

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 1308B

at Workshop m/s STRIDES

of 60,000,000,000 / 100 PK EX

Insured: TAH

Policy No. _____

Claims No. _____

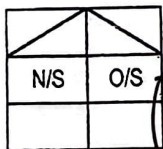
Sum Insured: _____ Excess: _____

(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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

Veh No: SHB 1308B Yr Regn: 2021 SEP

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Fax) / Prime Mover /

Truck / Trailer or

Make: MH / MHS EV EXCITE 7 C.C. —

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

Sp. Reading: 68602 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 153824035MH051409

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: 22

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

TOYO / YOKO or WATLAK

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

L/Bal. 6 mm D.O.A. 06/10/22 D.O.I. 11/10/22

Survey held at STRIDES

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

O/S Rear

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. \$ _____

) Photos

) Others

Report Format : _____

Lump Sum / B.I. (\$ _____)



Case Details

Case Reference Number : TAX/10/22/2021
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB1308B

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-19576-ID
 Assigned By : Tan Lee Ge #

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd
 Accident Date and Time : 06/10/2022 09:30 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	SMRT Recommendation						Surveyor Approval				Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			FENDER ASM-FRT-RH	1	379.81	379.81	10.00	341.83	Replace	0	0	Not Give	X11
Standard	Main			DOOR ASM-FRT SI - RH	1	2,338.44	2,338.44	10.00	2,104.60	Replace	1	0	Repair	R
Standard	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	nee /
Standard	Main			DOOR ASM-RR SI -RH	1	2,185.04	2,185.04	10.00	1,966.54	Replace	1	0	Repair	R
Standard	Main			PANEL-BODY SI OTR - RH	1	1,434.89	1,434.89	10.00	1,291.40	Replace	1	0	Repair	R
Standard	Main			STICKER ELECTRIC (LOGO	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	nee /
Standard	Main			MIRROR ASM-O/S RR VIEW - RH	1	478.40	478.40	10.00	430.56	Replace	0	0	Not Give	X11
Standard	Main			FASCIA-RR BPR	1	758.48	758.48	10.00	682.63	Replace	1	0	Repair	R
Standard	Main			FASCIA-RR BPR LWR	1	230.68	230.68	10.00	207.61	Replace	0	0	Not Give	X11
Standard	Main			FINISHER-RR BPR - RH	1	47.42	47.42	10.00	42.68	Replace	0	0	Not Give	X11
Standard	Main			FASCIA-FRT BPR	1	721.66	721.66	10.00	649.49	Replace	0	0	Not Give	X11
Standard	Main			LAMP ASM-RR FOG - RH	1	189.07	189.07	10.00	170.16	Replace	0	0	Not Give	X11

Total Spare Part Cost 10,311.81

Surveyor Total 81.60

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 10,311.81

Final Sur Total 81.60

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			BEARING ASM-RR WHL	1	335.40	335.40	10.00	301.86	Replace	0	0	Not Give	X11
Standard	Main			BEAM ASM-RR SUSP EQLZR	1	1,649.54	1,649.54	10.00	1,484.59	Replace	0	0	Not Give	X11
Standard	Main			WHEEL	1	618.07	618.07	10.00	556.26	Replace	1	0	Repair	R
Total Spare Part Cost									10,311.81	Surveyor Total		81.60		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									10,311.81	Final Sur Total		81.60		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH PORTION	3,000.00	500.00	
Total:			3,000.00	500.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	428.00	0	X11
2	Main	TO RESPRAY FRONT FENDER RH	428.00	0	X11
3	Main	TO RESPRAY FRONT DOOR RH	428.00	220	
4	Main	TO RESPRAY VIEW MIRROR	230.00	0	X11
5	Main	TO RESPRAY SILL MEMBER LH	230.00	0	X11
6	Main	TO RESPRAY RH REAR DOOR	428.00	220	
7	Main	TO RESPRAY REAR FENDER RH	428.00	220	
8	Main	TO RESPRAY REAR BUMPER	428.00	220	
9	Main	TO RESPRAY RIM	230.00	50	
Total:			3,258.00	930.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0 X11	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 X11	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 X11	
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
5	Main	TO TRANSFER DOOR MECHANISM	240.00	0 X11	
6	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0 X11	
7	Main	TO REPLACE SUNDRY PARTS	100.00	0 X11	
8	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150.00	
9	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
Total:			1,360.00	360.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	10,311.81	81.60
Total Labour Cost	3,000.00	500.00
Total Spray Painting	3,258.00	930.00
Other	1,360.00	360.00
Overall Total	17,929.81	1,871.60
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	1,871.60
Surveyor Approved Amount		1,871.60
No of Repair Days*	10	5

Remarks

Surveyor Name

Signature

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

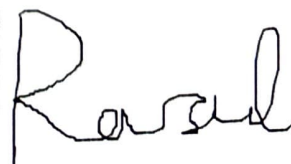
Acknowledged by Repairer

Signature:

Date:

After repair photo FOR CHECK ITEM and REPLACE ITEM
PLEASE CALL SURVEYOR RASUL / HP : 9001 0068. email:
rasul@lkkauto.com

Rasul



Save

Clear

Surveyor Assessment(\$)

11/10/2022

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	07/10/2022 14:16 (SGT)
Reported by	Driver
Date of Accident	06/10/2022 17:30 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	BARTLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1308B
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	MG 5
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	ANTHONY NG EE MOO JOHN
NRIC No	SXXXX072Z
Date Of Birth	31/03/1957
Occupation	Outdoor

Date Of Driving Pass	03/05/1977
Driving experience	45 YEARS AND 5 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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 DRIVING ALONG BARTLEY ROAD (NEAR BARTLEY SCHOOL) TOWARDS CTE. SUDDENLY I FELT AN IMPACT TO THE RIGHT OF MY TAXI NEAR MY DOOR. I STOPPED MY TAXI TO CHECK AND REALISED THAT THIRD PARTY WHILE CHANGING LANES TO MY LANE (CENTRE LANE) HAS COLLIDED ONTO THE SIDE OF MY TAXI. I FELT A LITTLE PAIN ON MY SHOULDER.

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	SLJ6154E
Vehicle Manufacturer	-
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)

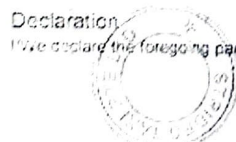
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANTHONY NG EE MOO JOHN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB1308B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

Declaration
I/we declare the foregoing particulars are true in every respect



Police Officer's Signature / Date & Time

Driver's Signature (If driver is not the police officer) / Date & Time

Witnessed by Independent Person (If not as in NR 02-01-01)

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

Sketch Plan


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


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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1308B
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Oct 2022
Vehicle Make:	MG
Vehicle Model:	MG5 EV EXCITE T
Primary Colour:	Green
Manufacturing Year:	2021
Engine No.:	-
Chassis No.:	LSJE24035MG051409
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$29,058.00
Original Registration Date:	23 Sep 2021
First Registration Date:	23 Sep 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2029
PARF Rebate Amount:	\$3,750.00

COE Expiry Date:	22 Sep 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,364.00
COE Rebate Amount:	\$32,421.00
Total Rebate Amount:	\$36,171.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 Oct 2022

OK