

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SAB 6464

at Workshop m/s STRINGS (SMRT)

of 60, NORMAN'S IND PK EY

Insured: 111

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
0	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SAB 6464 Yr Regn: 2014 / 868

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

Truck / Trailer or _____

Make: TOYOTA (RMS TAXI (SMRT)) C.C. 1798

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

Sp. Reading: 757214 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKW36U905750876

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 FALKEN

Front Rear

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

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

D.O.A. 24/05/22 D.O.I. 26/05/22

Survey held at STRINGS

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
	<u>REPAIR LIMIT - 200</u>

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ \$ + RS. _____ SI

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Photos _____

Others _____

Report Format: _____

Lump Sum / I.B.F. (\$) _____



Case Details

Case Reference Number : TAX/05/22/2070
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB646G

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-18376-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : India International Insurance Pte Ltd
 Accident Date and Time : 24/05/2022 11:15 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	Part Name	Qty	SMRT Recommendation				Repair/ Replace	Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)		Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			DOOR FRT/LH	1	894.40	894.40	25.00	670.80	Replace	1	0	Old Darr	Xan
Standard	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	0	0	Not Give	Xan
Standard	Main			HINGE ASSY, FRONT DOOR , LOWER LH	1	110.60	110.60	25.00	82.95	Replace	0	0	Not Give	Xan
Standard	Main			HINGE UPPER LHF, DOOR	1	80.50	80.50	25.00	60.38	Replace	0	0	Not Give	Xan
Standard	Main			CHECK ASSY, FR DOOR,	1	150.30	150.30	25.00	112.73	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	0	Repair	R
Standard	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Not Give	Xan
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	Xan
Standard	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	Xan
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give	Xan
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check	?
Standard	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	Xan
Standard	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Check	?

Total Spare Part Cost	9,471.92	Surveyor Total	29.40
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20
Final Spare Part Cost	7,577.54	Final Sur Total	23.52

OM Type	Costing Type	Portion	Material Number	Part Name	SMRT Recommendation					Surveyor Approval				Remarks
					Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	1	0	Old Darr	Xan
Standard	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	Xan
Standard	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give	Xan
Standard	Main			DOOR RR/LH	1	954.50	954.50	25.00	715.88	Replace	1	0	Old Darr	Xan
Standard	Main			HINGE ASSY, REAR DOOR, LOWER LH	1	87.10	87.10	25.00	65.32	Replace	0	0	Not Give	Xan
Standard	Main			HINGE ASSY, REAR DOOR, UPPER LH	1	98.90	98.90	25.00	74.18	Replace	0	0	Not Give	Xan
Standard	Main			CHECK ASSY, RR DOOR,	1	150.30	150.30	25.00	112.73	Replace	0	0	Not Give	Xan
Standard	Main			DOOR REGULATOR MOTOR REAR LH	1	768.90	768.90	10.00	692.01	Replace	0	0	Not Give	Xan
Standard	Main			DOOR REGULATOR SUB-ASSY, FRT/REAR LH	1	224.80	224.80	25.00	168.60	Replace	0	0	Not Give	Xan
Standard	Main			DOOR FRONT WINDOW REGULATOR SUB-ASSY, LH	1	238.30	238.30	25.00	178.73	Replace	0	0	Not Give	Xan
Standard	Main			DOOR FRONT MOTOR ASSY, POWER WINDOW REGULATOR, LH	1	926.00	926.00	10.00	833.40	Replace	0	0	Not Give	Xan
Standard	Main			FENDER RR/LH	1	766.80	766.80	25.00	575.10	Replace	1	0	Repair	R
Standard	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	Xan
Standard	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	Xan
Standard	Main			QUARTER GLASS RR/LH	1	168.10	168.10	25.00	126.07	Replace	0	0	Not Give	Xan
Standard	Main			SEALANT W/SCREEN	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xan
Standard	Main			FENDER LINER R/LH	1	141.30	141.30	25.00	105.98	Replace	0	0	Not Give	Xan
Standard	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	1	0	Old Darr	Xan
Standard	Main			SILL MEMBER PLATE RR/LH	1	57.50	57.50	25.00	43.13	Replace	0	0	Not Give	Xan
Standard	Main			TROUGH, BACK DOOR LH	1	110.90	110.90	25.00	83.18	Replace	0	0	Not Give	Xan
Standard	Main			TAIL LAMP BRACKET, LH	1	30.70	30.70	25.00	23.03	Replace	0	0	Not Give	Xan
Standard	Main			WHEEL DISC	1	1,484.20	1,484.20	25.00	1,113.15	Replace	1	0	Repair	R
Standard	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	Xan

Total Spare Part Cost	9,471.92	Surveyor Total	29.40
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20
Final Spare Part Cost	7,577.54	Final Sur Total	23.52

SMRT Recommendation											Surveyor Approval			Remarks
Job 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			WHEEL HUB REAR	1	489.40	489.40	25.00	367.05	Replace	0	0	Not Give	XM
Standard	Main			LID ASSY, FUEL	1	102.00	102.00	25.00	76.50	Replace	0	0	Not Give	XM
Standard	Main			STICKER PETROL ONLY	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	XM
Standard	Main			MOULDING BODY, LH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Give	XM
Total Spare Part Cost									9,471.92	Surveyor Total		29.40		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									7,577.54	Final Sur Total		23.52		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH REAR PORTION	1,014.00	300	
Total:			1,014.00	300.00	

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	200	
3	Main	TO RESRAY REAR DOOR LH	378.00	0	XM
4	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	XM
5	Main	TO RESPRAY FRONT DOOR LH	378.00	0	XM
6	Main	TO RESPRAY RIM	180.00	50	
7	Main	TO RESPRAY FUEL LID COVER	180.00	0	XM
8	Main	TO RESPRAY REAR PANEL	180.00	0	XM
Total:			2,232.00	450.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			1,156.00	30.00	

Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Main	TOWING CHARGE	56.00	0 X11	
2 Main	TO WASH AND VACUUM	60.00	0 X11	
3 Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 X11	
4 Maint.	TO APPLY RUST-PROOFING ON AFFECTED AREA	200.00	0 X11	
5 Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	30	
6 Main	TO TRANSFER DOOR MECHANISM	240.00	0 X11	
7 Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0 X11	
8 Main	TO REMOVE & REFIT REAR QUARTER GLASS LH	120.00	0 X11	
9 Main	TO REPLACE SUNDRY PARTS	120.00	0 X11	
Total:		1,156.00	30.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	7,577.54	23.52
Total Labour Cost	1,014.00	300.00
Total Spray Painting	2,232.00	450.00
Other	1,156.00	30.00
Overall Total	11,979.54	803.52
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	12,000.00	800.00
Surveyor Approved Amount		800.00
No of Repair Days*	7	3
Remarks		REQUEST NBV / LUMP SUM REPAIR / RESURVEY AFTER REPAIR .
Surveyor Name		Rasul

Estimator Assesment(\$)

Surveyor Assesment(\$)

Signature

~~Signature~~

[Handwritten Signature]

Save Clear

Survey Date

26/05/2022

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:

(771)

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	25/05/2022 14:56 (SGT)
Date of Accident	24/05/2022 19:15 (SGT)
Exact Location of Accident	Penang Ln, Singapore
Additional Location Information	PENANG LANE TOWARDS CTE ANG MO KIO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB646G
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	AHMAD ZULFAKAR BIN MOHAMED SARIF
NRIC No	SXXXX196F

Date Of Birth	27/03/1978
Occupation	Outdoor
Date Of Driving Pass	15/05/1997
Driving experience	25 YEARS
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	Male

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 STATIONARY ALONG PENANG LANE WITH ONE PASSENGER (MALE CHINESE) ON BOARD AS IT WAS HEAVY TRAFFIC. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SMR3323A WHICH WAS TRAVELLING ON MY LEFT HAD ENCROACHED IN MY LANE AND COLLIDED ONTO THE LEFT REAR PORTION OF MY TAXI.

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

Vehicle Registration Number	SMR3323A
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 **reputate 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.



Policyholder's Signature / Date & Time

Abdul
25/5/2022
12.45 hrs

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

lur 25.5.2022

Witnessed by Reporting Centre Personnel

Sketch Plan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB646G
Vehicle to be Exported:	No
Intended Deregistration Date:	30 May 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1426951
Chassis No.:	JTDKN36U905750876
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	24 Sep 2014
First Registration Date:	24 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Sep 2022
PARF Rebate Amount:	\$4,852.00
COE Expiry Date:	23 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$2,006.00
Total Rebate Amount:	\$6,858.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 30 May 2022

OK