ASS. REC. BY: Kenneth | REF: INC/

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJB 992G Yr Regn: 12, 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 451687 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB 3FU103576869

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoprtr / Jammed / Leaked / Burnt or _____

Brake: Inoprtr / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Falken 195/65R15

R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	5 mm	R/Bal.	3 mm
L/Bal.	5 mm	L/Bal.	3 mm
D.O.A.	15/6/23	D.O.I.	18/4/2023

Survey held at _____

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

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) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee:

Transportation: ___$ + RS___SI

Parking

Others

TOTAL

STRIDES AUTOMOTIVE

SMRT Accident Vehicle Repair Estimates

FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

TP
64m

Date Generated : 17/04/2023
User ID : munsan

Section A - Accident Details	
Registration Number	SHB992G
Case Reference Number	TAX/04/23/2027
Registration Date	19/12/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	TAN SOON BENG
Type of Accident	Side Swipe
Accident Date and Time	15/4/23 11:35 AM
Accident Reported Date and Time	17/4/23 9:43 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118175
Special Instruction to ARC,if any	TP/ DROVE IN/ RIGHT REAR PORTION
Prepared Date and Time	17/4/23 10:29 AM
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	$1,574.00	$0.00
Total Spare Part Cost	$4,140.57	$0.00
Total Other Cost	$740.00	$0.00
TOTAL COST	$7,299.57	$0.00
Lump Sum Total	$7,300.00	$0.00
Number of Repair Days	6.0	3days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	17/04/2023 10:56 AM	
Signature	[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 ... basis
• No illegal modification(s)
• Supplementary items ... and
is subject to ... approval

STRIDES AUTOMOTIVE

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

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION RH	$845.00 300l	
Total Labour	$845.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR BUMPER	$378.00 NA X	
TO RESPRAY REAR FENDER RH	$378.00 200l	
TO RESPRAY RH REAR DOOR	$378.00 200l	
TO RESPRAY ROCKER PANEL MOULDING	$220.00 180l	
TO RESPRAY RIM	$220.00 NA X	
Total Spray Painting & Panel Beating	$1,574.00	

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO WASH AND VACUUM	$60.00 NA X	
TO CHECK WIRING AND SYSTEM FUNCTION	$120.00 20l	
TO APPLY RUST-PROOFING ON AFFECTED AREA	$100.00 NA X	
TO DO WHEEL ALIGNMENT / TYRE BALANCING	$120.00 1 X	
TO REMOVE AND REFIT TYRE	$120.00 1 X	
TO TEST AND REFIX REVERSE SENSOR SYSTEM	$120.00 1 X	
TO REPLACE SUNDRY PARTS	$100.00 1 X	
Total Other Costs	$740.00	

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 (BH)	X N.A
		5246247030	PAD, RR BUMPER, RH & LH , 1	2.00	$4.30	25.00	$6.45	Replace	X
		5246247020	PAD, RR BUMPER, RH & LH , 2	2.00	$4.30	25.00	$6.45	Replace	X
		5246247010	PAD, RR BUMPER, RH & LH , 3	2.00	$4.30	25.00	$6.45	Replace	X
		5246147010	PAD, RR BUMPER, CTR	1.00	$2.50	25.00	$1.88	Replace	X
		5257547040	RETAINER, RR BUMPER, RH	1.00	$127.40	25.00	$95.55	Replace	X
		5259147050	SEAL, RR BUMPER , RH	1.00	$95.50	25.00	$71.63	Replace	X
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	$4.80	25.00	$36.00	Replace	X
		5256547900	FILLER, RR BUMPER , RH	1.00	$168.60	25.00	$126.45	Replace	X
		6700347210	PANEL SUB-ASSY, REAR DOOR , RH	1.00	$1,401.70	25.00	$1,051.28	Replace	X
		7585047910	MOULDING ASSY, BODY ROCKER PANEL , RH	1.00	$649.10	25.00	$486.83	Replace	CM
		6160147150	PANEL SUB-ASSY, FENDER REAR RH	1.00	$943.10	25.00	$707.33	Replace	X
		6563747060	LINER, REAR FENDER , RH	1.00	$151.10	25.00	$113.32	Replace	X
		4261147450	WHEEL, DISC	1.00	$2,036.30	25.00	$1,527.23	Replace	X
		4245076020	HUB & BEARING ASSY WITH SPEED SENSOR , REAR AXLE , RH & LH	1.00	$644.10	10.00	$579.69	Replace	X
			TYRE	1.00	$126.74	0.00	$126.74	Replace	X

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:

SS3D234H000A / Strides Automative Services Pte Ltd (757705)
ENTRY DATE & TIME: 17/04/2023 15:49 (SGT)
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
VERSION: 1 (17/04/2023 15:49 (SGT))

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	17/04/2023 15:49 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 13:35 (SGT)
Exact Location of Accident	Bedok South Ave 3, Singapore
Additional Location Information	BEDOK SOUTH ROAD TOWARDS BEDOK SOUTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB992G

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

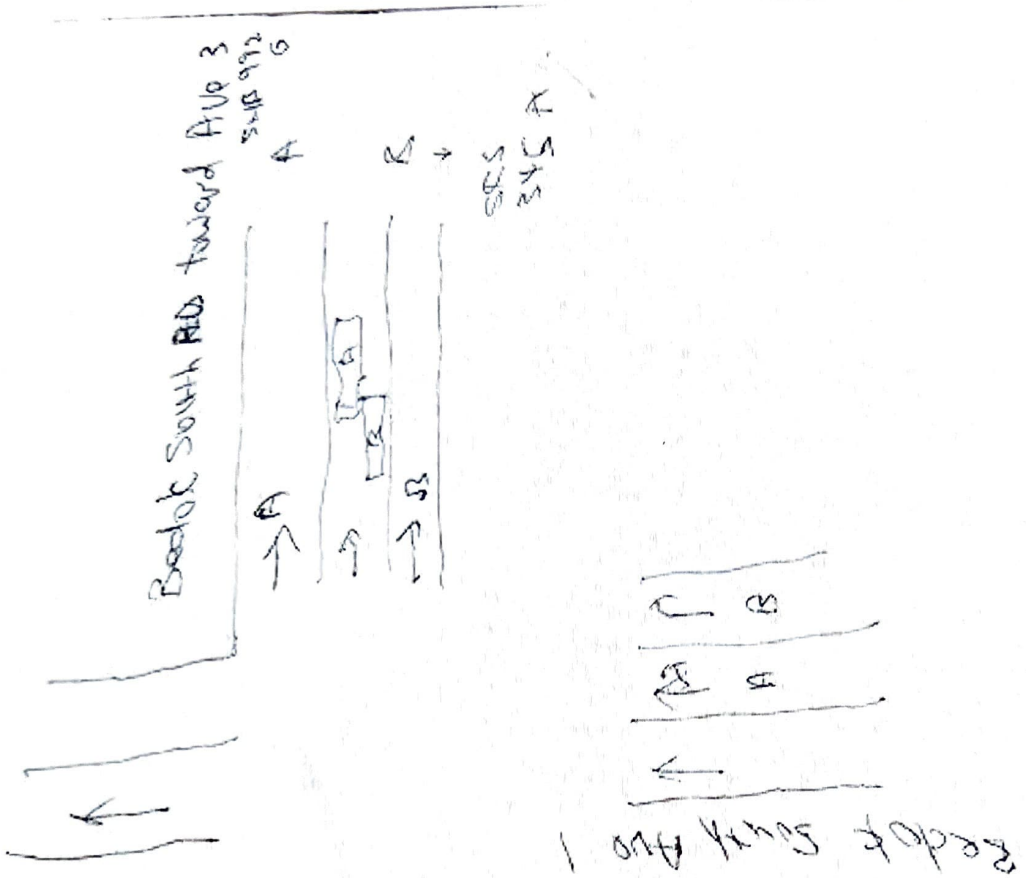
INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	SHB992G
NRIC No	SXXXX065E
Date Of Birth	15/03/1965
Occupation	Outdoor

TCH PLAN



Declaration

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

17/4/23

17.4.2023

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)