

ASS. REC. BY:

REF:

SPF/ 23003776/kw

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 _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

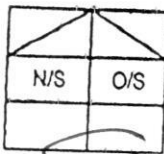
Excess: _____

(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: _____

04 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SIB 5284 J

Yr Regn: _____

11, 17

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

Truck / Trailer or

Make: _____

Toy Prius

c.c

1798

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

479344

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTDKCB3FU 103 575348

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: _____

Pailun

195/65R15

R: Westlake

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. _____

6

mm

R/Bal. _____

8

mm

L/Bal. _____

6

mm

L/Bal. _____

8

mm

D.O.A. _____

11/4/23

D.O.I. _____

12/4/2023

Survey held at _____

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

6/5/21 Rep @ 3550. Cash @ 04 days (Red \$13,056.93/17%)

Repair Range: \$3,550 - \$4,000 / 1 weekend

Date/Time, File Pass to?

09/05/2023



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

4

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation

Add Fee: _____



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

) S - RS. SI

) Firms

) Others

Report Format: TP

Lump Sum / I.B.I. (\$

45 \$3,550

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 : 11/04/2023

User ID : BoonChewTay

Section A - Accident Details

Registration Number	SHB5284J
Case Reference Number	TAX/04/23/2022
Registration Date	30/11/2017
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	CHUA LAK KHOON
Type of Accident	Head to Rear
Accident Date and Time	11/4/2023 10:25 AM
Accident Reported Date and Time	11/4/2023 4:31 PM
Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118148
Special Instruction to ARC, if any	REAR PORTION
Prepared Date and Time	11/4/2023 5:48 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	\$1,352.00	\$0.00
Total Spray Cost	\$2,014.00	\$0.00
Total Spare Part Cost	\$7,921.22	\$0.00
Total Other Cost	\$1,335.00	\$0.00
TOTAL COST	\$12,622.22	\$0.00
ump Sum Total	\$12,600.00	\$0.00
Number of Repair Days	10.0	3 days + 1
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	11/04/2023 6:08 PM	
Signature		Kenneth
Remarks		

Section C - Quotation and Accident Invoice Details

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

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:

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
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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	\$1,352.00 <i>4001</i>	
total Labour	\$1,352.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY BUMPER BEAM	\$220.00 <i>2001201</i>	
O RESPRAY REAR PANEL	\$220.00 <i>2001</i>	
O RESPRAY REAR BUMPER	\$378.00 <i>2001</i>	
O RESPRAY REAR SPARE TYRE PANEL	\$220.00 <i>nn x</i>	
O RESPRAY TAILGATE OUTSIDE GARNISH	\$220.00 <i>1201</i>	
O RESPRAY TAIL GATE	\$378.00 <i>nn x</i>	
O RESPRAY REAR FENDER RH	\$378.00 <i>nn x</i>	
total Spray Painting & Panel Beating	\$2,014.00	

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>nn x</i>	
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>201</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>NN x</i>	
O PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	\$475.00 <i>nn x</i>	
O TRANSFER REAR TAILGATE MECHANISM	\$120.00 <i>601</i>	
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00 <i>501</i>	
O REMOVE AND REFIX REAR WINDSCREEN	\$240.00 <i>nn x</i>	
O REPLACE SUNDRY PARTS	\$100.00 <i>nn x</i>	
total Other Costs	\$1,335.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		5215947913	COVER, RR BUMPER ASSY	1.00	\$478.90	25.00	\$359.17	Replace	<i>BT ✓</i>
		5202347030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace	<i>BT ✓</i>
		5246247030	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace	<i>nn -</i>
		5246247020	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace	<i>nn -</i>
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$4.30	25.00	\$6.45	Replace	<i>nn -</i>
		5246147010	PAD, RR BUMPER, CTR	3.00	\$2.50	25.00	\$5.63	Replace	<i>nn -</i>
		5219147030	SEAL, RR BUMPER ARM, RH & LH	1.00	\$12.30	25.00	\$9.23	Replace	<i>nn x</i>
		5259968030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace	<i>nn x</i>
		5257547040	RETAINER, RR BUMPER, RH	1.00	\$127.40	25.00	\$95.55	Replace	<i>DI ✓</i>
		5259147050	SEAL, RR BUMPER, RH	1.00	\$95.50	25.00	\$71.63	Replace	<i>nn x</i>
		5216118010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	<i>nn -</i>
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$623.50	25.00	\$467.63	Replace	<i>BT 2 ✓</i>
		5256547900	FILLER, RR BUMPER, RH	1.00	\$168.60	25.00	\$126.45	Replace	<i>nn x</i>
		5256647900	FILLER, RR BUMPER, LH	1.00	\$168.60	25.00	\$126.45	Replace	<i>nn x</i>

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 : 11/04/2023

User ID : BoonChewTay

Part 4 - Spare Parts / Material Usage									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$16.70	25.00	\$12.52	Replace	mis
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	in X
		8999730100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	25.00	\$58.50	Replace	in X
		9018906029	REAR BUMPER GROMMET SCREW	1.00	\$2.20	25.00	\$1.65	Replace	in X
		8155147281	LENS & BODY, REAR COMBINATION LAMP, RH	1.00	\$489.00	10.00	\$440.10	Replace	in X
		8158147010	LENS & BODY ASSY, RR BUMPER, RH	1.00	\$544.40	10.00	\$489.96	Replace	in X
		8149747020	COVER, REAR COMBINATION LAMP, RH	1.00	\$69.90	25.00	\$52.43	Replace	in X
		5839847050	COVER, REAR FLOOR UNDER, RH	1.00	\$189.20	25.00	\$141.90	Replace	in X
		5839947030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace	in X
		6625947010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace	in X
		6160147150	PANEL SUB-ASSY, FENDER REAR RH	1.00	\$943.10	25.00	\$707.33	Replace	in X
		6563747060	LINER, REAR FENDER, RH	1.00	\$151.10	25.00	\$113.32	Replace	in X
		6700547440	TAIL GATE PANEL SUB-ASSY, BACK DOOR	1.00	\$1,238.40	25.00	\$928.80	Replace	in X
		6788147050	TAIL GATE WEATHERSTRIP, BACK DOOR	1.00	\$402.50	25.00	\$301.88	Replace	in X
		5611750140	TAIL GATE DAM, BACK DOOR GLASS UPPER ADHESIVE	1.00	\$31.10	25.00	\$23.33	Replace	in X
		7680147110A1	TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$992.30	25.00	\$744.22	Replace	in X
		7544147090	NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace	in
		7544247130	NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace	in
		6810547291	TAIL GATE GLASS SUB-ASSY, BACK DOOR	1.00	\$1,795.00	25.00	\$1,346.25	Replace	in X
		6480147031	TAIL GATE LOWER GLASS SUB-ASSY, BACK DOOR	1.00	\$821.20	25.00	\$615.90	Replace	in X
			SEALANT W/SCREEN (3PCS)	3.00	\$37.00	0.00	\$111.00	Replace	in X
		6935047050	TAIL GATE LOCK ASSY, BACK DOOR	1.00	\$505.50	10.00	\$454.95	Replace	in X
		6932147010	TAIL GATE LOCK COVER, BACK DOOR	1.00	\$32.70	25.00	\$24.53	Replace	in X
		7540348010	EMBLEM SUB-ASSY REAR	1.00	\$77.40	25.00	\$58.05	Replace	in
			STRIDES LOGO	1.00	\$7.80	0.00	\$7.80	Replace	in
			STICKER DECAL 6555 8888	1.00	\$21.60	0.00	\$21.60	Replace	in
		5830747090	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace	in X
		5831147130	SPARE TYRE PANEL, PAN, REAR FLOOR	1.00	\$630.30	25.00	\$472.72	Replace	in X
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace	in
total					\$12,689.30		\$9,938.53		

Added Spare Parts / Material Usage After Surveyor Signed off

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 : 11/04/2023
User ID : BoonChewTay

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
total									

REQUEST FOR SUPPLYMENT PARTS

Contractor:	WEGA ENGINEERING PTE LTD		
Accident Case Number	79X/04/23/2022	Date of Collection	13/4/23
Vehicle No	SHB 5284 J.	Date of Request	14/4/23
Vehicle Model	TOYOTA PRIUS 4	Number of Days to Extend (If any)	1 DAY. ✓

S/N	Part Number	Part Description	Quantity	Unit Price
		Filler RR Bumper LH	1pc	(-25%) \$126.45 \$168.60 ✓
		Cover Rear Floor Under Centre	1pc	(-25%) \$186.83 \$249.10 ✓
		Retainer RR Bumper LH	1cm	(-25%) \$95.55 \$127.40 ✓
		Tail Gate Outside Bumpish	1cm	(-25%) \$744.23 \$992.30 ✓
		Sensor Reverse	1pc	S/N \$180.00 ✓
		TO Repair Rear End Panel		Labour \$250.00 120 ✓
				1pc

<<<Please submit photographs for damaged parts>>>

I, (Name)

CHIA

(Position)

1967.40

Do solemnly and sincerely declare that: Supplementary Parts are raised for replacement for the aforesaid vehicle.

.....

Signature of person making this declaration

[To be signed in front of an authorised witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

For SMRT Staff

Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22 / WOC	Form22 / PO / WOC/ Reservation / Number
Photo Submitted	YES / NO	Date of submission

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	11/04/2023 18:25 (SGT)
Reported by	Actual Driver
Date of Accident	11/04/2023 10:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	SLIP RD OF CTE & ANG MO KIO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5284J
-----------------------------	----------

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-23100854MFSH

DRIVER

Name of Driver	CHUA LAK KHOON
NRIC No	SXXXX583I
Date Of Birth	02/02/1969
Occupation	Outdoor

Date Of Driving Pass	20/07/1989
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
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	RELIEF
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230411/2073

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 TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX258X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA LAK KHOON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB5284J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

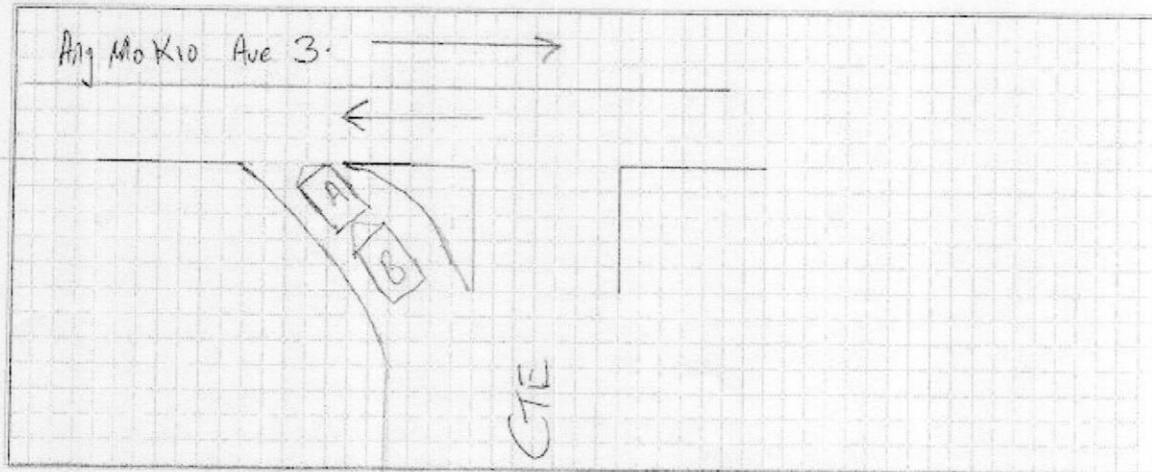


Policyholder's Signature / Date & Time

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

A = SHB 52845

B = AV 258 X

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

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 NRICID card)