S. RECBY: Taufik | REF: INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / PS / 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

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

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

Veh No: SMB5490E Yr Regn: 2017, Oct.

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: 862057 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKB3FU703728991

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.	30/1/23.

Survey held at SMRT WL

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

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: $ ___ /KM ___ $

Photos

Others

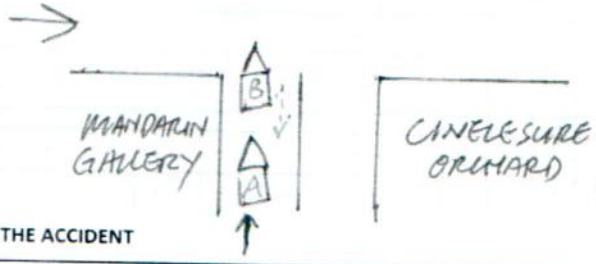
Repair Format : _____

Lump Sum / I.B.R. / % _____

SKETCH PLAN

MANDARIN GALLERY EXIT BEFORE GRANGE RD.

VEH·A - SLF3232D
VEH·B - SJQ1368A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEH. 'A' WAS STATIONARY ON THE STATED VENUE. SUDDENLY, VEHICLE 'B' REVERSE AND BANG ONTO MY VEHICLE FRONT PORTION.

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

X

SMRT AUTOMOTIVE

Case Details

Case Reference Number : TAX/01/23/2060
Type of Repair : Accident Repair
Vehicle Registration Number : SHB5490E

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-20366-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
Accident Date and Time : 26/01/2023 01:40 PM
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, FR BUMPER	1	560.30	560.30	25.00	420.22	Replace	1	420.22	Replace	dd
Standard	Main			SUPPORT, FR BUMPER LH	1	86.20	86.20	25.00	64.65	Replace	0	0	Check	?
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace	ne
Standard	Main			LAMP ASSY, FOG, LH	1	1,029.90	1,029.90	10.00	926.91	Replace	0	0	Not Give	Xnn
Standard	Main			UNIT , HEADLAMP , LH	1	2,852.40	2,852.40	10.00	2,567.16	Replace	0	0	Not Give	Xnn
Standard	Main			COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1	1,039.90	1,039.90	10.00	935.91	Replace	0	0	Not Give	Xnn
Standard	Main			FENDER SUB-ASSY, FR , LH	1	1,060.70	1,060.70	25.00	795.53	Replace	1	795.53	Replace	ht
Standard	Main			EMBLEM, SIDE PANEL (HYBRID)	1	59.10	59.10	25.00	44.33	Replace	1	44.33	Replace	ne
Standard	Main			LINER, FR FENDER, LH	1	219.10	219.10	25.00	164.33	Replace	0	0	Check	?
Standard	Main			PAD, FR WHEEL LH	1	65.00	65.00	25.00	48.75	Replace	0	0	Check	?
Standard	Main			SEAL SUB-ASSY, LH	1	56.20	56.20	25.00	42.15	Replace	0	0	Check	?
Standard	Main			PROTECTOR, FR FENDER LH	1	101.80	101.80	25.00	76.35	Replace	0	0	Not Give	Xnn
Standard	Main			CAP SUB-ASSY, WHEEL	1	229.00	229.00	25.00	171.75	Replace	1	171.75	Replace	cut
Standard	Main			WHEEL, DISC FRONT	1	2,036.30	2,036.30	25.00	1,527.23	Replace	0	0	Not Give	Xnn

Total Spare Part Cost	10,001.97	Surveyor Total	1,467.83
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20
Final Spare Part Cost	7,507.66	Final Sur Total	1,174.26

				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			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	
Standard	Main			HUB & BEARING ASSY, RH & LH	1	722.10	722.10	25.00	541.58	Replace	0	0	Not Give	
Standard	Main			KNUCKLE, STEERING, LH	1	717.50	717.50	25.00	538.13	Replace	0	0	Not Give	
Standard	Main			ABSORBER SET, SHOCK, FRONT LH	1	475.80	475.80	25.00	356.85	Replace	0	0	Not Give	
Standard	Main			LOWER ARM SUB-ASSY, FRONT LH	1	823.20	823.20	25.00	617.40	Replace	0	0	Not Give	

Total Spare Part Cost	10,001.97	Surveyor Total	1,467.83
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	
Final Spare Part Cost	7,507.66	Final Sur Total	1,174.26

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	1,014.00	300.00	
Total:			1,014.00	300.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT FENDER LH	378.00	200	
3	Main	RESPRAY WHEEL CAP	180.00	0	
4	Main	TO RESPRAY RIM	180.00	0	
Total:			1,116.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
1	Main	TOWING CHARGE	56.00	0	REQ INVIOCE
2	Main	TO WASH AND VACUUM	60.00	0	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0	
Total:			756.00	110.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation($)	Surveyor Adjustment($)	Remarks
4	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
5	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	80	
6	Main	TO REMOVE AND REFIX UNDERCARRIAGE	200.00	0	
7	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			**756.00**	**110.00**	

Summary

	Estimator Assesment($)	Surveyor Assesment($)
Total Spare Part Detail	7,507.66	1,174.26
Total Labour Cost	1,014.00	300.00
Total Spray Painting	1,116.00	400.00
Other	756.00	110.00
Overall Total	10,393.66	1,984.26
Lump Sum Repair Option		☑
Lump Sum Total	10,400.00	2,000.00
Surveyor Approved Amount		2,000.00
No of Repair Days*	6	3
Remarks	-	LUMPSUM REPAIR / AFTER PAINT PHOTOS .FOR CHECK ITEM and REPLACE ITEM.PLEASE CALL SURVEYOR TAUFIKH , HP 9749 5747 / EMAIL : taufikh@lkkauto.com
Surveyor Name		Taufikh
Signature		

Save Clear

Survey Date 30/1/2023

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 Company

Acknowledged by Repairer
Signature:
Date:

Taufikh 97495747
WP 30/1/23 @ 320pm
3 days
c/s Rosyatte repair

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	27/01/2023 13:59 (SGT)
Reported by	Driver
Date of Accident	26/01/2023 21:40 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	SLIP ROAD FROM HAVELOCK ROAD TOWARDS OUTRAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5490E

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	NEO WEIFEI
NRIC No	SXXXX290G
Date Of Birth	01/02/1982

Occupation	Outdoor
Date Of Driving Pass	29/08/2005
Driving experience	17 YEARS AND 5 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	Side Swipe
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)	3
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - L/20230127/2015

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	SMK9820D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POH LEONG SAN
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

Describe (

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

Policyholder's Signature / Date & Time

29/01/2023

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

27.1.2023

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

2

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 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.

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)
	27/01/2023	27.1.2023

Sketch Plan