REC. BY: Touth AS	10
AS	SIGNMENT
Date:	Veh No: SHD6296H - Yr Regn: 2015, Oct.
mated Cost;	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxt / Prime Mover /
1 P WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
Inspect Vehicle No:	Make: Toxota Prins c.c 1798.
	Colour Merory A/C: Insured / Std / Ni / NA
Vorkshop m/s	Sp.Reading 556399 T/Radio: Insured / Std / NI / NA
· · · · · · · · · · · · · · · · · · ·	Eng/No:
ured:	C/No: STDKN 364005.765931
licy No.	Gen. Cond: Good / Fair / Poor / Burnt
aims No	Steering: Inorder / Jammed / Leaked / Burnt or
ım Insured: Excess: (Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
ake of Veh:	Modi: Nil /SIRim / STD A/Rim or
	Tyre Size: F: 195/65/65
(Policy Condition)	R:
	O/S BS / DUN / EXNOVA / GY /-FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YOKO or Sailun
Sal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. Mm / R/Bal. Mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 9 mm BOL 2 / 2/2/01
Est. Repairs: days Res.: Yes or No	CWM T WIL
Lum Sum: % 3 Val.: Yes or No	Survey field at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Venicle: In	- the effected dile in collisi
Date.	
Date / Time Action / Instruction	
	1
	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:
1) : Final Report	Transportation:
Date/Time, File Return to?	Add Fee: : Site Insp (\$)s+Rssi
<i>I</i> -	Tura I to the state of the stat

: Tech. Invs (\$

:Weellend (\$

ReputFormal: Lump Sum / LB.J.: (% Others

TOTAL



	atter.	pove m	We refer to the a
NG PC1432A & SHC8412G ON 15.04.2019	CIDENT INVOLVI	OF AC	RETTAM EHT VI
			Dear Sir/Mdm,
ATIONAL INSURANCE PTE LTD	INDIA INTERN	: Kup	Insurance Comp
(From LKK Auto Consultants Pte Ltd))Y IRENE	or sw	: oT notinestA
Our ref: LTP042019/031 (PC 1432 A)	(nnDICE	ЭЯЧ ТИОНТІМ)
Your Ref: CC4/III19007217/Kja3	61.07	, NAT	Date:
All and a second	0150	. 14111	. 0

We are instructed and authorised by our client to quantify, to act and negotiate settlement

61-YSM-0 no Survey was done by Insurance instruction and was surveyed by Mr Kenneth Kong

In related to the above road traffic accident that was caused by your insured.

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

5,301.00 00.007 4,601.00

] _

] LTA search receipt

[x] Original Tax Invoice no. INV40555

2 | Loss of Use (\$140.00 x 5 Days) 1] Cost of repair (inclusive of 7% GST)

Original Rental Receipt and Agreement

All supporting documents are enclosed herewith:-

[] Letter Of Discharge

[X] Authorization To Act

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

Mandy Lim Your faithfully

claim.

Email: mandy@ltm.sg

gs.MTJ@bnumba :lism∃ Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721 Lim Tan Motor Pte Ltd

ge.MTJ.www: afiedaW

Co. Reg No. 199307277D Tel:65-64520893 Fax:65-64589127

This document must not be reproduced, in whole or in part, or disclosed to third party or parties without the prior written consent of Lim GST Reg No. M2-0019086-0

Tan Motor Pte Ltd



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 Reco	mmer	dation						Surv	eyor Approv	al	
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/Rep	lace	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	~	RY
						To	tal Spare F	Part Cost	0.00			Surveyor Total	0.00		

 $\label{eq:Lump Sum Discount (%) 0.00 Lump Sum Dis (%) 0.00 Lump$

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	Surveyor	Remarks	

 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(\$) Adjustment(\$)

Total: 0.00 0.00

Summary

Estimator Assesment(\$)

Total Spare Part Detail

0.00

Surveyor Assesment(\$)

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:

Taylin 97495749

Resur after report

tarfin elhanto un

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/07/2022 14:57 (SGT) Driver 24/07/2022 11:15 (SGT) Near 50 Jurong Gateway Rd, #B1 - 12, Singapore 608549 JURONG GATEWAY ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD6296H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

Yes STRIDES TAXI PTE LTD 1XXXXXX369K Auto-Svcs-TARC@smrt.com.sg (Phone) +65-68662671

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Toyota

Prius

1798

No - Claiming third party Taxi Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number MS First Capital Insurance Ltd D-22099115MFSH

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

WONG EE LEONG LIONEL SXXXX543G 03/04/1965 Outdoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface Side Swipe Clear Dry

No

No

Yes

2

No

2

08/02/1996

Male

No

No

Hirer

26 YEARS AND 5 MONTHS

Auto-Svcs-TARC@smrt.com.sg

(Phone) +65-68662672

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's ID
Translator's phone number

Translator's phone nu

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

FANG WEI Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

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.

No

No

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer SKB398L Mercedes



Vehicle Model		
Vehicle Variant		
Vehicle Colour		10
		5
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
- Information provided must be as <u>fruthful</u> and <u>accurate as possible</u>. 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.

- 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.
- 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)

Lunderstand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("CIA") 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". It he Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(ii) 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 enquines 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, handing 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 of agents (including their flawyers/lawyers/law firms), which may be sited outside of 5-ingapore, for one or more of the above Purposes.

Policytolders Supature / Date & Time

Driver Signature (if triver is not the policyholder) / Date

Witnessed by Reporting Centre Personne (Name as in NR(C/IO card)

ale extrem

Sketch Plan



1

scribe Circumstance of the Accident	
(4)	
plaration = 3 > 4	

Declaration ES

Ne declaration ES

Policyholder's Signature / Date & Time

Oriver's Signature (4 driver sylot the pol-cyhalder) / Uate 8 Time

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

2

