

5. REC BY: Taujan

REF:

INC

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated cost: \_\_\_\_\_  
 OD / (P) / 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: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	

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  
 Turn Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHB53840 Yr Regn: 2016, May  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Prius C.C. 1798  
 Colour: Maroon A/C: Insured / Std / NI / NA  
 Sp. Reading: 468592 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: STDN 3646057 67893  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: NI / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 145/65R15  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO, or Sailun

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.		D.O.L.	<u>8/1/23</u>

Survey held at SMRT WL

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?

☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?

2) \_\_\_\_\_

Report Format:

Lump Sum / I.E.

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp. (\$)  
☐ : Interview (\$)  
☐ : Tech. Insp. (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

## Case Details

Case Reference Number : TAX/01/23/2040  
Type of Repair : Accident Repair  
Vehicle Registration Number : SHB5384D

Company Type : Strides Taxi Pte Ltd  
Estimation ID : EST-20329-ID  
Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited  
Accident Date and Time : 17/01/2023 11:25 PM  
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					Repair/ Replace	Surveyor Approval				Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)		Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace		
Standard	Main			BUMPER REAR	1	478.90	478.90	25.00	359.17	Replace	1	359.17	Replace	de
Standard	Main			BUMPER CLIPS (10 PCS)	10	2.40	24.00	25.00	18.00	Replace	10	18.00	Replace	ue
Standard	Main			BUMPER REINFORCEMENT REAR	1	234.70	234.70	25.00	176.02	Replace	1	176.02	Replace	bt
Standard	Main			ARM SUB-ASSY. RR BUMPER RH	1	157.90	157.90	25.00	118.43	Replace	0	0	Not Give	Xun
Standard	Main			ARM SUB-ASSY. RR BUMPER LH	1	157.90	157.90	25.00	118.43	Replace	0	0	Check	?
Standard	Main			ANTENNA,ELECTRICAL LOWER REAR	1	208.10	208.10	10.00	187.29	Replace	0	0	Not Give	Xun
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
Standard	Main			BUMPER SIDE RETAINER RR/LH	1	108.70	108.70	25.00	81.53	Replace	1	81.53	Replace	de
Standard	Main			BUMPER SEAL, RR LH	1	101.80	101.80	25.00	76.35	Replace	0	0	Not Give	Xun
Standard	Main			BUMPER LIP COVER RR/LH	1	93.90	93.90	25.00	70.43	Replace	0	0	Not Give	Xun
Standard	Main			BUMPER LIP REAR	1	301.90	301.90	25.00	226.42	Replace	0	0	Not Give	Xun
Standard	Main			END PANEL	1	755.10	755.10	25.00	566.33	Replace	0	0	Check	?
Standard	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xun
Standard	Main			FENDER RR/LH	1	980.80	980.80	25.00	735.60	Replace	0	0	Not Give	Xun
Standard	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	Xun
Standard	Main			STICKER DECAL 55558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	Xun
Total Spare Part Cost									3,658.94	Surveyor Total				1,191.46
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				20
Final Spare Part Cost									2,920.91	Final Sur Total				953.17

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	Check	?
Standard	Main			TAIL LAMP LH	1	618.60	618.60	10.00	556.74	Replace	1	556.74	Replace	act
Standard	Main			LID ASSY, FUEL	1	116.80	116.80	25.00	87.60	Replace	0	0	Not Give	Xun
Standard	Main			STICKER PETROL ONLY	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	Xun
Total Spare Part Cost									3,658.94	Surveyor Total 1,191.46				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				
Final Spare Part Cost									2,920.91	Final Sur Total 953.17				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION LH	676.00	200	
Total:			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FUEL LID COVER	180.00	0	
2	Main	TO RESPRAY REAR BUMPER	378.00	200	
3	Main	TO RESPRAY REAR PANEL	180.00	0	
4	Main	TO RESPRAY BUMPER BEAM	180.00	0	
5	Main	TO RESPRAY REAR FENDER LH	378.00	0	
Total:			1,296.00	200.00	

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	30	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
Total:			500.00	60.00	

1/18/23, 3:14 PM

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

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			500.00	60.00	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,920.91	953.17
Total Labour Cost	676.00	200.00
Total Spray Painting	1,296.00	200.00
Other	500.00	60.00
Overall Total	5,392.91	1,413.17
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	5,400.00	1,400.00
Surveyor Approved Amount		1,400.00
No of Repair Days*	5	2
Remarks		LUMPSUM REPAIR / AFTER REPAIR PHOTOS, FOR CHECK ITEM and REPLACE ITEM. PLEASE CALL SURVEYOR TAUFIKH HP 9749 5749 / EMAIL : taufigh@lkkauto.com
Surveyor Name		Taufikh
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>

Survey Date

18/01/2023

Taufikh 97495749  
 wp 18/1/23 03pm  
 2 days  
 LKs Resurvey after repair  
 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	18/01/2023 14:25 (SGT)
Reported by	Driver
Date of Accident	18/01/2023 07:25 (SGT)
Exact Location of Accident	Jurong West, Singapore
Additional Location Information	JURONG WEST TOWARDS JALAN BAHAR
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5384D
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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	LEE KIM HUA
NRIC No	SXXXX206J
Date Of Birth	01/11/1956
Occupation	Outdoor



Date Of Driving Pass	28/04/1976
Driving experience	46 YEARS AND 9 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	MR LEE
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 JURONG WEST TOWARDS JALAN BAHAR WITH ONE PASSENGER (MALE CHINESE) ONBOARD. FRONT VEHICLES STOPPED AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THEIR REAR PORTION OF MY TAXI.  
A VEHICLE SJM7226H HAD COLLIDED ONTO THE REAR OF MY TAXI.

#### ATTACHMENT(S)

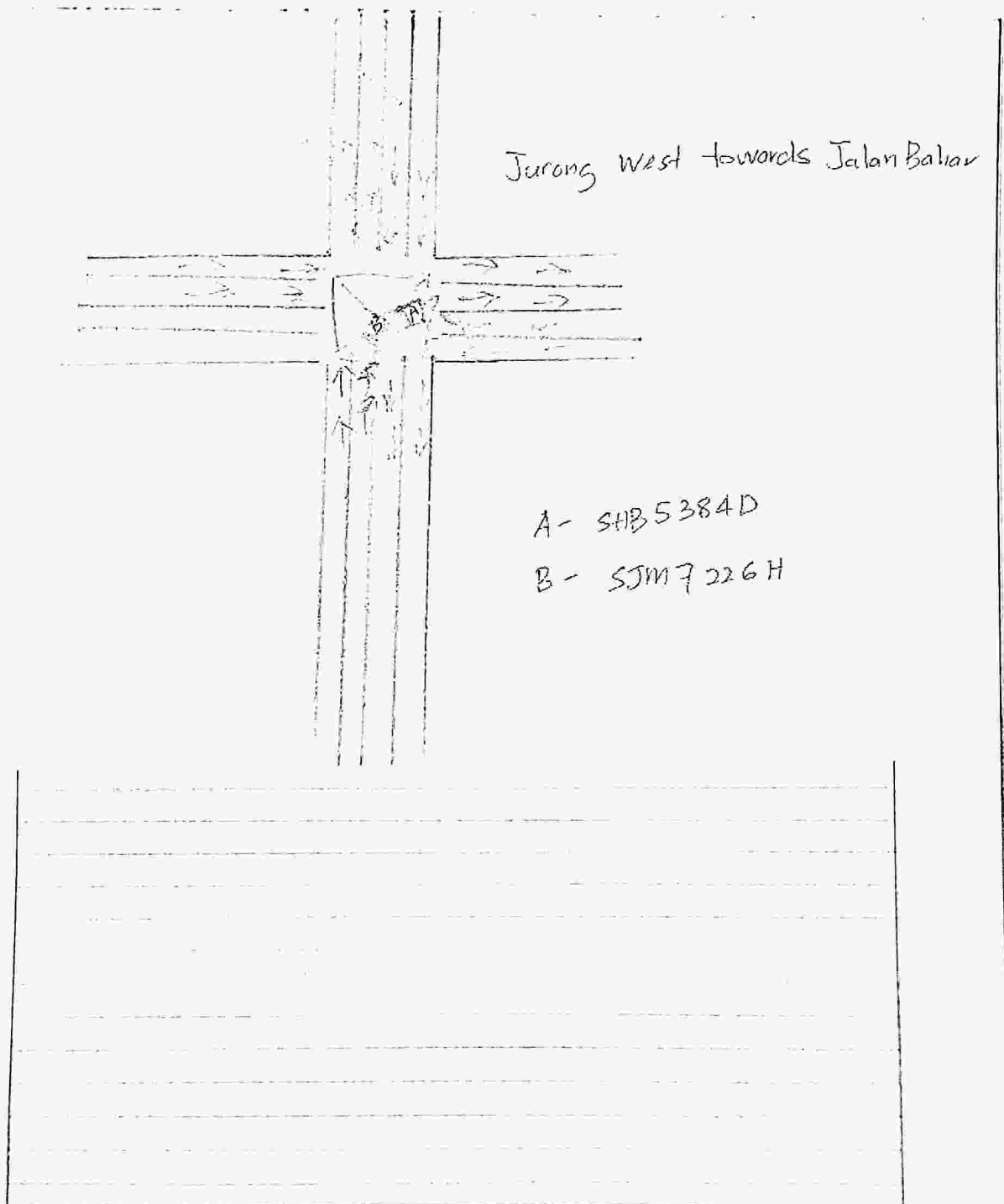
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM7226H
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Vehicle Manufacturer		-
Vehicle Model		-
Vehicle Variant		-
Vehicle Colour		-
Vehicle Category		Private car
Name of Driver		UNKNOWN
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



Declaration

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

Policyholder's Signature / Date & Time

18/1/2023

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

18.1.2023

Witnessed by Reporting Centre Personnel  
(Name as in NR/CID card)



**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

**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 NR/CID card)