ASS. REC. BY: REF: SMO!	
Renneth	SCIONARNIT
riom:	ASSIGNMENT
Esurnated Cost:	Veh No: S140 6368 Tyr Regn: 121 19
OD TP WS / TP RES / OD RES / EVA / INV / MY	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
· To Inspect Vahicle No:	Truck / Trailer or
at Workshop m/s SmR1	Make: Toy Pros c.c 1788
of south	Colour M. Roum A/C: Insured / Std / NI / NA
Insured:	Sp.Reading 274876 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: JTDKBFU203 289373
Sum Insured: Excess:	Gen. Cond: 2000 / Fair / Poor / Burnt
(Cflent's Record)	Steering: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
The second secon	Modi: NII / S/Rim / STD A/Rim or
Molley Oct Miles	Tyre Size: F: 195/65R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or Falken
Bal. or Market Value:	Eroni Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal 5
GIA / PR Seen: Consistent? : Yes or No	L/Bal 5
Est. Repairs: 02 days Res.: Yes or No	mm coa.
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 16 / 2/23 D.O.I. 17/2/202. Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted:	Des. of Damages : Frt Rear 1 O/S N/S U/C Rooftop or The U/C / Chasals frame Body Structure affected due to collision.
Date / Time Action / Instruction	
1	
te/Time, File Pass to? Prell. Report	Days Of Repair:
Company of the compan	
o/Fine, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation
Add Fee:	: Site Insp (\$) _ 5 - RS, _ SI
	:Interview (\$), r
port Format :	
np Sum / I.B.I: (S	
	Weekend (\$



SMRT Accident Vehicle Repair Estimates

60 Woodlands Industrial Park E4, Singapore 757705

User ID

Section A - Accident Details						
Registration Number	SHD6368J	TO THE REAL PROPERTY OF THE PARTY OF THE PAR				
Case Reference Number	TAX/02/23/2033					
Registration Date	26/12/2019	93 4				
Company Type	Strides Taxi Pte Ltd					
Aake	TOYOTA					
Aodel	PRIUS4FL	1				
lame of Driver	SIN WAI MENG	1				
Type of Accident	Head to Rear	7.02				
Accident Date and Time	16/2/2023 2:00 PM	No.				
socident Reported Date and Time	16/2/2023 4:18 PM	18				
Surveyor Required?	No	100				
urvey by	20	- 1914				
ehide is Towed Back?	No					
owed Back Date and Time	P. SAU	100				
eplacement Vehicle issued?	No	7. 1984				
b Card Number	24117650					
ecial Instruction to ARC,if any	TP/ REAR PORTION	8				
epared Date and Time	17/2/2023 10:43 AM	X 0				
assis Number	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1				
eage	12 12 18					
rk Shop	1 7 Page 1820 187 18					
pair Completion Date and Time						

Section B - Summary of Re	pair Estimates		
Quotation from ARC	Adjusted by Surveyor, if applicable		
\$1,014.00	\$0.00		
\$1,296.00	\$0.00		
\$6,184.70	\$0.00		
\$500.00	\$0.00		
\$8,994.70	\$0.00		
\$9,000.00	\$0.00		
6.0	2day,		
Boon Chew Tay	THE STATE OF THE STATE OF		
17/02/2023 11:07 AM			
×	×		
	\$1,014.00 \$1,296.00 \$6,184.70 \$500.00 \$8,994.70 \$9,000.00 6.0 Boon Chew Tay		

	Section C - Quotation and Accident Invoice Details	
Luotation Number	Invoice Number	
Juotation Date	Invoice Date	
avoice Amount	Prepared Date	

LIRAN LIKK Auto
the Repair

Repair

Parts price

Not Author

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:

Pate:

age 1 of 3

TVOICE

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: 17/02/2023 : BoonChewTay

art 1 - Labour Works	Section D - Details of Repair	\$1,014.00 200(
	· · · · · · · · · · · · · · · · · · ·		
ob Scope	Quotation from AR	10000000000000000000000000000000000000	Adjusted by Surveyor, if applicable
O REPAIR REAR PORTION	\$1,014.00	2001	A STREET STREET, STREE
otal Labour art 2 - Spray Painting & Panel Beating Rela	\$1,014.00		

ob Scope	Quotation from ARC	· 相是16/15/17	Adjusted by Surveyor, if applicable
O RESPRAY REAR BUMPER	\$378.00	2001	Constitution of the second second
O RESPRAY REAR PANEL	\$180.00	7	
O RESPRAY TAIL GATE	\$378.00	X	19
O RESPRAY TAILGATE OUTSIDE GARNISH	\$180.00	1501	
D RESPRAY REAR SPOILER	\$180.00	X	
otal Spray Painting & Panel Beating	\$1,296.00		

ob Scope	Quotation from AR	C A A	Adjusted by Surveyor, if applicable
O WASH AND VACUUM	\$60.00	*	The state of the s
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00	20(THE STATE OF THE PARTY OF THE P
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	X	
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	501	The state of the s
O REPLACE SUNDRY PARTS	\$100.00	X	
otal Other Costs	\$500.00		

art Number	Portion	Stock Number	r Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
	S. ALTHOUGH DICK AN	52023-47030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace	7
4796747	1 1 4	52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace	RIRX
1317		52462-47130	PAD, RR BUMPER, RH 8	2.00	\$12.00	25.00	\$18.00	Replace	an x
		52462-47030	PAD, RR BUMPER, RH 8 LH , 2	2.00	\$4.30	25.00	\$6.45	Replace	anx
11 100		52462-47020	PAD, RR BUMPER, RH &	2.00	\$4.30	25.00	\$6.45	Replace	an X
		52461-47070	PAD, RR BUMPER, CTR	3.00	\$12.00	25.00	\$27.00	Replace	NN X
		52191-47030	SEAL, RR BUMPER ARM, RH & LH	2.00	\$12.30	25.00	\$18.45	Replace	In x
7/		52599-68030	STOPPER, RR BUMPER. RH & LH	2.00	\$4.80	25.00	\$7.20	Replace	In X
		52575-47060	RETAINER, RR BUMPER, RH	1.00	\$143.60	25.00	\$107.70	Replace	Pn X
			RETAINER, RR BUMPER, LH	1.00	\$143.60	25.00	\$107.70	Replace	In X
		52591-47080	SEAL, RR BUMPER, RH	1.00	\$128.00	25.00	\$96.00	Replace	en x
		52592-47080	SEAL, RR BUMPER , LH	1.00	\$128.00	25.00	\$96.00	Replace	an X
			CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	na x
			GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace	ndllar -
			COVER, GUARD RR BUMPER LOWER	1.00	\$23.90	25.00	\$17.92	Replace	Sn x
			REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1.00	\$42.20	25.00	\$31.65	Replace	su x
		F	REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$42.20	25.00	\$31.65	Replace	Pmx

ge 2 of 3

LKK Auto Consultants nence notity the Repairer of the following:

- To resurvey before/after spray pointing
- To display damaged part(s) during resumer
 - Parts prices are subject to confirmation
- Third pany survey is only. Will world Preparent

 - Supplier entary derivation is a secured as a supplier to final agency.



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68862523

Accident Reporting Number : 68662672

Date Generated: 17/02/2023

User ID

: BoonChewTay

ımber	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
310		9018906029	REAR BUMPER	1.00	\$2.20	25.00	\$1,65	Replace	In X
		58398-47050	GROMMET SCREW COVER, REAR FLOOR	1.00	\$189.20	25.00	\$141.90	Replace	In x
_	-	58399-47030	UNDER , RH COVER, REAR FLOOR	1.00	\$261.60	25.00	\$196.20	Replace	Pm X
	+	66259-47010	UNDER , LH COVER, REAR FLOOR	1.00	\$249.10	25.00	\$186.83	Replace	Pm X
_	1	81551-47481	UNDER CENTER LENS & BODY, REAR COMBINATION LAMP.	1.00	\$367.30	10.00	\$330.57	Replace	fu x
			RH			1	2000 57	Replace	
1		81561-47471	LENS & BODY, REAR COMBINATION LAMP, LH	1.00	\$367.30	10.00	\$330.57	3000 8 00 30000	In x
		81457-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	1.00	\$282,70	10.00	\$254.43	Replace	1m ×
	10	81456-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1.00	\$282.70	10.00	\$254.43	Replace	în X
		81580-47070	LAMP ASSY, REAR, RH	1.00	\$317.80	10.00	\$286.02	Replace	Sh X
_		81590-47070	LAMP ASSY, REAR, LH	1.00	\$317.80	10.00	\$286.02	Replace	In X
		19 19	SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	/m /
		89997-30100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace	m x
E vi	3	58307-47100	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace	m x
	100	67005-47530	TAIL GATE PANEL SUB- ASSY, BACK DOOR	1.00	\$1,238.40	25.00	\$928.80	Replace	sux
	7. 199	76801-47170- A1	TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$992.30	25.00	\$744.22	Replace	ar · X Re
_	- 6	75403-48010	EMBLEM SUB-ASSY REAR	1.00	\$77.40	25.00	\$58.05	Replace	Nu-
	, I	75441-47220		1.00	\$59.10	25.00	\$44.33	Replace	Men
	- A.T.	75442-47200	NAME PLATE (PRIUS) , LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace	Men
	F	76085-47916	SPOILER SUB-ASSY, REAR	1.00	\$1,704.20	25.00	\$1,278.15	Replace	sn x
			STRIDES LOGO	1.00	\$7.80	0.00	\$7.80	Replace	me -
			STICKER DECAL 65558888	1.00	\$21.60	0.00	\$21.60	Replace	Ma -
		-			\$9,759.20		\$7,752.48		
pare P	arts / Materia	Usage After Sur	veyor Signed off			Çi,	18 30		
ber	Portion	Stock Number	THE REAL PROPERTY OF THE PARTY	Quantity	List Price \$	Discount (9	() Final Price	(\$) ARC Check	Surveyor Check

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

e 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 The issue and acceptance of this Form by insurance companies is not an admission of policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 This reporting may be referred to the Police for investigation.
 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 the control of this record will for a fee, by made available upon application by Interested parties.

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

17/02/2023 11:15 (SGT)

Driver

16/02/2023 14:00 (SGT)

PIE, Singapore

PIE TOWARDS CHANGI AIRPORT, AFTER KIM KEAT EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD6368J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

Strides Taxi Pte Ltd

1XXXXXX369K

AUTO-SVCS-TARC@SMRT.COM.SG

(Phone) +65-68662671

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehide Category **Transmission**

CC

Toyota

Prius

No - Claiming third party

Taxi

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd D-22099115MFSH

DRIVER

Name of Driver NRIC No

Date Of Birth

Occupation

SIN WAI MENG SXXXX991F 14/01/1960 Outdoor

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process. This Form must be completed by the Policyholder and/or the Actual Drive:
- 3. Information provided must be as <u>truthful and accurate as possible.</u> Any wiful misrepresentation or withholding of material facts may allow 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 insurance companies. Any false reporting may be referred to the Traffic Police Department for investigation.
- 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 Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association of Singapore (GIA) for archiving and that Centre established by the General Insurance Association (GIA) for archiving and the Centre established by the General Insurance Association (GIA) for archiving and the Centre established by the General Insurance Association (GIA) for archiving and the Centre established by the General Insurance Association (GIA) for archiving and the Centre established by the General Insurance Association (GIA) for archiving and the Centre established by the General Insurance Association (GIA) for archiving and the Centre established by the General Insurance Association (GIA) for archiving and the Centre established (GIA) f 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 lodgament of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the

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 to all insurance Association of Singapore ("GIA") may/are permitted to the original data/personal information set out in this (form) and any other personal information to all insurance to the original data/personal information to all insurance to the original data/personal information and the original data/personal information set out in this (form) and any other personal information to all insurance to the original data/personal data/personal information set out in this (form) and any other personal information to all insurance to the original data/personal data/persona possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have 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

- (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

16.9.73

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

Mr 16.2.2023

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan

Grab Cat XOT Pre toward curet after end kim kint