

ASS. REC. BY:

REF:

INC /

NS/INC23004622/Knp3

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. MT/1217387-002

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 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

Veh No:

SHD 6211C

Yr Regn:

06.16

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

681364

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN364505768257

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: 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

Pailun

Front

Rear

R/Bal.

8

mm

R/Bal.

9

mm

L/Bal.

8

mm

L/Bal.

9

mm

D.O.A.

5/4/23

D.O.I.

11/4/2023

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

We will advise principle the repair cost of \$2150.00, 2days,
(red, \$10395.95, 83%)

Date/Time, File Pass to?

11/15/05/23

Date/Time, File Return to?

2)

Report Format :

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

☐ : Prel. Report
☐ : Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation

S + RS. \$

Fees

Others

Add Fee:

☐ : Site Insp (\$

) : Interview (\$

☐ : Tech Invs (\$

) : Weekend (\$

☐ : Weekend (\$

) : Weekend (\$

TOTAL

SMRT Accident Vehicle Repair Estimates

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672


Date Generated : 10/04/2023

User ID : munsan

Section A - Accident Details

Registration Number	SHD6211C
Case Reference Number	TAX/04/23/2012
Registration Date	28/6/16
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	ZULKIFLI BIN MAHIAN
Type of Accident	Side Swipe
Accident Date and Time	5/4/23 3:40 PM
Accident Reported Date and Time	6/4/23 11:37 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118133
Special Instruction to ARC, if any	RIGHT FRONT
Prepared Date and Time	9/4/23 9:38 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	\$1,196.00	\$0.00
Total Spare Part Cost	\$7,250.02	\$0.00
Total Other Cost	\$380.00	\$0.00
TOTAL COST	\$9,671.02	\$0.00
ump Sum Total	\$9,650.00	\$0.00
Number of Repair Days	6.0	
Prepared / Adjusted By	Boon Chew Tay	2 days
ARC / Surveyor Sign Off Date	09/04/2023 9:54 AM	
Signature		x 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:

Part 1 - Labour Works

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 738685
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 10/04/2023

User ID : munsan

4 - Spare Parts / Material Usage

Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		53102-47020	BUMPER GRILLE SUB-ASSY, LOWER	1.00	\$389.90	25.00	\$292.42	Replace	CM ✓
		52127-47903	COVER, FR BUMPER HOLE RH	1.00	\$21.40	25.00	\$16.05	Replace	Sm X
		52128-47903	COVER, FR BUMPER HOLE LH	1.00	\$21.40	25.00	\$16.05	Replace	Sm X
			NUMBER PLATE	1.00	\$35.00	0.00	\$35.00	Replace	Net ✓
			NUMBER PLATE FRAME	1.00	\$25.00	0.00	\$25.00	Replace	Net ✓
		52114-47140	BRACKET, FR BUMPER	1.00	\$126.10	25.00	\$94.57	Replace	?
		53294-47030	DEFLECTOR, RADIATOR LH	1.00	\$86.90	25.00	\$65.18	Replace	Sm X
		53293-47040	DEFLECTOR, RADIATOR RH	1.00	\$94.30	25.00	\$70.73	Replace	Sm X
		57013-47030	ARM SUB-ASSY, FR BUMPER RH	1.00	\$284.00	25.00	\$213.00	Replace	?
		57014-47030	ARM SUB-ASSY, FR BUMPER LH	1.00	\$284.00	25.00	\$213.00	Replace	?
		52021-47023	BUMPER REINFORCEMENT FRT	1.00	\$567.90	25.00	\$425.92	Replace	CM ✓ ?
		52611-47080	BUMPER ENERGY ABSORBER FRT	1.00	\$97.60	25.00	\$73.20	Replace	?
		52115-47040	BUMPER SUPPORT F/RH	1.00	\$86.20	25.00	\$64.65	Replace	?
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	Net ✓
		52119-47930	BUMPER FRT	1.00	\$602.60	25.00	\$451.95	Replace	CM ✓
total					\$11,290.30		\$9,062.52		

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	06/04/2023 16:53 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 15:40 (SGT)
Exact Location of Accident	Outram Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6211C
-----------------------------	----------

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	ZULKIFILI BIN MAHUAN
NRIC No	SXXXX882G
Date Of Birth	01/09/1963
Occupation	Outdoor

Registration Number	FBP1442T
Manufacturer	-
Model	-
Variant	-
Colour	-
Category	Motorcycle
of Driver	-
act Number	-
ess	-
ress complement	-
code	-
urance Company Name	-
ure Of Damage	-
ails of property damaged in accident	-
Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FBP1442T
Injured person in which vehicle?	-
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

