(08/11/13) wef
ASS. REC. BY:

REF: NS/INC22008642/Rvc

369K

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SHB 1158S

at Workshop m/s STRIDES (Comat)

of 60, Woodlands Ind Pk E4

Insured: GBB 9635A INC

Policy No.

Claims No. MT/1187071-002

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHB 1158S Yr Regn: 2021 / SEP

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

Make: MG / MG5 EV EXCITE c.c —

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

Sp.Reading 65170 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LSJE2403OMG051382

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: 205/60R16

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAKE

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	01/09/22	D.O.I.	02/09/22

Survey held at STRIDES

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

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

Date / Time	Action / Instruction
28/11/22	Rasul informed final fig $2448.63 (Red 8949.63, 78%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 28/11/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: __S + RS, __SI

Photos

Others

Report Format : TP

Lump Sum / I.B.I: ($ 2448.63)

SMRT AUTOMOTIVE

Case Details

Case Reference Number : TAX/09/22/2003
Type of Repair : Accident Repair
Vehicle Registration Number : SHB1158S

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-19260-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
Accident Date and Time : 01/09/2022 10:15 AM
Vehicle Age(In Months) : -

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			HOOD ASM	1	2,407.29	2,407.29	10.00	2,166.56	Replace	0	0	Not Give	X
Standard	Main			MODULE-FRT END	1	295.26	295.26	10.00	265.73	Replace	0	0	Not Give	X
Standard	Main			FASCIA-FRT BPR	1	721.66	721.66	10.00	649.49	Replace	1	649.49	Replace	de
Standard	Main			GRILLE-FRT BPR FASCIA LOWER	1	149.03	149.03	10.00	134.13	Replace	0	0	Not Give	X
Standard	Main			FINISHER-FRT BPR - LH	1	98.80	98.80	10.00	88.92	Replace	0	0	Not Give	X
Standard	Main			FINISHER-FRT BPR - RH	1	98.80	98.80	10.00	88.92	Replace	0	0	Not Give	X
Standard	Main			SUPPORT-FRT BPR FASCIA UPR	1	172.33	172.33	10.00	155.10	Replace	0	0	Not Give	X
Standard	Main			PANEL ASM-LEG CTHR	1	131.04	131.04	10.00	117.94	Replace	0	0	Not Give	X
Standard	Main			BAR ASM-FRT BPR IMP	1	624.00	624.00	10.00	561.60	Replace	0	0	Not Give	X
Standard	Main			GRILLE ASM-RAD	1	978.02	978.02	10.00	880.22	Replace	1	880.22	Replace	co
Standard	Main			COVER-F/CMPT ORNA	1	217.67	217.67	10.00	195.90	Replace	0	0	Not Give	X
Standard	Main			BRACKET-F/CMPT TR PLT	1	55.33	55.33	10.00	49.80	Replace	0	0	Not Give	X

Total Spare Part Cost 7,432.31
Lump Sum Discount (%) 0.00

Surveyor Total 1,589.71
Lump Sum Dis (%) 0

				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			BRACKET-F/CMPT TR PLT	1	44.51	44.51	10.00	40.06	Replace	0	0	Not Give	X不用
Standard	Main			HEADLAMP ASM -LH	1	1,098.86	1,098.86	10.00	988.97	Replace	0	0	Not Give	X不用
Standard	Main			HEADLAMP ASM - RH	1	1,098.86	1,098.86	10.00	988.97	Replace	0	0	Check	?
Standard	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace	bf
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	1	25.00	Replace	cut
								Total Spare Part Cost	7,432.31			Surveyor Total	1,589.71	
								Lump Sum Discount (%)	0.00			Lump Sum Dis (%)	0	
								Final Spare Part Cost	7,432.31			Final Sur Total	1,589.71	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO REPAIR FRONT PORTION	1,200.00	250.00	
Total:			1,200.00	250.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	428.00	220.00	
2	Main	TO RESPRAY FRONT HOOD	428.00	0.00 X不用	
Total:			856.00	220.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TOWING CHARGE	112.00	0 X不用	request invoice
2	Main	TO WASH AND VACUUM	60.00	0 X不用	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 X不用	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0 X不用	
Total:			992.00	300.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
5	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150.00	
6	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
7	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 X nr	
Total:			**992.00**	**300.00**	

Summary

	Estimator Assesment($)	Surveyor Assesment($)
Total Spare Part Detail	7,432.31	1,589.71
Total Labour Cost	1,200.00	250.00
Total Spray Painting	856.00	220.00
Other	992.00	300.00
Overall Total	10,480.31	2,359.71
Lump Sum Repair Option		☐
Lump Sum Total	0.00	2,359.71
Surveyor Approved Amount		2,359.71
No of Repair Days*	5	3
Remarks	-	Part by part / Before paint photo , After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 9001 0068. email:
Surveyor Name		Rasul
Signature		

Save Clear

Survey Date 02/09/2022

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:

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 Actual 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	02/09/2022 12:43 (SGT)
Reported by	Driver
Date of Accident	01/09/2022 18:15 (SGT)
Exact Location of Accident	406 Tampines Street 41, Block 406, Singapore 520406
Additional Location Information	BLK 406 TAMPINES STREET 41 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1158S

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	TAN KHENG HENG
NRIC No	SXXXX439C
Date Of Birth	14/02/1954
Occupation	Outdoor

Date Of Driving Pass	03/10/1973
Driving experience	48 YEARS AND 11 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	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	Collision - Head to Rear
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)	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	-

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 SEATED IN MY TAXI WITH THE ENGINE OFF AS I JUST GOT BACK FROM A MEAL ALONG BLK 406 TAMPINES STREET 41. SUDDENLY A LORRY GBB9635A WHICH WAS PARKED INFRONT OF MY TAXI REVERSED AND HIT ONTO THE 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	GBB9635A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 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.

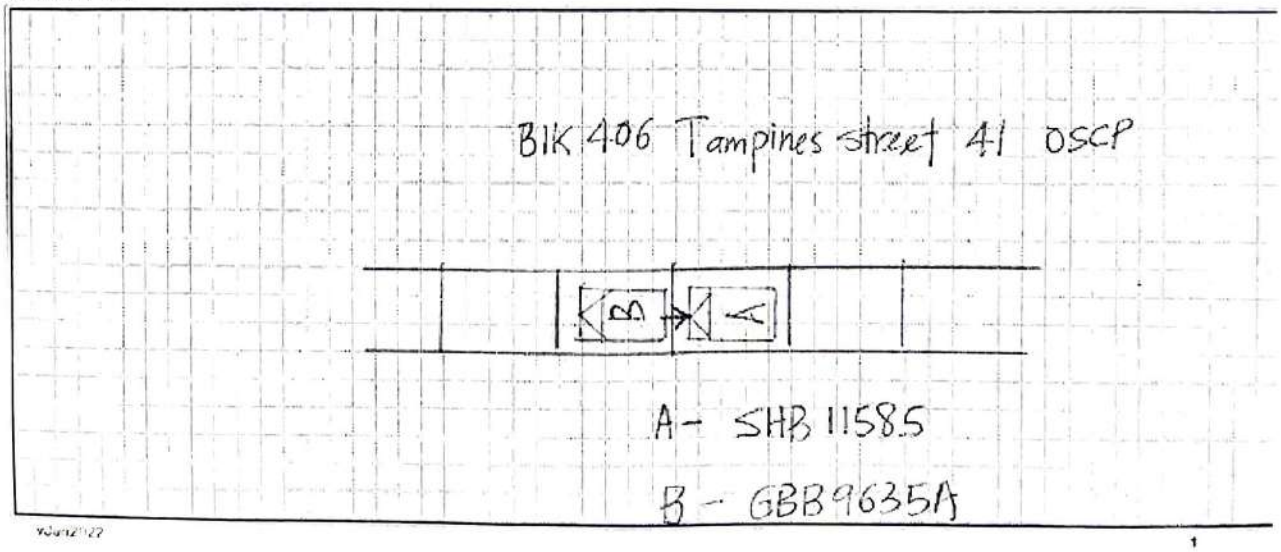
(collectively the "**Purposes**")

(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	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
	02-9-2022	2-9-2022

Sketch Plan



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	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
	02-9-2022	2.9.2022