

ASS. REC. BY:

REF:

C121 22 0096091ke

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s SMART

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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.6.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S118 11616 Yr Regn: 09, 21

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

Truck / Trailer or

Make: MG A MG 5 SW c.c. _____

Colour: Green A/C: Insured / Std / Nil / NA

Sp. Reading: 98228 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: L5JE 240 31MG 051357

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____ 205/60R16

R: _____

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

TOYO / YOKO or

WESTLAK

Front _____ Rear _____

R/Bal. J mm R/Bal. J mm

L/Bal. J mm L/Bal. J mm

D.O.A. 28/9/22 D.O.I. 29/9/2022

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

_____ \$ - RS. SI

_____ \$

_____ \$

_____ \$

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

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

Case Details

Case Reference Number :
TAX/09/22/2073
Type of Repair : Accident Repair
Vehicle Registration Number :
SHB1161G

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-19449-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : China Taiping Insurance (Singapore)
Pte Ltd
Accident Date and Time : 28/09/2022 01:49 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				Surveyor Approval			Remarks		
						List Price	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)		Repair/Replace	
Standard	Main			DOOR ASM-RR SI -L	1	2,185.04	2,185.04	10.00	1,966.54	Replace	0	0	Not Give		
Standard	Main			PANEL-BODY SI OTR-L	1	1,747.82	1,747.82	10.00	1,573.04	Replace	0	0	Not Give		
Standard	Main			STICKER ELECTRIC (LOGO	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give		
Standard	Main			LINER ASM-RR W/H PNL - LH	1	83.72	83.72	10.00	75.35	Replace	1	75.35	Replace	Di ✓	
Standard	Main			FASCIA-RR BPR	1	758.48	758.48	10.00	682.63	Replace	1	682.6	Replace	By ✓	
Standard	Main			FASCIA-RR BPR LWR	1	230.68	230.68	10.00	207.61	Replace	1	207.6	Replace	Ad ✓	
Standard	Main			FINISHER-RR BPR - LH	1	47.42	47.42	10.00	42.68	Replace	1	42.68	Replace	Ad ✓	
Standard	Main			BRACKET ASM-RR BPR FASCIA SI-L	1	29.85	29.85	10.00	26.87	Replace	1	26.87	Replace	Di ✓	
Standard	Main			BRACKET-RR BPR FASCIA SI MTG - LH	1	46.08	46.08	10.00	41.47	Replace	0	0	Check		
Standard	Main			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN) -	1	13.20	13.20	10.00	11.88	Replace	0	0	Surveyor Total	1,067.81	
						Total Spare Part Cost				6,082.12					
						Lump Sum Discount (%)				0.00			Lump Sum Dis (%)		0
						Final Spare Part Cost				6,082.12			Final Sur Total		1,067.81

S.N	Standard BOM Type	Main Costing Type	Portion	Material Number	LH SMRT Recommendation BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN) - CTE	1 Qty	12.90 List Price Per Unit(\$)	12.90 List Price(\$)	10.00 Dis(%)	11.61 Final Price(\$)	Replace Repair/ Replace	Surveyor Quantity	Surveyor Approval		Remarks
													Surveyor Final Price(\$)	Check Repair/ Replace	
1	Standard	Main			BRACKET-PARK DIST CONT SEN(BRACKET-PARK DIST CONT SEN) - CTE	1	12.90	12.90	10.00	11.61	Replace	0	0	Not Give	
	Standard	Main			BRACKET-RR BPR FASCIA LWR MTG - LH	1	12.80	12.80	10.00	11.52	Replace	0	0	Check	
	Standard	Main			BOLT/SCREW-FRT W/H LNR RET	10	0.52	5.20	10.00	4.68	Replace	0	0	Check	
	Standard	Main			BAR ASM-RR BPR IMP	1	339.76	339.76	10.00	305.78	Replace	0	0	Check	
	Standard	Main			LAMP ASM-TAIL(BODY SI) - LH	1	764.08	764.08	10.00	687.67	Replace	0	0	Not Give	
	Standard	Main			LAMP ASM-TAIL(LID SI) - LH	1	407.68	407.68	10.00	366.91	Replace	0	0	Not Give	
	Standard	Main			LAMP ASM-RR FOG - LH	1	36.30	36.30	10.00	32.67	Replace	1	32.67	Replace	CM ✓
Total Spare Part Cost										6,082.12	Surveyor Total		1,067.81		
Lump Sum Discount (%)										0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost										6,082.12	Final Sur Total		1,067.81		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION LH	1,800.00	250.00	
Total:			1,800.00	250.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	428.00	220	
2	Main	TO RESPRAY REAR FENDER LH	428.00	0	
3	Main	TO RESRAY REAR DOOR LH	428.00	0	
Total:			1,284.00	220.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	20	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	50	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
6	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150	
7	Main	ISOLATED OF (EV) (NET)	150.00	150	
Total:			1,000.00	370.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	6,082.12	1,067.81
Total Labour Cost	1,800.00	250.00
Total Spray Painting	1,284.00	220.00
Other	1,000.00	370.00
Overall Total	10,166.12	1,907.81
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	1,907.81
Surveyor Approved Amount		1,907.81
No of Repair Days*	6	2
Remarks	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>ACKNOWLEDGED BY REPAIRER</p> <p>Signature: _____</p> <p>Date: _____</p>	
Surveyor Name	PART BY PART / Before paint photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR Kenneth Kong (LKK) HP : 9691 0663 / Email	
Signature	Kenneth Kong (LKK)	

Save Clear

K

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 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	28/09/2022 13:55 (SGT)
Reported by	Driver
Date of Accident	28/09/2022 09:49 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1161G
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	KHOO KEH HOCK
NRIC No	SXXXX397I
Date Of Birth	14/05/1954
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

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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

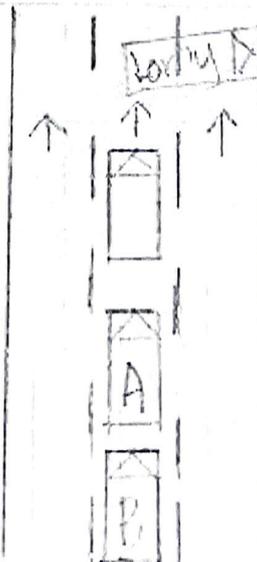
Sketch Plan

[Handwritten Signature]

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

[Handwritten Signature] 28.9.2022

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



PIE

A-5H81161G

B-SKC7332A