DEPT: SMR REF:

ASS. REC. BY:

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. _____

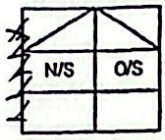
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Rec: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 6489T Yr Regn: 19/12/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailor or _____

Make: Toyota Prius c.c 1798

Colour Brown A/C: Insured / Std / NI / NA

Sp.Reading 451647 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU103576743

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim; or _____

Tyre Size: F: 195/65R15

R: 195/65R15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 9/2/23 D.O.I. 10/2/23 5PM

Survey held at SMRT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

STRIDES
AUTOMOTIVE

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 10/02/2023
User ID : BoonChewTay

Section A - Accident Details

Registration Number	SHD6489T
Case Reference Number	TAX/02/23/2020
Registration Date	19/12/2017
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	NG KOON MENG
Type of Accident	Open Door Case
Accident Date and Time	9/2/2023 2:30 PM
Accident Reported Date and Time	9/2/2023 4:00 PM
s Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24117598
Special Instruction to ARC,if any	TP/ LEFT PORTION
Prepared Date and Time	10/2/2023 10:49 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	$507.00	$0.00
Total Spray Cost	$1,494.00	$0.00
Total Spare Part Cost	$2,969.24	$0.00
Total Other Cost	$520.00	$0.00
TOTAL COST	**$5,490.24**	**$0.00**
Jump Sum Total	$5,500.00	$0.00
Number of Repair Days	5.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	10/02/2023 11:07 AM	
Signature	×	×
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	