

ASS. REC. BY:

REF:

INC / 23004131/Kg

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

SMRT

of

Insured:

Policy No.

Claims No.

Sum Insured:

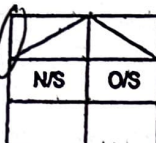
Excess:

(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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1. B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 512614

Yr Regn:

11, 20

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

Truck / Trailer or

Make:

Toy Pirus

c.c.

1798

Colour:

N. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

202427

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDRB3FU303091679

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Pirus

Front

R/Bal.

9

mm

Rear

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

20/4/12

D.O.I.

21/4/2023

Survey held at

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

N/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prell. Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

1)

Date/Time, File Return to?



: Final Report

Transportation:

2)

Add Fee:



: Site Insp (\$

S - RS SI



: Interview (\$

: Pirus



: Tech Invs (\$

: Others



: Weekend (\$

Report Format :

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

TOTAL

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

Date Generated : 21/04/2023
 User ID : munsan

Section A - Accident Details

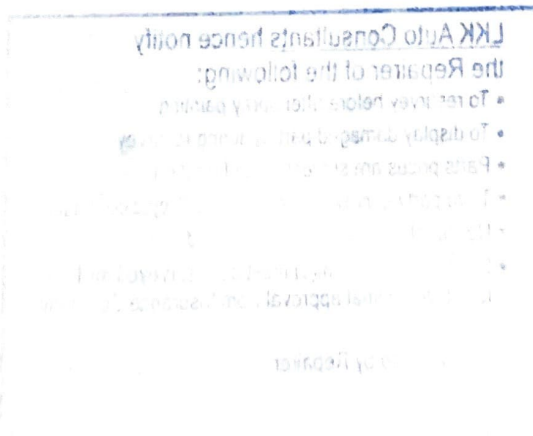
Registration Number	SHB5126H
Case Reference Number	TAX004/23/2042
Registration Date	30/11/20
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	MOHAMMED DELWAR HOSSAIN
Type of Accident	Side Swipe
Accident Date and Time	20/4/23 11:08 AM
Accident Reported Date and Time	20/4/23 2:27 PM
Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118225
Special Instruction to ARC, if any	DAMAGE TO THE FRONT LHS TO THE REAR
Prepared Date and Time	20/4/23 4:37 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	\$1,014.00	\$0.00
Total Spray Cost	\$3,148.00	\$0.00
Total Spare Part Cost	\$13,615.73	\$0.00
Total Other Cost	\$1,040.00	\$0.00
TOTAL COST	\$18,817.73	\$0.00
Jump Sum Total	\$0.00	\$0.00
Number of Repair Days	8.0	03 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	20/04/2023 4:50 PM	
Signature		☒ 
Remarks		

Section C - Quotation and Accident Invoice Details

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



Date Generated : 21/04/2023

User ID : munsan

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR LH PORTION	\$1,014.00 400	
total Labour	\$1,014.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY FRONT BUMPER	\$378.00 200	
O RESPRAY FRONT FENDER LH	\$378.00 200	
O RESPRAY FRONT DOOR LH	\$378.00 200 X	
O RESPRAY VIEW MIRROR	\$220.00 2 X	
O RESPRAY ROCKER PANEL MOULDING	\$220.00 2 X	
O RESPRAY REAR DOOR LH	\$378.00 2 X	
O RESPRAY REAR FENDER LH	\$378.00 2 X	
O RESPRAY RIM	\$378.00 60	
O RESPRAY DOOR HANDLE	\$220.00 2 X	
O RESPRAY FUEL LID COVER	\$220.00 2 X	
total Spray Painting & Panel Beating	\$3,148.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O WASH AND VACUUM	\$60.00 200 X	
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00 150	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 300	
O DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00 200 X	
O REMOVE AND REFIT TYRE	\$120.00 2 X	
O TRANSFER DOOR MECHANISM	\$120.00 2 X	
O REMOVE AND REFIX UNDERCARRIAGE	\$300.00 2 X	
O REPLACE SUNDRY PARTS	\$100.00 2 X	
total Other Costs	\$1,040.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52119-47980	COVER, FR BUMPER	1.00	\$565.60	25.00	\$424.20	Replace	Sur ✓
		52116-47050	SUPPORT, FR BUMPER LH	1.00	\$86.20	25.00	\$64.65	Replace	Sur X
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	Sur ✓
		81185-47890	UNIT, HEADLAMP, LH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	Sur X
		53802-47100	FENDER SUB-ASSY, FR, LH	1.00	\$1,060.70	25.00	\$795.53	Replace	Sur ✓
		75374-47140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	Sur ✓
		53876-47060	LINER, FR FENDER, LH	1.00	\$227.80	25.00	\$170.85	Replace	Sur ✓
		42611-47450	WHEEL, DISC FRONT	1.00	\$2,036.30	25.00	\$1,527.23	Replace	Sur X
			TYRE	1.00	\$126.74	0.00	\$126.74	Replace	Sur X
		43550-47020	HUB & BEARING ASSY, RH & LH	1.00	\$722.10	25.00	\$541.58	Replace	Sur X
		87945-47060-A1	COVER, OUTER MIRROR, LH	1.00	\$117.80	25.00	\$88.35	Replace	Sur X
		87940-47440	MIRROR ASSY, OUTER REAR VIEW, LH	1.00	\$1,454.40	10.00	\$1,308.96	Replace	Sur X
		75860-47900	MOULDING ASSY, BODY ROCKER PANEL, LH	1.00	\$649.10	25.00	\$486.83	Replace	Sur 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:

Date:

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 : 21/04/2023

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
		67002-47163	PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1,407.80	25.00	\$1,055.85	Replace	R X
			STICKER STRIDES TAXI (DOOR)	1.00	\$60.00	0.00	\$60.00	Replace	~ X
		67004-47211	PANEL SUB-ASSY, REAR DOOR, LH	1.00	\$1,401.70	25.00	\$1,051.28	Replace	R X
		61602-47180	PANEL SUB-ASSY, FENDER REAR LH	1.00	\$943.10	25.00	\$707.33	Replace	R X
		4261147450	WHEEL, DISC	1.00	\$2,036.30	25.00	\$1,527.23	Replace	R X
			TYRE	1.00	\$126.74	0.00	\$126.74	Replace	R X
		42450-76020	HUB & BEARING ASSY WITH SPEED SENSOR, REAR AXLE, RH & LH	1.00	\$644.10	10.00	\$579.69	Replace	~ X
		69210-47051-A1	DOOR OUTER HANDLE FRONT, LH	1.00	\$423.20	25.00	\$317.40	Replace	R X
			STICKER PETROL ONLY	1.00	\$7.80	0.00	\$7.80	Replace	R X
total					\$17,013.78		\$13,615.73		

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									

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	20/04/2023 16:55 (SGT)
Reported by	Actual Driver
Date of Accident	20/04/2023 11:08 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS (AFTER TOAPAYOH EXIT) LAMPOST 0867AF
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5126H
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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	MOHAMMED DELWAR HOSSAIN
NRIC No	SXXXX110G
Date Of Birth	03/06/1967

Describe Circumstance of the Accident

Refer to type statement.

A = SHB5126H

B = GBJ 1586T

Toa Payoh
1st Lane
PIE TUAS
0867AF

Toa Payoh
PIE CHANGI

Declaration

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



Policyholder's Signature / Date & Time

Horse

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

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