

ASS. REC. BY:

REF:

INC/230035011kw

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

SMRT

of

Insured:

Policy No.

Claims No.

Sum Insured:

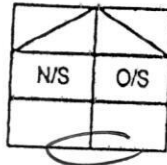
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

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

17/4 21/5 @ 750k Car @ 02 days (Red \$5,546.11/88%)

Veh No:

SHB 5913C

Yr Regn:

12, 1P

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

Truck / Trailer or

Make:

Toyota Prius

c.c

1798

Colour

M. Brown

A/C:

Insured / Std / Nil / NA

Sp. Reading

310865

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

JTDKB3FU3030882P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/3/23

D.O.I.

4/4/2023

Survey held at

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

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

Date/Time, File Pass to?



: Prell. Report

1) Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format: TP

Lump Sum / I.B.I: (\$ 1/s #

TOTAL

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 : 04/04/2023

User ID : munsan

Section A - Accident Details

Registration Number	SHB5913C
Case Reference Number	TAX/03/23/2068
Registration Date	12/12/19
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	TEO LEE HUAT
Type of Accident	Head to Rear
Accident Date and Time	28/3/23 10:35 PM
Accident Reported Date and Time	29/3/23 4:05 PM
Surveyor Required?	No
Surveyed by	
Vehicle Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118088
Special Instruction to ARC, if any	DAMAGE TO THE REAR OF TAXI
Prepared Date and Time	3/4/23 3:54 PM
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	\$845.00	\$0.00
Total Spray Cost	\$1,116.00	\$0.00
Total Spare Part Cost	\$3,835.11	\$0.00
Total Other Cost	\$500.00	\$0.00
TOTAL COST	\$6,296.11	\$0.00
Lump Sum Total	\$6,300.00	\$0.00
Number of Repair Days	6.0	2 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	03/04/2023 4:10 PM	
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

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

SMRT Accident Vehicle Repair Estimates

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Section D - Details of Repair Estimates

Part 1 - Labour Works		
Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR REAR PORTION	\$845.00 <i>2001</i>	
total Labour	\$845.00	

Part 2 - Spray Painting & Panel Beating Related Works		
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY REAR BUMPER	\$378.00 <i>2001</i>	
O RESPRAY REAR PANEL	\$180.00 <i>1X</i>	
O RESPRAY BUMPER BEAM	\$180.00 <i>1X</i>	
O RESPRAY REAR FENDER RH	\$378.00 <i>X</i>	
total Spray Painting & Panel Beating	\$1,116.00	

Part 3 - Other Costs - Accident and Accident Repair Related Expense		
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O WASH AND VACUUM	\$60.00 <i>X</i>	
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>201</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>X</i>	
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00 <i>501</i>	
O REPLACE SUNDRY PARTS	\$100.00 <i>X</i>	
total Other Costs	\$500.00	

Part 4 - Spare Parts / Material Usage									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52191-47030	SEAL, RR BUMPER ARM, RH & LH	2.00	\$12.30	25.00	\$18.45	Replace <i>me</i>	<i>✓</i>
		52575-47060	RETAINER, RR BUMPER, RH	1.00	\$143.60	25.00	\$107.70	Replace <i>me</i>	<i>X</i>
		52576-47060	RETAINER, RR BUMPER, LH	1.00	\$143.60	25.00	\$107.70	Replace <i>me</i>	<i>X</i>
		58399-47030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace <i>me</i>	<i>X</i>
		66259-47010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace <i>me</i>	<i>X</i>
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace <i>me</i>	<i>X</i>
		89997-30100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace <i>me</i>	<i>X</i>
		81457-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	1.00	\$282.70	10.00	\$254.43	Replace <i>me</i>	<i>X</i>
		81456-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1.00	\$282.70	10.00	\$254.43	Replace <i>me</i>	<i>X</i>
		81551-47481	LENS & BODY, REAR COMBINATION LAMP, RH	1.00	\$367.30	10.00	\$330.57	Replace <i>me</i>	<i>X</i>
		81561-47471	LENS & BODY, REAR COMBINATION LAMP, LH	1.00	\$367.30	10.00	\$330.57	Replace <i>me</i>	<i>X</i>
		58307-47100	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace <i>me</i>	<i>X</i>
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace <i>me</i>	<i>X</i>
		61601-47150	PANEL SUB-ASSY, FENDER REAR RH	1.00	\$943.10	25.00	\$707.33	Replace <i>me</i>	<i>X</i>
		52462-47020	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace <i>me</i>	<i>✓</i>
		52462-47030	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace <i>me</i>	<i>✓</i>
		52462-47130	PAD, RR BUMPER, RH & LH, 3	2.00	\$12.00	25.00	\$18.00	Replace <i>me</i>	<i>✓</i>

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
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Part 4 - Spare Parts / Material Usage									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace	<i>Re/ld</i>
		52023-47030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace	<i>R X</i>
		58398-47050	COVER, REAR FLOOR UNDER, RH	1.00	\$189.20	25.00	\$141.90	Replace	<i>In X</i>
		81920-47030	REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$42.20	25.00	\$31.65	Replace	<i>In X</i>
		81910-47030	REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1.00	\$42.20	25.00	\$31.65	Replace	<i>In X</i>
		52169-47070	COVER, GUARD RR BUMPER LOWER	1.00	\$23.90	25.00	\$17.92	Replace	<i>In X</i>
		52453-47900	GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace	<i>In X</i>
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	<i>in X</i>
		52592-47080	SEAL, RR BUMPER, LH	1.00	\$128.00	25.00	\$96.00	Replace	<i>in X</i>
		52591-47080	SEAL, RR BUMPER, RH	1.00	\$128.00	25.00	\$96.00	Replace	<i>in X</i>
		52461-47070	PAD, RR BUMPER, CTR	3.00	\$12.00	25.00	\$27.00	Replace	<i>in X</i>
		52599-68030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace	<i>In X</i>
		9018906029	REAR BUMPER GROMMET SCREW	1.00	\$2.20	25.00	\$1.65	Replace	<i>In X</i>
total					\$5,943.80		\$4,793.89		

Added Spare Parts / Material Usage After Surveyor Signed off									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
total									

*Not Authorized
61 Day @ 750k*

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	30/03/2023 17:46 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2023 22:35 (SGT)
Exact Location of Accident	Horne Rd, Singapore
Additional Location Information	TOWARDS KALLANG AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5913C
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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) +65-68662672
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	TEO LEE HUAT
NRIC No	SXXXX065C
Date Of Birth	12/08/1959
Occupation	Outdoor

Date Of Driving Pass	17/04/1980
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662671
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	1
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	22
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG HORNE ROAD, EXITING TO KALLANG AVE. I WAS LOOKING OUT FOR TRAFFIC ON THE MAIN ROAD TO CLEAR BEFORE EXITING. SUDDENLY I FELT AN IMPACT TO THE REAR OF TAXI. I STOPPED MY TAXI AND ALIGHT TO CHECK ON THE DAMAGES & EXCHANGE PARTICULARS.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO HUGE TO UPLOAD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD112J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
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 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.

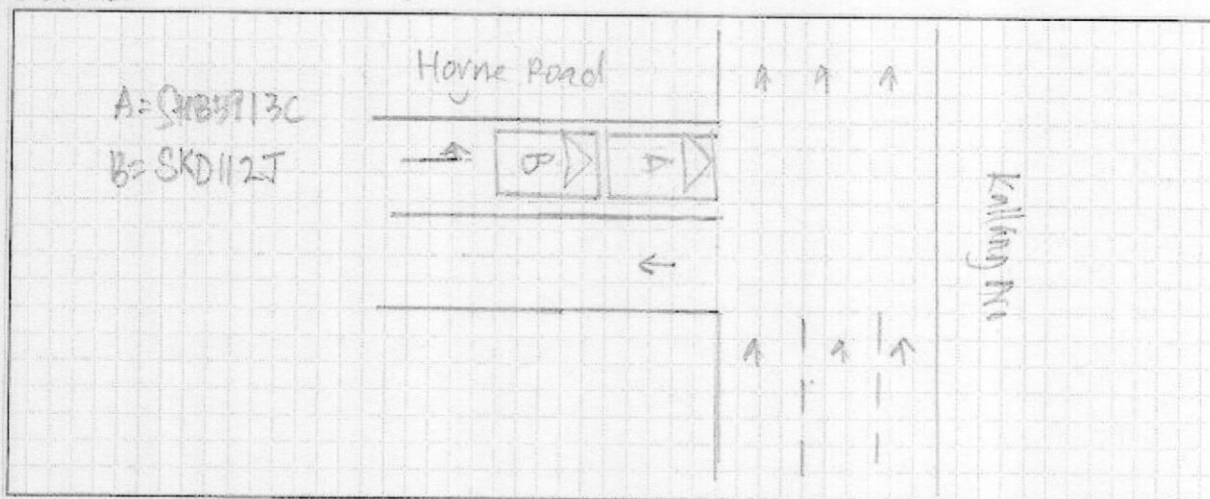


Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Large rectangular area for describing the accident circumstances, containing faint horizontal lines for writing.

Declaration

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



Policyholder's Signature / Date & Time

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

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