RECBY: Taufik REF: INC

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 Insued: ______ 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: ______

IDA.C Accident Rport: ______ 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 WP

Date: ______ Person Contacted: ______ Vehicle: IN / OUT

Veh No: SMB5246U Yr Regn: 2017 Dec

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 / Nil / NA

Sp.Reading 679913 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: JTDKB3FU803578425

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: 195/65R15

R: " "

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. ______ D.O.I. 20/1/23 C 4pm

Survey held at SMRT

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Referral Fee: ______

Lump Sum / I.B.R (%) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ☐ : Interview ($ ☐ : Tech. Inve ($ ☐ : Weekend ($

Survey Fee:	
Transportation:	
___B + RS___SI	
Photos	
Others	

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 Authorised 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. The 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.
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.

25/02

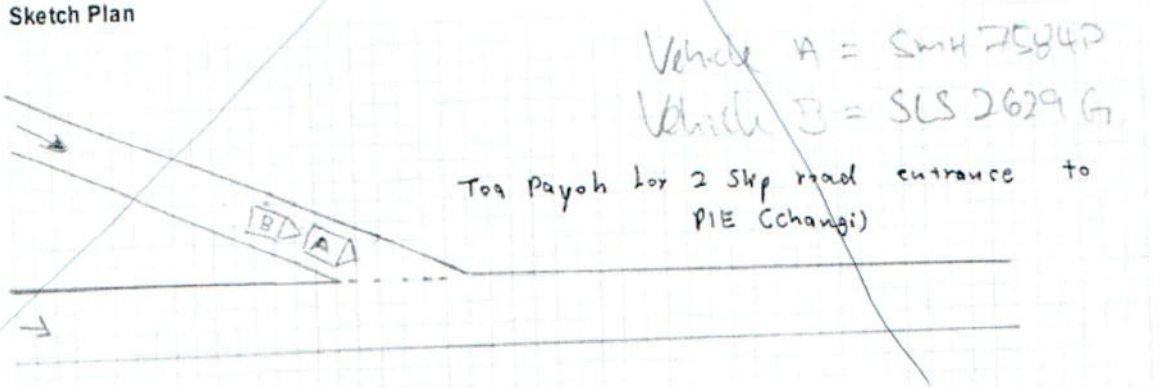
Policyholder's Signature / Date & Time

25/02

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SMRT AUTOMOTIVE

Case Details

Case Reference Number : TAX/01/23/2045
Type of Repair : Accident Repair
Vehicle Registration Number : SHB5246U

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-20341-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Accident Date and Time : 19/01/2023 03:20 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			COVER, RR BUMPER ASSY	1	478.90	478.90	25.00	359.17	Replace	1	0	Repair	RY
Standard	Main			REAR BUMPER REINFORCEMENT	1	360.10	360.10	25.00	270.08	Replace	0	0	Not Give	X
Standard	Main			PAD, RR BUMPER, RH & LH , 1	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	X
Standard	Main			PAD, RR BUMPER, RH & LH , 2	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	X
Standard	Main			PAD, RR BUMPER, RH & LH , 3	2	4.30	8.60	25.00	6.45	Replace	0	0	Not Give	X
Standard	Main			PAD, RR BUMPER, CTR	1	2.50	2.50	25.00	1.88	Replace	0	0	Not Give	X
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	1	12.30	12.30	25.00	9.23	Replace	0	0	Not Give	X
Standard	Main			STOPPER, RR BUMPER, RH & LH	1	4.80	4.80	25.00	3.60	Replace	0	0	Not Give	X
Standard	Main			RETAINER, RR BUMPER, LH	1	127.40	127.40	25.00	95.55	Replace	0	0	Check	?
Standard	Main			SEAL, RR BUMPER , LH	1	95.50	95.50	25.00	71.63	Replace	0	0	Not Give	X
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace	✓
Standard	Main			GUARD, RR BUMPER, LOWER	1	623.50	623.50	25.00	467.63	Replace	0	0	Not Give	X

Total Spare Part Cost	3,862.43	Surveyor Total	525.96
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	020
Final Spare Part Cost	2,999.29	Final Sur Total	420.77

						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			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	
Standard	Main			COVER, GUARD RR BUMPER LOWER	1	16.70	16.70	25.00	12.52	Replace	0	0	Not Give	
Standard	Main			ANTENNA, ELECTRICAL KEY	1	78.00	78.00	25.00	58.50	Replace	0	0	Not Give	
Standard	Main			REAR BUMPER GROMMET SCREW	1	2.20	2.20	25.00	1.65	Replace	0	0	Not Give	
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , LH	1	489.00	489.00	10.00	440.10	Replace	0	0	Not Give	
Standard	Main			LENS & BODY ASSY , RR BUMPER , LH	1	544.40	544.40	10.00	489.96	Replace	1	489.9	Replace	out
Standard	Main			COVER, REAR FLOOR UNDER , LH	1	261.60	261.60	25.00	196.20	Replace	0	0	Not Give	
Standard	Main			COVER, REAR FLOOR UNDER CENTER	1	249.10	249.10	25.00	186.83	Replace	0	0	Not Give	
Standard	Main			COVER, REAR FLOOR UNDER , RH	1	189.20	189.20	25.00	141.90	Replace	0	0	Not Give	
Standard	Main			PANEL SUB-ASSY, FENDER REAR LH	1	943.10	943.10	25.00	707.33	Replace	0	0	Not Give	
Standard	Main			LINER, REAR FENDER , LH	1	151.10	151.10	25.00	113.32	Replace	0	0	Not Give	

Total Spare Part Cost	3,862.43	Surveyor Total	525.96
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	
Final Spare Part Cost	2,999.29	Final Sur Total	420.77

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 REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
Total:			936.00	200.00	

	Estimator Assesment($)	Surveyor Assesment($)
Signature		

Save Clear

Survey Date 20/01/2023

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 Co...

Acknowledged by Repairer
Signature:
Date:

Tanglin 97495749
'wp' 20/1/23 @ 4pm
c/s Resurvey after repair
- 2 days
tanglin@lkkauto.com

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
3	Main	TO RESPRAY REAR FENDER LH	378.00	0	
Total:			**936.00**	**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 CHECK & RESET SYSTEM FUNCTION	120.00	0	
5	Main	TO WASH AND VACUUM	100.00	0	
Total:			**500.00**	**30.00**	

Summary

	Estimator Assesment($)	Surveyor Assesment($)
Total Spare Part Detail	2,999.29	420.77
Total Labour Cost	676.00	200.00
Total Spray Painting	936.00	200.00
Other	500.00	30.00
Overall Total	5,111.29	850.77
Lump Sum Repair Option		☐
Lump Sum Total	5,100.00	850.77
Surveyor Approved Amount		850.77
No of Repair Days*	4	2
Remarks	-	lump sum repair / all check items to revert before proceed / After Paint photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR HP 9749 5749 taufikh@lkkauto.com NTUC
Surveyor Name		Taufikh

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 witholding 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	20/01/2023 13:35 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 11:20 (SGT)
Exact Location of Accident	New Upper Changi Rd, Singapore
Additional Location Information	NEW UPPER CHANGI ROAD - U TURN TOWARDS ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5246U

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) +65-68662672
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	TAN SOON CHOO
NRIC No	SXXXX606J
Date Of Birth	12/12/1962
Occupation	Outdoor

Date Of Driving Pass	15/04/1987
Driving experience	35 YEARS AND 9 MONTHS
Gender	Female
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	HO
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 STOPPED ALONG NEW UPPER CHANGI ROAD TO U-TURN TOWARDS ECP WITH ONE PASSENGER (MALE CHINESE) ON BOARD. SUDDENLY I FELT AN IMPACT AT THE REAR PORTION OF MY TAXI. A VEHICLE SLX6764X HAD COLLIDED ONTO THE REAR LEFT PORTION OF MY TAXI. TRAFFIC WAS BUILDING UP, AND AS SUCH WE HAD TO MOVE FROM THE SCENE BEFORE TAKING PHOTOGRAPHS.

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	SLX6764X

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)	-

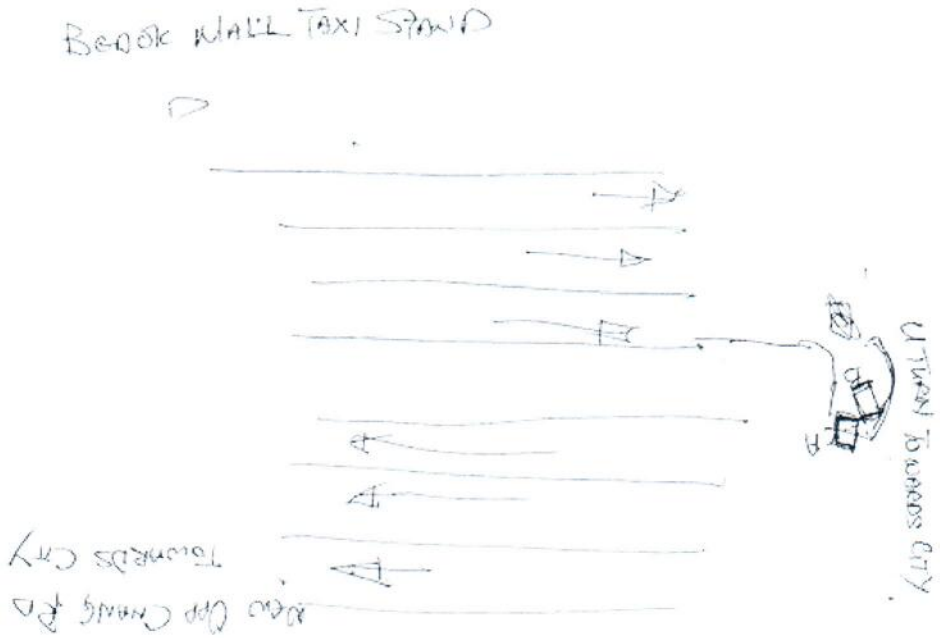
WITNESS DETAILS

WITNESS 1

Name	HO
Phone	-
Email	-

SKETCH PLAN

A – My Taxi
B – Other Driver



Declaration

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

Policyholder's Signature / Date & Time

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

20-1-2023

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

2

SKETCH PLAN

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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:

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(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 the disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mailing 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 Officer's Particulars (Name as in NRIC/FIN and)
	20/01/23	20/1/2023

Sketch Plan