

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

28.3.22

10:10

MD MAPPIN

[Handwritten signature]

[Handwritten signature]

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

Declaration

ON 26/03/2022 AT ABOUT 06:35HRS. I WAS DRIVING VEHICLE A, IN A STATIONARY POSITION AS THE TRAFFIC LIGHT WAS RED. WHEN THE LIGHT TURNS TO GREEN, I WANTED TO TURN LEFT AND SUDDENLY VEHICLE B ON THE RIGHT LANE TURN LEFT VERY SHARP AND HIT ONTO MY VEHICLE.

Describe Circumstances of the Accident

SKETCH PLAN #2



Case Details

Case Reference Number : TAX/01/23/2023 **Company Type :** Strides Taxi Pte Ltd **Insurance Company Name :** NTUC Income Insurance Co-operative Ltd
Type of Repair : Accident Repair **Estimation ID :** EST-20301-ID **Accident Date and Time :** 11/01/2023 11:15 AM
Vehicle Registration Number : SHB1717D **Assigned By :** Taxi Claims Manager Team **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			TAIL GATE ASM-LIFT	1	1,928.26	1,928.26	10.00	1,735.43	Replace	1	1,735.4	Replace	vt
Standard	Main			HINGE ASM-L/GATE - LH	1	30.89	30.89	10.00	27.80	Replace	0	0	Not Give	Xun
Standard	Main			HINGE ASM-L/GATE - RH	1	30.89	30.89	10.00	27.80	Replace	0	0	Not Give	Xun
Standard	Main			STRUT ASM-L/GATE - LH	1	52.52	52.52	10.00	47.27	Replace	0	0	Not Give	Xun
Standard	Main			STRUT ASM-L/GATE -RH	1	52.52	52.52	10.00	47.27	Replace	0	0	Not Give	Xun
Standard	Main			WEATHERSTRIP-L/GATE	1	73.53	73.53	10.00	66.18	Replace	0	0	Check	?
Standard	Main			LATCH ASM-L/GATE	1	139.36	139.36	10.00	125.42	Replace	0	0	Check	?
Standard	Main			SWITCH-L/GATE OPEN	1	30.68	30.68	10.00	27.61	Replace	0	0	Not Give	Xun
Standard	Main			WINDOW ASM-REAR (WINDSCREEN REAR)	1	323.44	323.44	10.00	291.10	Replace	0	0	Check	?
Standard	Main			SEALANT W/SCREEN	2	37.00	74.00	0.00	74.00	Replace	2	74.00	Replace	ng
Standard	Main			PANEL ASM-RR END	1	708.66	708.66	10.00	637.79	Replace	0	0	Check	?
Standard	Main			PLATE ASM-RR LIC PLT	1	96.40	96.40	10.00	86.76	Replace	0	0	Check	?
Standard	Main			EMBLEM ASM-RR LIC PLT (MG)	1	62.92	62.92	10.00	56.63	Replace	1	56.63	Replace	me
Standard	Main			EMBLEM ASM-L/GATE (MG5 SW)	1	21.84	21.84	10.00	19.66	Replace	1	19.66	Replace	me
Standard	Main			EMBLEM ASM-L/GATE (SW EV)	1	33.90	33.90	10.00	30.51	Replace	1	30.51	Replace	me
Total Spare Part Cost									7,295.30	Surveyor Total		2,872.00		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									7,295.30	Final Sur Total		2,872.00		

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			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	1	35.00	Replace	bt
Standard	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	1	25.00	Replace	de
Standard	Main			FASCIA-RR BPR	1	758.48	758.48	10.00	682.63	Replace	1	682.63	Replace	de
Standard	Main			FASCIA-RR BPR LWR	1	230.68	230.68	10.00	207.61	Replace	1	207.61	Replace	de
Standard	Main			FINISHER-RR BPR - RH	1	47.42	47.42	10.00	42.68	Replace	1	0	Repair	Xm
Standard	Main			FINISHER-RR BPR - LH	1	47.42	47.42	10.00	42.68	Replace	1	0	Repair	Xm
Standard	Main			BRACKET ASM-RR BPR FASCIA SI-RH	1	29.85	29.85	10.00	26.87	Replace	0	0	Check	?
Standard	Main			BRACKET ASM-RR BPR FASCIA SI-L	1	29.85	26.87	10.00	26.87	Replace	0	0	Check	?
Standard	Main			BRACKET-RR BPR FASCIA SI MTG - RH	1	46.08	46.08	10.00	41.47	Replace	0	0	Check	?
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-RR BPR FASCIA LWR MTG - RH	1	12.80	12.80	10.00	11.52	Replace	0	0	Check	?
Standard	Main			BRACKET-RR BPR FASCIA LWR MTG - LH	1	12.80	12.80	10.00	11.52	Replace	0	0	Check	?
Standard	Main			BAR ASM-RR BPR IMP	1	339.77	339.77	10.00	305.79	Replace	0	0	Check	?
Standard	Main			LAMP ASM-TAIL(BODY SI) - LH	1	764.09	764.09	10.00	687.68	Replace	0	0	Check	?
Standard	Main			LAMP ASM-TAIL(BODY SI) - RH	1	764.09	764.09	10.00	687.68	Replace	0	0	Check	?
Standard	Main			LAMP ASM-TAIL(LID SI) - LH	1	407.68	407.68	10.00	366.91	Replace	0	0	Check	?
Standard	Main			LAMP ASM-TAIL(LID SI) - RH	1	407.68	407.68	10.00	366.91	Replace	0	0	Check	?
Standard	Main			LAMP ASM-RR FOG - RH	1	189.07	189.07	10.00	170.16	Replace	0	0	Check	?
Standard	Main			LAMP ASM-RR FOG - LH	1	36.30	36.30	10.00	32.67	Replace	0	0	Check	?
Standard	Main			SENSOR-RR PARK DIST CONT	3	65.00	195.00	10.00	175.50	Replace	0	0	Check	?
One Time Key In	Main			CAP-R/WDO WPR ARM FIN	1	6.14	6.14	10.00	5.53	Replace	1	5.53	Replace	mis
									Total Spare Part Cost	7,295.38			Surveyor Total	2,872.00
									Lump Sum Discount (%)	0.00			Lump Sum Dis (%)	
									Final Spare Part Cost	7,295.38			Final Sur Total	2,872.00

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,200.00	800	
Total:			1,200.00	800.00	

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 PANEL	230.00	0	
3	Main	TO RESPRAY TAIL GATE	428.00	220	
Total:			1,086.00	440.00	

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 TRANSFER REAR TAILGATE MECHANISM	120.00	60	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	350.00	0	
6	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
7	Main	TO REMOVE AND REFIX REAR WINDSCREEN	120.00	120.00	
8	Main	TO REPLACE SUNDRY PARTS	100.00	0	
9	Main	TO CHECK & RESET SYSTEM FUNCTION	350.00	150	
10	Main	ISOLATED OF (EV) (NET)	150.00	150.00	
Total:			1,590.00	540.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	7,295.38	2,872.00
Total Labour Cost	1,200.00	800.00

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spray Painting	1,086.00	440.00
Other	1,590.00	540.00
Overall Total	11,171.38	4,652.00
Lump Sum Repair Option		<input type="checkbox"/>
Lump Sum Total	0.00	4,652.00
Surveyor Approved Amount		4,652.00
No of Repair Days*	8	5
Remarks	-	part by part repair / before PAINT PHOTO / FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR HP 9749 5749 taufikh@lkkauto.com
Surveyor Name		Taufikh
Signature		
Survey Date	13/01/2023	<input type="button" value="Save"/> <input type="button" value="Clear"/>

Taufikh 97495749
 WP- 13/1/23
 r/r Reay before paid.
 05 days
 taufikh@lkkauto.com

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	12/01/2023 14:22 (SGT)
Reported by	Driver
Date of Accident	11/01/2023 19:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1717D
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	YEI KIM SENG
NRIC No	SXXXX938J
Date Of Birth	02/10/1961
Occupation	Outdoor

Date Of Driving Pass	27/06/1985
Driving experience	37 YEARS AND 7 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)	2
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	-

PASSENGER 1

Name	KIM SHIN WOOK
Gender	Male

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 PIE TOWARDS CHANGI AIRPORT (NEAR KALLANG WAY EXIT) WITH ONE PASSENGER (MALE KOREAN) ON BOARD. TRAFFIC WAS HEAVY AND ALL THE VEHICLES WERE SLOW MOVING. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLP5859E AHD COLLIDED ONTO THE REAR 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	SLP5859E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAMALINGAM BADIDEL
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

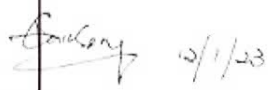
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 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.

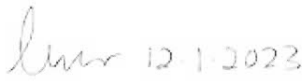
B. Consent under the Personal Data Protection Act (PDPA)

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/positional 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 based 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 Card)

Sketch Plan



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 / Address (what the police officer) / Date & Time

Witnessed by Reporting Officer's Name as in NR (to date)

[Signature] 12/1/23

[Signature] 12-1-2023

