

NS/INC23003349/Tqc

RECBY: TQM

REF:

INC

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated cost: \_\_\_\_\_

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect/Vehicle No: \_\_\_\_\_

at Workshop t/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

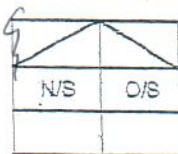
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 3 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: SM155627DYr Regn: 2017, Nov

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

Truck / Trailer or

Make: Toyota PriusC.C. 1798Colour: Maroon

A/C: Insured / Std / NI / NA

Sp. Reading: 600603

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STOKES 3F4 X03575707

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DUTSU / PIR / SUMI /  
TOYO / YOKO, or Sailun

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 30/11/23Survey held at SMPT WC

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

Taufikh finalised LS \$950, 3 days. (Red \$15268.58, 94%)

Date/Time, File Pass to?

☐ : Prelim. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS: \_\_\_\_\_

Photos: \_\_\_\_\_

Others: \_\_\_\_\_

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

Type of Fault:

TP

Lump Sum / Repair (\$

950

INJURED PERSONS DETAILS

Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

INJURED 1

Name of injured person  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

JONATHAN TAN ZHI YING  
-  
-  
-  
-  
NECK & BACK  
SLF3232D  
Yes  
No



## Case Details

Case Reference Number : TAX/01/23/2061  
 Type of Repair : Accident Repair  
 Vehicle Registration Number : SHB5627D

Company Type : Strides Taxi Pte Ltd  
 Estimation ID : EST-20369-ID  
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited  
 Accident Date and Time : 26/01/2023 09:15 AM  
 Vehicle Age(In Months) : -

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval					Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace		
Standard	Main			COVER, FR BUMPER	1	560.30	560.30	25.00	420.22	Replace	1	0	Repair	✓	Ry
Standard	Main			SUPPORT, FR BUMPER LH	1	86.20	86.20	25.00	64.65	Replace	0	0	Check	✓	?
Standard	Main			EMBLEM ASSY FRONT	1	98.70	98.70	25.00	74.03	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	✓	new
Standard	Main			LAMP ASSY, FOG, LH	1	1,029.90	1,029.90	10.00	926.91	Replace	0	0	Not Give	✓	xun
Standard	Main			UNIT, HEADLAMP, LH	1	2,852.40	2,852.40	10.00	2,567.16	Replace	0	0	Not Give	✓	xun
Standard	Main			FENDER SUB-ASSY, FR, LH	1	1,060.70	1,060.70	25.00	795.53	Replace	1	0	Repair	✓	Ry
Standard	Main			EMBLEM, SIDE PANEL (HYBRID)	1	59.10	59.10	25.00	44.33	Replace	1	44.33	Replace	✓	new
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			WHEEL, DISC FRONT	1	2,036.30	2,036.30	25.00	1,527.23	Replace	1	0	Repair	✓	Ry
Standard	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	✓	xun
Standard	Main			HUB & BEARING ASSY, RH & LH	1	722.10	722.10	25.00	541.58	Replace	0	0	Not Give	✓	xun
Total Spare Part Cost									10,095.67	Surveyor Total					140.33
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)					20.00
Final Spare Part Cost									8,028.54	Final Sur Total					112.26



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			MOULDING ASSY, BODY ROCKER PANEL , LH	1	649.10	649.10	25.00	486.83	Replace	0	0	Not Give	Xun
Standard	Main			KNUCKLE, STEERING, LH	1	717.50	717.50	25.00	538.13	Replace	0	0	Not Give	Xun
Standard	Main			LOWER ARM SUB-ASSY, FRONT LH	1	823.20	823.20	25.00	617.40	Replace	0	0	Not Give	Xun
Standard	Main			PANEL SUB-ASSY, FRONT DOOR LH	1	1,407.80	1,407.80	25.00	1,055.85	Replace	1	0	Repair	Ry
Standard	Main			STICKER STRIDES TAXI ( DOOR )	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	hel
Total Spare Part Cost									10,095.67	Surveyor Total 140.33				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				
Final Spare Part Cost									8,028.54	Final Sur Total 112.26				

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	
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	TO RESPRAY FRONT DOOR LH	378.00	200	
4	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	
5	Main	TO RESPRAY RIM	180.00	100	
Total:			1,494.00	700.00	

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	0	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	80	
5	Main	TO REMOVE AND REFIT TYRE	120.00	0	
6	Main	TO TRANSFER DOOR MECHANISM	120.00	0	
7	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	148.44	148.44	
8	Main	TO REMOVE AND REFIX UNDERCARRIAGE	200.00	0	
9	Main	TO REPLACE SUNDRY PARTS	100.00	0	
<b>Total:</b>			<b>1,088.44</b>	<b>228.44</b>	

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:

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	8,028.54	112.26
Total Labour Cost	1,014.00	300.00
Total Spray Painting	1,494.00	700.00
Other	1,088.44	228.44
Overall Total	11,624.98	1,340.70
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	11,600.00	1,350.00
Surveyor Approved Amount		1,350.00
No of Repair Days*	6	3
Remarks	-	LUMSUM REPAIR / AFTER PAINT PHOTOS ,FOR CHECK ITEM and REPLACE ITEM.PLEASE CALL SURVEYOR TAUFIKH HP 9740 6740 EMAIL : taufikh@lkkauto.com
Surveyor Name		Taufikh
Signature		

Taufikh 9740 6740  
 'wp' 30/1/23 3:20 PM  
 3 days  
 1/5 Resurvey after repair  
 Taufikh@lkkauto.com

Save Clear

Estimator Assesment(\$)

Surveyor Assesment(\$)

Survey Date

30/01/2023



## 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	28/01/2023 08:35 (SGT)
Reported by	Driver
Date of Accident	26/01/2023 17:15 (SGT)
Exact Location of Accident	Hougang St 51, Singapore
Additional Location Information	HOUGANG STREET 51 CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5627D
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	YEN SOON WENG
NRIC No	SXXXX482A
Date Of Birth	02/09/1961
Occupation	Outdoor



19/06/1982  
40 YEARS AND 7 MONTHS  
Male  
(Phone) +65-68662672  
-  
AUTO-SVCS-TARC@SMRT.COM.SG  
11  
-  
-  
No  
Hirer  
No  
-  
-

Side Swipe  
Clear  
Dry

No  
3  
No  
-  
Yes  
3  
  
No  
-  
-  
-  
-  
-

UNKNOWN  
Male

UNKNOWN  
Male

No  
No

AT HOUGANG ST 51 CAR PARK. WHEN I WAS DRIVING  
OUT FROM THE PARKING LOT AND HIT ONTO MY VEHICLE

Yes  
Yes  
FILE TOO BIG



## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF9579B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DARREN LIM ZI JIE
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**

**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 willful 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.

**6. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

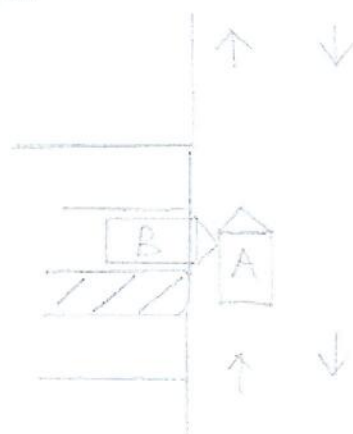
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the **Personal 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 the 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)

**Sketch Plan**



A-91651510  
P-58795796

Hanging off the car park

Describe Circumstance of the Accident

Declaration

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



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

