

(08/11/13) wef

ASS. REC. BY: [Signature]

REF:

369K

**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHB 1167Rat Workshop m/s STRIDES (SMRT)of 60, WINDMILL / nd PK EPInsured: INC

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 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

Date / Time

Action / Instruction

Veh No:

SHB 1167RYr Regn: 2021 / SEPType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make:

MG MG5 EVEXCITE T

C.C. -

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

63155

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LSGE24035M G051345Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

WFSILAKG

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

01/07/22

D.O.I.

04/07/22

Survey held at

STRIDES (SMRT)

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

N/D FR

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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





## Case Details

Case Reference Number :

TAX/07/22/2003

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1167R

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-18703-ID

Assigned By : Taxi Claims Manager  
TeamInsurance Company Name : NTUC Income Insurance Co-operative  
Ltd

Accident Date and Time : 01/07/2022 12:22 PM

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			GRILLE-FRT BPR FASCIA LOWER	1	149.03	149.03	10.00	134.13	Replace	0	0	Check	?
Standard	Main			FINISHER-FRT BPR LOWER - LH	1	20.38	20.38	10.00	18.34	Replace	0	0	Not Give	Xan
Standard	Main			COVER-FRT FOG LP - LH	1	40.24	40.24	10.00	36.22	Replace	1	36.22	Replace	cm
Standard	Main			FINISHER-FRT FOG LP CVR - LH	1	47.32	47.32	10.00	42.59	Replace	0	0	Not Give	Xan
Standard	Main			BRACKET-FRT BPR FASCIA - LH	1	23.08	23.08	10.00	20.77	Replace	0	0	Check	?
Standard	Main			FINISHER-FRT BPR - LH	1	98.80	98.80	10.00	88.92	Replace	0	0	Not Give	Xan
Standard	Main			PANEL ASM-LEG CTHR	1	131.04	131.04	10.00	117.94	Replace	0	0	Not Give	Xan
Standard	Main			BAR ASM-FRT BPR IMP	1	624.00	624.00	10.00	561.60	Replace	0	0	Not Give	Xan
Standard	Main			GRILLE ASM-RAD	1	978.02	978.02	10.00	880.22	Replace	0	0	Not Give	Xan
Standard	Main			HEADLAMP ASM -LH	1	1,098.86	1,098.86	10.00	988.97	Replace	1	988.97	Replace	cm
Standard	Main			FENDER ASM-FRT - LH	1	379.80	379.80	10.00	341.82	Replace	1	0	Repair	P

Total Spare Part Cost 3,993.71

Surveyor Total 1,787.38

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 3,993.71

Final Total 1,787.38

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			LINER ASM-FRT W/H - LH	1	125.22	125.22	10.00	112.70	Replace	1	112.70	Replace	✓
One Time Key In	Main			FASCIA-FRT BPR	1	721.66	721.66	10.00	649.49	Replace	1	649.49	Replace	✓
Total Spare Part Cost									3,993.71	Surveyor Total		1,787.38		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									3,993.71	Final Sur Total		1,787.38		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	1,200.00	300.00	
Total:			1,200.00	300.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	428.00	220	
2	Main	TO RESPRAY FRONT FENDER LH	428.00	220	
Total:			856.00	440.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0.00	Xm
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0.00	Xm
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00	Xm
4	Main	TO REPLACE SUNDRY PARTS	100.00	0.00	Xm
5	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150.00	
6	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
Total:			880.00	300.00	

# Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,993.71	1,787.38
Total Labour Cost	1,200.00	300.00
Total Spray Painting	856.00	440.00
Other	880.00	300.00
Overall Total	6,929.71	2,827.38
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	2,827.38
Surveyor Approved Amount		2,827.38
No of Repair Days*	5	3
Remarks	-	resurvey before & after paint photos, part by part.
Surveyor Name		Rasul
Signature		
Survey Date	<div>04/07/2022</div> <div><div>Save</div><div>Clear</div></div>	





# 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	04/07/2022 08:44 (SGT)
Reported by	Driver
Date of Accident	01/07/2022 20:22 (SGT)
Exact Location of Accident	408 Bedok North Ave 2, Block 408, Singapore 460408
Additional Location Information	BLK 408 BEDOK NORTH AVE 2 OSCP
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1167R
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	-

## 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
Policy Number / Cover Note Number	D-22099115MFSH

## DRIVER

Name of Driver	SYAIROOL HEESYAM BIN SURIP
NRIC No	SXXXX262I
Date Of Birth	12/04/1975
Occupation	Outdoor



29/06/2007  
15 YEARS AND 1 MONTH  
Male  
(Phone) +65-68662672  
-  
AUTO-SVCS-TARC@SMRT.COM.SG  
11  
-  
-  
No  
Hirer  
No  
-  
-

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

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

Vehicle Registration Number	
Vehicle Manufacturer	SKV4901C
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	KOH YEOW HWEE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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Action

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1 - Family bus

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled sheet of paper.

We declare the foregoing particulars are true in every respect.



118064 2/7/2022

lin 2.7.2022

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 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.
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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

Sketch Plan

*[Signature]* 2/7/2022 11:38am

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

*[Signature]* 2.7.2022

Witnessed by Reporting Centre Personnel