

ASS. REC. BY:

REF:

SMO/ 220099521Kv

Kenneth

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

S11B 5248P

Yr Regn.

02, 16

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

Truck / Trailer or

Make:

Toy Prox

c.c.

1798

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

491356

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN36UX05767458

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: 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.

7

mm

R/Bal.

P

mm

L/Bal.

7

mm

L/Bal.

P

mm

D.O.A.

7/10/22

D.O.I.

10/10/2022

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, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

Case Details

Case Reference Number : TAX/10/22/2026
Type of Repair : Accident Repair
Vehicle Registration Number : SHB5248P

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-19568-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : Sompo Insurance Singapore Pte. Ltd
Accident Date and Time : 07/10/2022 10:40 AM
Vehicle Age(In Months) : -

Not Noted
1/10/22

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

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			BUMPER REAR	1	478.90	478.90	25.00	359.17	Replace	1 <i>Bu</i>	359.17	Replace	✓
Standard	Main			BUMPER CLIPS (10 PCS)	10	2.40	24.00	25.00	18.00	Replace	10 <i>M</i>	18.00	Replace	✓
Standard	Main			BUMPER REINFORCEMENT REAR	1	234.70	234.70	25.00	176.02	Replace	0	0	Not Give	
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	157.90	157.90	25.00	118.43	Replace	0	0	Not Give	
Standard	Main			ARM SUB-ASSY. RR BUMPER LH	1	157.90	157.90	25.00	118.43	Replace	0	0	Not Give	
Standard	Main			ARM SUB-ASSY. RR BUMPER LH	1	157.90	157.90	25.00	118.43	Replace	0	0	Not Give	
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	208.10	208.10	10.00	187.29	Replace	0	0	Not Give	
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	108.70	108.70	25.00	81.53	Replace	0	0	Check	
Standard	Main			BUMPER SEAL, RR LH	1	101.80	101.80	25.00	76.35	Replace	0	0	Not Give	
Standard	Main			BUMPER LIP COVER RR/LH	1	93.90	93.90	25.00	70.43	Replace	1 <i>DIT</i>	70.43	Replace	✓
Standard	Main			BUMPER LIP REAR	1	301.90	301.90	25.00	226.42	Replace	0	0	Check	
Standard	Main			BUMPER LIP COVER RR/RH	1	155.40	155.40	25.00	116.55	Replace	0	0	Not Give	
Standard	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	586.10	586.10	25.00	439.58	Replace	0	0	Not Give	
Standard	Main			UNDER COVER RR SHIELD	1	66.10	66.10	25.00	49.57	Replace	0	0	Not Give	
Standard	Main			END PANEL	1	755.10	755.10	25.00	566.33	Replace	0	0	Not Give	

Total Spare Part Cost 3,485.67

Surveyor Total 447.60

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20.00

Final Spare Part Cost 2,727.46

Final Sur Total 358.08

10/10

To

To

To

O

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A

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			TAIL LAMP BRACKET, LH	1	35.20	35.20	25.00	26.40	Replace	0	0	Not Give	▼
Standard	Main			TAIL LAMP LH	1	618.60	618.60	10.00	556.74	Replace	0	0	Not Give	▼
Total Spare Part Cost									3,485.67	Surveyor Total				447.60
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				20.00
Final Spare Part Cost									2,727.46	Final Sur Total				358.08

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	200.00	
Total:			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	379.00	200.00	
2	Main	TO RESPRAY REAR PANEL	180.00	0	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0	
Total:			738.00	200.00	



Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00	0	request invoice
2	Main	TO WASH AND VACUUM	60.00	0	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0	
4	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
5	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	50.00	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			556.00	50.00	

Summary

10/10/22, 2:38 PM

https://vacswb.smrt.com.sg/Estimation.aspx

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,727.46	358.08
Total Labour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	556.00	50.00
Overall Total	4,697.46	808.08
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	4,700.00	800.00
Surveyor Approved Amount		800.00
No of Repair Days*	4	2
Remarks	-	LUMP SUM REPAIR / AFTER PAINT PHOTOS / FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR Kenneth Kong (LKK) HP: 9601 0662 / Email:
Surveyor Name		Kenneth Kong (LKK)
Signature		
Survey Date	10/10/2022	

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 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	08/10/2022 10:51 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 18:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5248P
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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	1800

INSURANCE COMPANY

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

DRIVER

Name of Driver	NG BEE TIAM
NRIC No	SXXXX242Z
Date Of Birth	03/02/1956
Occupation	Outdoor

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 regulate 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.

6. 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

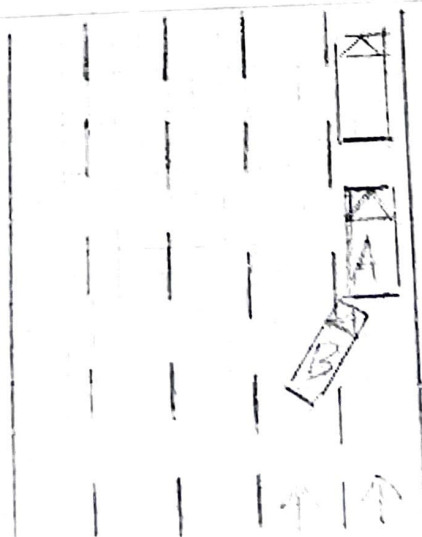
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



CTE towards AYE

A-SHB 5248P

B-FBL1814A