

ASS. REC. BY:

REF:

AIG / 23001209/KP

Kenneth

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 Insured:

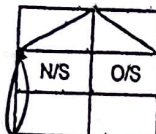
Excess:

(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:

06

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SHC 48574

Yr Regn:

11, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Pajero

c.c

1798

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

434377

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU803574715

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

Giti

195/65R15

R:

Falken

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

2/2/23

D.O.I.

6/2/2023

Survey held at

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

N/S Acc body

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

F. Ins

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

Case Details

Case Reference Number : TAX/02/23/2004
Type of Repair : Accident Repair
Vehicle Registration Number : SHC4857H

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-20410-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd
Accident Date and Time : 02/02/2023 08:30 AM
Vehicle Age(In Months) : -

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

SMRT Recommendation										Surveyor Approval				Remarks
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	
Standard	Main			PANEL SUB-ASSY, FRONT DOOR LH	1	1,407.80	1,407.80	25.00	1,055.85	Replace	1	0 <i>Sen</i>	Repair	
Standard	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	<i>Me</i>
Standard	Main			PANEL SUB-ASSY, REAR DOOR , LH	1	1,401.70	1,401.70	25.00	1,051.28	Replace	1	1,051.28	Replace	<i>Be</i>
Standard	Main			MOULDING ASSY, BODY ROCKER PANEL , LH	1	649.10	649.10	25.00	486.83	Replace	1	0 <i>Sen</i>	Repair	
Standard	Main			PANEL SUB-ASSY, FENDER REAR LH	1	943.10	943.10	25.00	707.33	Replace	1	707.33	Replace	<i>Be</i>
Standard	Main			LINER, REAR FENDER , LH	1	151.10	151.10	25.00	113.32	Replace	0	0	Not Give	
Standard	Main			WHEEL, DISC	1	2,036.30	2,036.30	25.00	1,527.23	Replace	0	0	Not Give	
Standard	Main			COVER, RR BUMPER ASSY	1	478.90	478.90	25.00	359.17	Replace	1	0 <i>Sen</i>	Repair	
Standard	Main			FILLER, RR BUMPER , LH	1	168.60	168.60	25.00	126.45	Replace	0	0	Not Give	
Standard	Main			DOOR OUTER HANDLE FRONT , LH	1	423.20	423.20	25.00	317.40	Replace	0	0	Not Give	
Standard	Main			DOOR OUTER HANDLE REAR , LH	1	105.50	105.50	25.00	79.13	Replace	0	0	Not Give	

Total Spare Part Cost 5,883.99

Surveyor Total 1,818.61

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 4,707.19

Final Sur Total 1,454.89

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH PORTION REAR	1,014.00	700	
Total:			1,014.00	700.00	

Spray Cost Detail


S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	RESpray MIRROR COVER LH	180.00	0	
2	Main	TO RESPRAY REAR BUMPER	378.00	200	
3	Main	TO RESPRAY FILLER RR BUMPER LH	180.00	0	
4	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	150	
5	Main	TO RESPRAY FRONT DOOR LH	378.00	200	
6	Main	TO RESPRAY REAR DOOR LH	378.00	200	
7	Main	TO RESPRAY RIM	180.00	0	
8	Main	TO RESPRAY DOOR HANDLE	360.00	0	
Total:			2,214.00	750.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TRANSFER DOOR MECHANISM	240.00	60	
2	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	100	
3	Main	TO REMOVE / REFIT SEAT	120.00	0	
4	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	20	
5	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	60	
6	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	
7	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	
8	Main	TO WASH AND VACUUM	60.00	0	
Total:			1,100.00	260.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
9	Main	TO REPLACE SUNDRY PARTS	100.00	20	
Total:			1,100.00	260.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,707.19	1,454.89
Total Labour Cost	1,014.00	700.00
Total Spray Painting	2,214.00	750.00
Other	1,100.00	260.00
Overall Total	9,035.19	3,164.89
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	9,050.00	3,150.00
Surveyor Approved Amount		3,150.00
No of Repair Days*	8	5
Remarks	-	LUMPSUM REPAIR / AFTER REPAIR PHOTOS FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR Kenneth Kong (LKK) HP: 0901 06621 Email:
Surveyor Name		Kenneth Kong (LKK)
Signature		
Survey Date	06/02/2023	<input type="button" value="Save"/> <input type="button" value="Clear"/>

**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	03/02/2023 15:53 (SGT)
Reported by	Driver
Date of Accident	02/02/2023 16:30 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	DUNEARN ROAD TOWARDS TOWN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4857H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	D-22099115MFSH
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
	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	LAU KHEE MENG
No	SXXXX368J
Date of Birth	15/08/1961
Location	Outdoor

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;

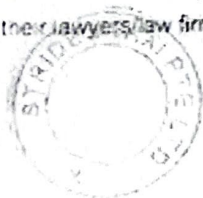
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



3.2.2023

[Signature]

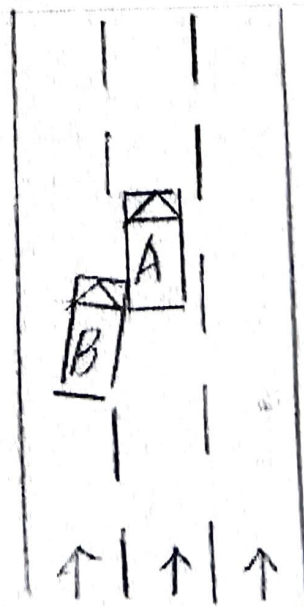
[Signature] 3.2.2023

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/ID card)

Sketch Plan



Duneam Road

A - SHK4857H

B - S1944TE