ASS. REC. BY: Taufikh | REF: INC NS/INC22007194/Tqc

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: _____

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: 2 days Res.: Yes or No

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

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: Eddie

Veh No: SHD6296H Yr Regn: 2015, Oct

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 55699 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN3640057065931

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 Sailun

Front		Rear	
R/Bal.	0 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	25/7/22 @5pm

Survey held at SMRT WL.

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
	Taufikh finalised LS $500, 2 days (Red $932, 65%)

Date/Time, File Pass to?

1) 12/10 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / N.C.B. (% 500)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos _____

Others _____

TOTAL _____

LIM TAN MOTOR

Date: 01 JUN 2019

Your Ref: CC4/III19007217/Kja3
Our ref: LTP042019/031 (PC 1432 A)

(WITHOUT PREJUDICE)

Attention To : MS JOY IRENE (From LKK Auto Consultants Pte Ltd)
Insurance Company : INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Mdm,

IN THE MATTER OF ACCIDENT INVOLVING PC1432A & SHC8412G ON 15.04.2019

We refer to the above matter.

We are instructed and authorised by our client to quantify, to act and negotiate settlement In related to the above road traffic accident that was caused by your insured.

All supporting documents are enclosed herewith:-

[x] Authorization To Act	[x] Original Tax Invoice no. INV40555
[ ] Original Rental Receipt and Agreement	[ ] LTA search receipt
[ ] Letter Of Discharge	[ ] _____

Survey was done by Insurance instruction and was surveyed by Mr Kenneth Kong on 6-May-19

As a result of the accident, our client's vehicle was damaged and has been put to loss and Expenses, particulars of which are as follows:-

1] Cost of repair (inclusive of 7% GST)	$	4,601.00
2] Loss of Use ($140.00 x 5 Days)	$	700.00
Total	$	5,301.00

Please acknowledge receipt of this letter within 14 days. If you agreeable to the above, please forward your payment. Payment to be issued directly to LIM TAN MOTOR PTE LTD within 4 weeks. Should there be any injury related to this matter, any settlement agreed is WITHOUT PREJUDICE to the related injury claim.

Your faithfully

Mandy Lim
Email: mandy@ltm.sg

SMRT AUTOMOTIVE

Case Details

Case Reference Number : TAX/07/22/2072
Type of Repair : Accident Repair
Vehicle Registration Number : SHD6296H

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-18886-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Accident Date and Time : 23/07/2022 03:15 AM
Vehicle Age(In Months) : 81

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			BUMPER FRT	1	482.00	482.00	100.00	0.00	Repair	1	0.00	Repair	KY
Standard	Main			FENDER FRT/LH	1	723.40	723.40	100.00	0.00	Repair	1	0.00	Repair	KY

Total Spare Part Cost	0.00	Surveyor Total	0.00
Lump Sum Discount (%)	0.00	Lump Sum Dis (%)	0
Final Spare Part Cost	0.00	Final Sur Total	0.00

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO REPAIR LH FRONT PORTION	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 FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT FENDER LH	378.00	200	
Total:			756.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
Total:			0.00	0.00	

Summary

	Estimator Assesment($)	Surveyor Assesment($)
Total Spare Part Detail	0.00	0.00
Total Labour Cost	676.00	200.00

	Estimator Assesment($)	Surveyor Assesment($)
Total Spray Painting	756.00	400.00
Other	0.00	0.00
Overall Total	1,432.00	600.00
Lump Sum Repair Option		☐
Lump Sum Total	0.00	600.00
Surveyor Approved Amount		600.00
No of Repair Days*	3	2
Remarks	-	After repair photo.
Surveyor Name		Taufikh
Signature		

Save Clear

Survey Date 25/07/2022

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 97495745
WP 25/7/22
2 days
Resurvey after repair
taufikh@lkkauto.com

SS2Y227P0001 / Strides Automotive Services Pte Ltd
ENTRY DATE & TIME: 25/07/2022 14:57 (SGT)
SUBMITTED BY: LIM WEI SIONG (SMRT 01)
VERSION: 1 (25/07/2022 14:57 (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	25/07/2022 14:57 (SGT)
Reported by	Driver
Date of Accident	24/07/2022 11:15 (SGT)
Exact Location of Accident	Near 50 Jurong Gateway Rd, #B1 - 12, Singapore 608549
Additional Location Information	JURONG GATEWAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6296H

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	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
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	WONG EE LEONG LIONEL
NRIC No	SXXXX543G
Date Of Birth	03/04/1965
Occupation	Outdoor

Date Of Driving Pass	08/02/1996
Driving experience	26 YEARS AND 5 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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	FANG WEI
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 JURONG GATEWAY ROAD AT THE RIGHT MOST LANE WHEN THE VEHICLE SKB398L CAME OUT FROM JEM AND CUT ACROSS LANES INTO MY TRAVEL PATH, IMMEDIATELY I SWERVED TO THE RIGHT TRIED TO AVOID BUT THE RIGHT REAR OF THE VEHICLE SKB398L STILL HIT 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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB398L
Vehicle Manufacturer	Mercedes

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 this "**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 SERVICE PTE LTD

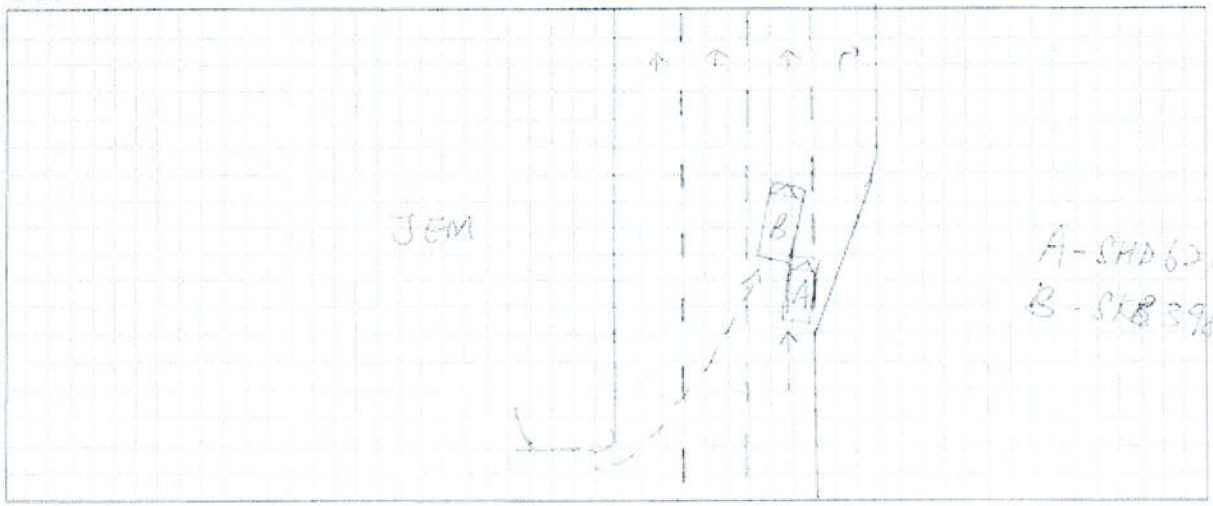
Policyholder's Signature / Date & Time

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

25/8/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

SKETCH PLAN #2

Describe Circumstance of the Accident

Declaration

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

Policyholder's Signature / Date & Time

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

25/3/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2


TOYOTA MOTOR CORPORATION
JTDKN36U005765931
1805 kg
1-1020kg
2- 980kg
MODEL ZVW30R-AHXEBW
C/TR
3R9 /FA20
A/TM
-01A/P410
PLANT C25
532 7
CAUTION
ATTENTION
ACHTUNG
9