

ASS. REC. BY:

REF: INCL 230040131Kqy3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s SMRT

of _____

Insured: _____

Policy No. _____

Claims No. _____

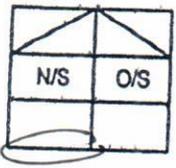
Sum Insured: _____ Excess: _____

(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: 1.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHB 59865 Yr Regn: 12, 20

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

Truck / Trailer or

Make: Toy Priu C.C. 1750

Colour: M. Brown A/C: Insured / Std / NI / NA

Sp. Reading: 220607 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FUX03091789

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD / A/Rlm or

Tyre Size: F: 195/85R15

R: _____

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

TOYO / YOKO or Paitun

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 17/4/23 D.O.I. 18/4/2023

Survey held at _____

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

12/5 @ 1386.45 Car Insured \$6398.25, 82%

Date/Time, File Pass to?

: Prell. Report
 : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

1) Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Table with columns for Transportation, S-RS, SI, Fines, Others, and TOTAL.

Report Format: TP

Lump Sum / I.B.I. (\$) 1386.45

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 : 17/04/2023
User ID : munsan

TP
28m

Section A - Accident Details

Registration Number	SHB5986S
Case Reference Number	TAX/04/23/2034
Registration Date	1/12/20
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	ONG LAY TIN
Type of Accident	Head to Rear
Accident Date and Time	17/4/23 11:10 AM
Accident Reported Date and Time	17/4/23 2:21 PM
Surveyor Required?	No
Surveyed by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118188
Special Instruction to ARC, if any	TP/ REAR PORTION
Prepared Date and Time	17/4/23 3:37 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	\$1,416.00	\$0.00
Total Spare Part Cost	\$3,933.19	\$0.00
Total Other Cost	\$500.00	\$0.00
TOTAL COST	\$6,694.19	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	6.0	2 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	17/04/2023 4:16 PM	
Signature		Kenneth
Remarks		

Section C - Quotation and Accident Invoice Details

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

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User ID : munsan

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	2001
Total Labour	\$845.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY BUMPER BEAM	\$220.00	na X
O RESPRAY REAR PANEL	\$220.00	na X
O RESPRAY REAR BUMPER	\$378.00	2001
O RESPRAY REAR FENDER LH	\$378.00	na X
O RESPRAY FUEL LID COVER	\$220.00	na X
Total Spray Painting & Panel Beating	\$1,416.00	

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	na X
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00	151
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	na X
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	501
O REPLACE SUNDRY PARTS	\$100.00	na X
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
		52023-47030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace	R X
		52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace	Buc ✓
		52462-47130	PAD, RR BUMPER, RH & LH, 3	2.00	\$12.00	25.00	\$18.00	Replace	na ✓
		52462-47030	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace	na ✓
		52462-47020	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace	na ✓
		52461-47070	PAD, RR BUMPER, CTR	3.00	\$12.00	25.00	\$27.00	Replace	na ✓
		52191-47030	SEAL, RR BUMPER ARM, RH & LH	2.00	\$12.30	25.00	\$18.45	Replace	na ✓
		52599-68030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace	na ✓
		52576-47060	RETAINER, RR BUMPER, LH	1.00	\$143.60	25.00	\$107.70	Replace	MT ✓
		52592-47080	SEAL, RR BUMPER, LH	1.00	\$128.00	25.00	\$96.00	Replace	su X
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	na ✓
		52453-47900	GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace	na ✓
		81920-47030	REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$42.20	25.00	\$31.65	Replace	su X
		58399-47030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace	su X
		66259-47010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace	su X
		81561-47471	LENS & BODY, REAR COMBINATION LAMP, LH	1.00	\$367.30	10.00	\$330.57	Replace	su X

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60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 17/04/2023

User ID : munsan

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		81456-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1.00	\$282.70	10.00	\$254.43	Replace SM	X
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace SM	X
		89997-30100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace SM	X
		61602-47180	PANEL SUB-ASSY, FENDER REAR LH	1.00	\$943.10	25.00	\$707.33	Replace SM	X
		65638-47060	LINER, REAR FENDER, LH	1.00	\$151.10	25.00	\$113.32	Replace SM	X
		58307-47100	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace SM	X
			STICKER PETROL ONLY	1.00	\$7.80	0.00	\$7.80	Replace SM	X
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace SM	X
total					\$4,923.60		\$3,933.19		

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									

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	18/04/2023 08:56 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 11:10 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	WOODLANDS AVE 5 SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5986S

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	ONG LAY TIN
NRIC No	SXXXX621H
Date Of Birth	11/10/1967
Occupation	Outdoor

Date Of Driving Pass	21/10/2005
Driving experience	17 YEARS AND 6 MONTHS
Gender	Female
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	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)	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?	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 - T/20230417/2048

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 BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL2716T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

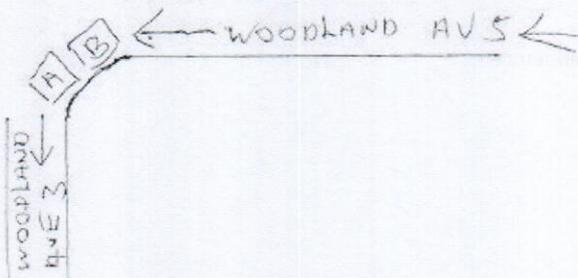
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG LAY TIN
Gender	-
Phone No	-
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?	No

A - SHB5986S
B - GBL2716T.



Declaration

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



Policyholder's Signature / Date & Time

Ray 17/4/23

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

Ken 17-4-2023

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

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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Signature]
17/4/23

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

[Signature]
17/4/2023

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

Sketch Plan

vJun2022