

ASS. REC BY: T. J. M.

REF: CS/SMT23000506/Tvy3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / VS / 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: _____

Veh No: SHB5360Y Yr Regn: 2017 Dec
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Prius - Hybrid. c.c 1798
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 411630 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTDKB3FY 30557 9837
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: 1 -

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Sailun
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 5/1/2023 D.O.L. 13/1/23
Survey held at SMT WL.
Des. of Damages: Fnt / 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	Action / Instruction
	<u>Independent Survey.</u>
27/2/23	Lump Sum \$3150 confirmed by email (Red 10,160.84, 76%)

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) 27/2/23-typist
Report Form: TP
Lump Sum / L.B. / \$3150

Days Of Repair: 6
Resurvey No. of Trip: 1
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS. \$ _____
Photos _____
Others _____

Describe Circumstances of the Accident

ON 26/03/2022 AT ABOUT 1220HRS I STOP MY VEHICLE A SHC1183M AT BLOCK 36 JALAN RUMAH TINGGI OSCP TO PICK UP PASSENGER. VEHICLE B YQ2802D THEN REAR ENDED HIS VEHICLE B LEFT FRONT ONTO MY STATIONARY VEHICLE A RIGHT REAR. AFTER IMPACT I HURT MY BACK. NO PARTICULARS EXCHANGED

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

& Time

26.03.2022 1400HRS



Case Details

Case Reference Number : TAX/01/23/2007
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB5360Y

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-20212-ID
 Assigned By : Kwai Leng Gan

Insurance Company Name : Allianz Insurance Singapore Pte Ltd
 Accident Date and Time : 05/01/2023 07:15 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			PANEL SUB-ASSY, REAR DOOR , RH	1	1,401.70	1,401.70	25.00	1,051.28	Replace	1	0	Repair	Ry
Standard	Main			HINGE ASSY, REAR DOOR , UPPER RH	1	107.00	107.00	25.00	80.25	Replace	0	0	Not Give	Xun
Standard	Main			HINGE ASSY, REAR DOOR , LOWER RH	1	93.90	93.90	25.00	70.43	Replace	0	0	Not Give	Xun
Standard	Main			DOOR REAR MOTOR ASSY, POWER WINDOW REGULATOR , RH	1	996.60	996.60	10.00	896.94	Replace	0	0	Not Give	Xun
Standard	Main			DOOR REAR WINDOW REGULATOR SUB-ASSY, RH	1	223.50	223.50	25.00	167.63	Replace	0	0	Not Give	Xun
Standard	Main			CHECK ASSY, REAR DOOR	1	199.40	199.40	25.00	149.55	Replace	0	0	Not Give	Xun
Standard	Main			WEATHERSTRIP, REAR DOOR RH	1	194.60	194.60	25.00	145.95	Replace	0	0	Not Give	Xun
Standard	Main			PANEL SUB-ASSY, FENDER REAR RH	1	943.10	943.10	25.00	707.33	Replace	1	707.33	Replace	bb
Standard	Main			PATCH, SIDE PANEL REAR END , RH & LH	1	37.70	37.70	25.00	28.28	Replace	0	0	Check	?
Standard	Main			LINER, REAR FENDER , RH	1	151.10	151.10	25.00	113.32	Replace	0	0	Not Give	Xun
Standard	Main			WHEEL, DISC	1	2,036.30	2,036.30	25.00	1,527.23	Replace	1	1,527.2	Replace	cut
Standard	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	Xun
Standard	Main			HUB & BEARING ASSY, RH & LH	1	722.10	722.10	25.00	541.58	Replace	0	0	Check	?
Total Spare Part Cost									7,751.15	Surveyor Total			2,234.55	
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			020	
Final Spare Part Cost									6,200.92	Final Sur Total			1,787.64	

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			HUB & BEARING ASSY WITH SPEED SENSOR , REAR AXLE , RH & LH	1	644.10	644.10	10.00	579.69	Replace	0	0	Check	?
Standard	Main			ABSORBER SET, SHOCK, REAR RH & LH	1	137.50	137.50	25.00	103.13	Replace	0	0	Check	?
Standard	Main			ARM ASSY, UPPER CONTROL, REAR RH	1	455.00	455.00	25.00	341.25	Replace	0	0	Check	?
Standard	Main			MOULDING ASSY, BODY ROCKER PANEL , RH	1	649.10	649.10	25.00	486.83	Replace	1	0	Repair	Ry
One Time Key In	Main			DOOR OUTER HANDLE REAR , RH	1	105.50	105.50	25.00	79.13	Replace	1	0	Repair	Ry
One Time Key In	Main			DOOR LOCK REAR , RH	1	607.90	607.90	10.00	547.11	Replace	0	0	Not Give	Run
One Time Key In	Main			DOOR REAR LOCK COVER	1	10.00	10.00	25.00	7.50	Replace	0	0	Not Give	Run
Total Spare Part Cost									7,751.15	Surveyor Total 2,234.55				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				
Final Spare Part Cost									6,200.92	Final Sur Total 1,787.64				

Labour's Cost Detail

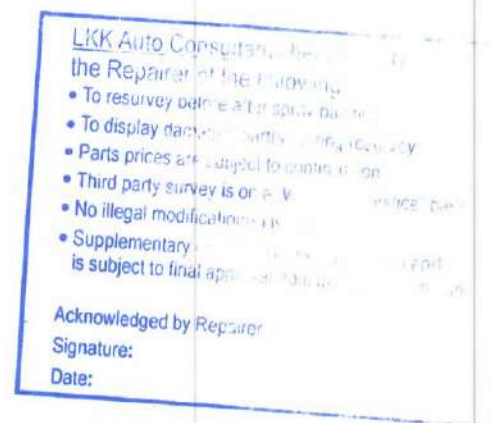
S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION RH	1,352.00	700	
Total:			1,352.00	700.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY RIM	180.00	0	
2	Main	TO RESPRAY REAR FENDER RH	378.00	200	
3	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	100	
4	Main	TO RESPRAY DOOR HANDLE	180.00	50	
5	Main	TO RESPRAY RH REAR DOOR	378.00	200	
Total:			1,296.00	550.00	

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	0	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	80	
5	Main	TO TRANSFER DOOR MECHANISM	120.00	0	
6	Main	TO REMOVE AND REFIX UNDERCARRIAGE	200.00	0	
7	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			820.00	110.00	



Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	6,200.92	1,787.64
Total Labour Cost	1,352.00	700.00
Total Spray Painting	1,296.00	550.00
Other	820.00	110.00
Overall Total	9,668.92	3,147.64
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lump Sum Total	9,650.00	3,147.64
Surveyor Approved Amount		3,147.64
No of Repair Days*	8	6
Remarks	-	LUMPSUM REPAIR (AFTER REPAIR PHOTOS, FOR CHECK ITEM and REPLACE ITEM. PLEASE CALL SURVEYOR HP 9749 5749
Surveyor Name		Taufik
Signature		

Save Clear

Survey Date 13/01/2023

Taufik 9749 5749
13/1/23 @ 4pm
L/S Resurvey after repair

Taufik @ Kuantan on 13
@ 6days



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	06/01/2023 12:58 (SGT)
Reported by	Driver
Date of Accident	05/01/2023 15:15 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	BUKIT BATOK ROAD TOWARDS BUKIT BATOK WEST AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5360Y
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	MAHMUD BIN MOBATTULLAH
NRIC No	SXXXX084F
Date Of Birth	11/05/1963
Occupation	Outdoor

Date Of Driving Pass	13/10/2018
Driving experience	4 YEARS AND 3 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	Raining
Road Surface	Wet

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 TRAVELLING ALONG BUKIT BATOK ROAD TURNING RIGHT TOWARDS BUKIT BATOK WEST AVE 3. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE XD9197B HAD COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9197B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	GASALI BIN AMAT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

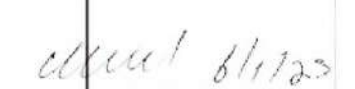
SKETCH PLAN

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 willful 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 lodging 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 be 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 to 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 Insurers(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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 (Date & Time)


 Witnessed by Reporting Centre Personnel
 (Name is in NR-G-03 and)


Describe Circumstance of the Accident

Declaration

I/We declare the foregoing particulars are true in every respect.


Police Officer's Signature (Date & Time)

 6/1/23
Driver's Signature (Driver's full name, please) (Date & Time)

 6-1-2023
Witnessed by Reporting Crime Persons or
Someone as a 1544-10 card

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