

ASS. REC. BY: Taufikh

REF:

NS/ Wc 22004862/Tvc

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: SMM 1336C

Policy No. _____

Claims No. MT/1171584-003

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SUB5799R Yr Regn: 2020, Dec

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 149282 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDK33F460309742

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: 195/65R15

R: ~ ~

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

TOYO / YOKO or Ave330

Front

Rear

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

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

D.O.A. 9/5/2022 D.O.I. 11/5/22

Survey held at SMRT W

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

Frt + N/S

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

Date / Time	Action / Instruction
2/8/22	Taufikh informed final fig \$2219.95 (Red 11,021.25, 83%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 3/8/22-typist

Add Fee: ☐ : Site Insp (\$

Survey Fee:

Transportation:

 S + RS SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / E.R. (\$) \$2219.95

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

☐ : Weekend (\$



Case Details

Case Reference Number :
TAX/05/22/2024

Type of Repair : Accident Repair

Vehicle Registration Number :
SHB5799R

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-18238-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 09/05/2022 08:05 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						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			COVER, FR BUMPER	1	521.00	521.00	25.00	390.75	Replace	1	390.75	Replace	✓	de ✓
Standard	Main			SUPPORT, FR BUMPER RH	1	80.10	80.10	25.00	60.07	Replace	0	0	Not Give	✓	Xun
Standard	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	1	61.72	Replace	✓	de ✓
Standard	Main			GRILLE, RADIATOR	1	178.60	178.60	25.00	133.95	Replace	0	0	Not Give	✓	Xun
Standard	Main			GRILLE SUB-ASSY	1	422.50	422.50	25.00	316.88	Replace	0	0	Not Give	✓	Xun
Standard	Main			GRILLE, SUB - ASSY, 2	1	160.50	160.50	25.00	120.38	Replace	0	0	Not Give	✓	Xun
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	✓	de ✓
Standard	Main			MOULDING, FRONT BUMPER SIDE, LH	1	95.60	95.60	25.00	71.70	Replace	1	71.70	Replace	✓	cut ✓
Standard	Main			ABSORBER, FR BUMPER LOWER	1	132.70	132.70	25.00	99.52	Replace	0	0	Not Give	✓	Xun
Standard	Main			ABSORBER, FR BUMPER	1	80.20	80.20	25.00	60.15	Replace	0	0	Not Give	✓	Xun
Standard	Main			RETAINER, FR BUMPER, LH & RH	2	8.80	17.60	25.00	13.20	Replace	0	0	Not Give	✓	Xun
Standard	Main			PAD, FRONT BUMPER (NO.1)	1	40.70	40.70	25.00	30.53	Replace	0	0	Not Give	✓	Xun
Standard	Main			PAD, FRONT BUMPER (NO.2)	1	36.00	36.00	25.00	27.00	Replace	0	0	Not Give	✓	Xun
Standard	Main			REINFORCEMENT FRONT LOWER	1	246.10	246.10	25.00	184.58	Replace	0	0	Not Give	✓	Xun

Total Spare Part Cost 9,307.24

Lump Sum Discount (%) 0.00

Final Spare Part Cost 9,307.24

Surveyor Total 1,489.95

Lump Sum Dis (%) 0

Final Sur Total 1,489.95

SMRT Recommendation											Surveyor Approval			Remarks
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	
Standard	Main			REINFORCEMENT FRONT UPPER	1	716.60	716.60	25.00	537.45	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			UNIT , HEADLAMP , LH	1	2,637.60	2,637.60	10.00	2,373.84	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1	3,772.50	3,772.50	10.00	3,395.25	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			LAMP ASSY, FOG, LH	1	237.10	237.10	10.00	213.39	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			COVER, ENGINE UNDER CENTER	1	98.00	98.00	25.00	73.50	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			COVER, ENGINE UNDER SIDE LH	1	80.10	80.10	25.00	60.07	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			FENDER SUB-ASSY, FR , LH	1	977.80	977.80	25.00	733.35	Replace	1	733.35	Replace	✓ <i>ht</i>
Standard	Main			EMBLEM, SIDE PANEL (HYBRID)	1	54.60	54.60	25.00	40.95	Replace	1	40.95	Replace	✓ <i>ae</i>
Standard	Main			LINER, FR FENDER, LH	1	210.30	210.30	25.00	157.73	Replace	1	157.73	Replace	✓ <i>de</i>
Standard	Main			RETAINER, FR WHEEL RH	1	3.20	3.20	25.00	2.40	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			PROTECTOR, FR FENDER LH	1	93.90	93.90	25.00	70.43	Replace	0	0	Not Give	✓ <i>Xun</i>
Standard	Main			PAD, FR WHEEL LH	1	59.60	59.60	25.00	44.70	Replace	0	0	Not Give	✓ <i>Xun</i>
Total Spare Part Cost									9,307.24		Surveyor Total		1,489.95	
Lump Sum Discount (%)									0.00		Lump Sum Dis (%)		0	
Final Spare Part Cost									9,307.24		Final Sur Total		1,489.95	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION LH	845.00	300	
Total:			845.00	300.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	
3	Main	TO RESPRAY FRONT FENDER LH	378.00	200	
Total:			936.00	400.00	

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 CHECK WIRING AND SYSTEM FUNCTION	120.00	0	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			380.00	30.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	9,307.24	1,489.95
Total Labour Cost	845.00	300.00
Total Spray Painting	936.00	400.00
Other	380.00	30.00
Overall Total	11,468.24	2,219.95
Lump Sum Repair Option		☐
Lump Sum Total	0.00	2,219.95
Surveyor Approved Amount		2,219.95
No of Repair Days*	5	3
Remarks	-	PART BY PART REPAIR / BEFORE PAINT PHOTO /
Surveyor Name		Taufikh
Signature		

Survey Date

11/05/2022

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: _____

Taufikh 97415749
WP' 4/5/22 @ 425
P/P Resing before part
= 3 days
taufikh@lkkauto.com

(14/10/22)

SS27225A0004 / Strides Automotive Services Pte Ltd
ENTRY DATE & TIME: 10/05/2022 15:46 (SGT)
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
VERSION: 1 (10/05/2022 15:46 (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 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	10/05/2022 15:46 (SGT)
Date of Accident	09/05/2022 16:05 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5799R
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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	1800

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	CHUA LAK KHOON
NRIC No	SXXXX583I



Date Of Birth	02/02/1969
Occupation	Outdoor
Date Of Driving Pass	20/07/1989
Driving experience	32 YEARS AND 10 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	RELIEF
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 ORCHARD ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. I STOPPED AND SIGNALLLED MY INTENTION TO FILTER TO THE LEFT. I PROCEEDED WHEN THE TRAFFIC WAS CLEAR. SUDDENLY A VEHICLE SMM1336C FROM THE EXTREME LEFT CUT TOWARDS MY LANE AND COLLIDED ONTO THE LEFT FRONT 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	SMM1336C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private hire
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' 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.

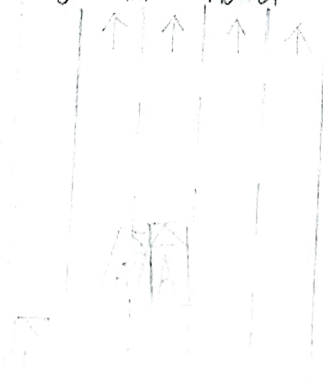


Policyholder's Signature / Date & Time

Sketch Plan

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

Orchard Road



Witnessed by Reporting Centre Personnel

A- SHB 5799R

B- SMM 1336C

Describe Circumstances of the Accident

Describe Circumstances of the Accident

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____ Date: _____
 Title: _____

Signature of the polystyrene: _____ Date: _____

Witnessed by, Reporting Centre
 (Name, Title)