standard	Main			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	1	0	Repair	
Standard	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Not Give	
Standard	Main			PAD, RR BUMPER, RH & LH , 1	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	
Standard	Main			PAD, RR BUMPER, RH & LH , 2	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	
Standard	Main			PAD, RR BUMPER, RH & LH , 3	2	3.80	7.60	25.00	5.70	Replace	0	0	Not Give	
Standard	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	0	0	Not Give	
Standard	Main			STOPPER, RR BUMPER, RH & LH	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	
Standard	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give	
Standard	Main			SEAL, RR BUMPER , LH	1	85.20	85.20	25.00	63.90	Replace	0	0	Not Give	
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	0	0	Not Give	
Standard	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	0	0	Not Give	
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	
Standard	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0	Not Give	

Total Spare Part Cost	3,309.33	**Surveyor Total**	0.00
Lump Sum Discount (%)	20.00	**Lump Sum Dis (%)**	20
Final Spare Part Cost	2,647.46	**Final Sur Total**	0.00

					SMRT Recommendation							Surveyor Approval			
OM 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
Standard	Main			LENS & BODY ASSY , RR BUMPER , LH	1	486.80	486.80	10.00	438.12	Replace	0	0	Not Give	
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , LH	1	438.10	438.10	10.00	394.29	Replace	0	0	Not Give	
Standard	Main			COVER, REAR FLOOR UNDER , LH	1	234.30	234.30	25.00	175.73	Replace	0	0	Not Give	
Standard	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0	Not Give	
Standard	Main			PANEL SUB-ASSY, FENDER REAR LH	1	824.80	824.80	25.00	618.60	Replace	0	0	Not Give	
Standard	Main			LINER, REAR FENDER , LH	1	135.80	135.80	25.00	101.85	Replace	0	0	Not Give	

Total Spare Part Cost	3,309.33	Surveyor Total	0.00
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20
Final Spare Part Cost	2,647.46	Final Sur Total	0.00

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO REPAIR REAR PORTION LH	676.00	200	
Total:			676.00	200.00	

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 FENDER LH	378.00	0	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0	
Total:			936.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			380.00	0.00	

	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
4 Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0	
Total:		**380.00**	**0.00**	

Summary

	Estimator Assesment($)	Surveyor Assesment($)
Total Spare Part Detail	2,647.46	0.00
Total Labour Cost	676.00	200.00
Total Spray Painting	936.00	200.00
Other	380.00	0.00
Overall Total	4,639.46	400.00
Lump Sum Repair Option		☑
Lump Sum Total	4,650.00	400.00
Surveyor Approved Amount		400.00
No of Repair Days*	5	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)
Signature		

Save Clear

Survey Date 10/05/2022

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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SS272259000D / Strides Automotive Services Pte Ltd
ENTRY DATE & TIME: 09/05/2022 15:56 (SGT)
SUBMITTED BY: LIM WEI SIONG (SMRT 01)
VERSION: 1 (09/05/2022 15:56 (SGT))

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 witholding 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	09/05/2022 15:56 (SGT)
Date of Accident	07/05/2022 11:45 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	SLIP ROAD FROM ANG MO KIO AVE 3 TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5105T

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	LIM SENG CHONG
NRIC No	SXXXX011F

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. 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.

STRIDES TAXI

Policyholder's Signature / Date & Time

09052022

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

Mon 9.5.2022.

Witnessed by Reporting Centre Personnel

SKETCH PLAN

Sketch Plan