nneth	NS/INC23004622/Knp3 .
From: Date:	SSIGNMENT Veh No: SHD 62116 Yr Regn: 061 6
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi) Prime Mover-/
OD VIP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	4
at Workshop m/s SMRT	Make: Toy Prius c.c 1798 Colour M. Brown A/C: Insured / Std / NI / NA
of	Sp.Reading (1813/6 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTOKN364505 768257
Claims No. MT/1217387-002	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrider / Jammed / Leaked / Burnt or
Make of Yeh:	Modi: Nil / S/Rim / STO A/Rim or
	Tyre Size: F: 195/65R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHISU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Sailun
Bal. or Market Value:	Eroni Rear
IDAC Accident Rport: Consistent? : Yes or No	- Fron! Rear R/Bai. Pmm R/Bai.
GIA / PR Seen: Consistent?: Yes or No	L/Bal. P mm L/Bal Q
Est. Repairs: 02 days Res.: Yes or No	I de la min
Lum Sum: 20 % 3 Val.: Yes or No	Survey held st D.O.I. 11/4/202.
CA / REV / REP. / 24 HRS	Des. of Damages Frt Rear O/S N/S U/C Rooftop or
Vehicle: IN / OUT	- Color Has 7 O/C 7 Roomop 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%)	
ata/Time, File Pass to? Prell. Report	Days Of Repair: 2
15/05/23 : Final Report R	Resurvey No. of Trip: 1 Survey Fee:
uta/line, File Return to?	Transportation
Add Fee:	: Site Insp (\$)_s - Rssi
	: Interview (\$), Firston
	Tech Invs (\$) Others
eport Format :	
aport Format : ump Sum / I.B.I: (\$	Weekend (\$

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 : munsan User ID

	Section A - Acciden	t Details
egistration Number	SHD6211C	The state of the s
ase Reference Number	TAX/04/23/2012	
legistration Date	28/6/16	
Company Type	Strides Taxi Pte Ltd	
Make	TOYOTA	The thirty was supplied to the
Model	PRIUS	
lame of Driver	ZULKIFILI BIN MAHUAN	A STATE OF THE STA
ype of Accident	Side Swipe	
Accident Date and Time	5/4/23 3:40 PM	And the second s
Accident Reported Date and Time	6/4/23 11:37 AM	The second secon
s Surveyor Required?	No	
Survey by		
/ehicle is Towed Back?	No	NEODEC NEODEC
owed Back Date and Time		
Replacement Vehicle issued?	No	The state of the s
lob Card Number	24118133	
Special Instruction to ARC,if any	RIGHT FRONT	
repared Date and Time	9/4/23 9:38 AM	
Chassis Number	100	
Aileage		
Vork Shop	10 mg (10 mg)	
Repair Completion Date and Time	- 4	
CONTRACTOR OF THE PARTY OF THE	Section B - Summary of Re	pair Estimates
Summary of Repair Estimates	Carlotte Charles Commence	
	Quotation from ARC	Adjusted by Surveyor, if applicable
otal Labour Cost	\$845.00	

	Section B - Summary of Repair	r Estimates
iummary of Repair Estimates		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Quotation from ARC	Adjusted by Surveyor, if applicable
otal Labour Cost	\$845.00	\$0.00
otal Spray Cost	\$1,196.00	\$0.00
otal Spare Part Cost	\$7,250.02	\$0.00
otal Other Cost	\$380.00	\$0.00
OTAL COST	\$9,671.02	\$0.00
ump Sum Total	\$9,650.00	\$0.00
lumber of Repair Days	6.0	2days
repared / Adjusted By	Boon Chew Tay	zaagj
RC / Surveyor Sign Off Date	09/04/2023 9:54 AM	and the second s
ignature	- Carlotte	Kennen
emarks		A

Section C - Quotation and Accident Invoice Details tuotation Number Invoice Number tuotation Date Invoice Date woice Amount Prepared Date

age 1 of 3

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

FAX Number : 63685592

Estimator Telephone Number: 68662623

Accident Reporting Number : 68662672

Date Generated: 10/04/2023

User ID : munsan

otal Labour	\$845.00		
REPAIR FRONT RH PORTION	\$845.00	2001	The state of the s
PERAID FROM	Quotation from AR		Adjusted by Surveyor, if applicable
b Scope		779. 外汉等7世	上"传统"的"自然"的"显然"(1997年)
rt 1 - Labour Works	Y 2000 2000 2000 2000 2000 2000 2000 20		
	Section D - Details of I	Repair Estimates	

art 2 - Spray Painting & Panel Beating Related Works

b Scope	Quotation from ARC		Adjusted by Surveyor, if applicable
RESPRAY FRONT BUMPER	\$378.00	2001	The Part of the Control of the Contr
RESPRAY FRONT BUMPER LOWER GRILLE	\$220.00	1561	
RESPRAY FRONT SUPPORT PANEL	\$220.00	X	
RESPRAY FRONT FENDER RH	\$378.00	~	
otal Spray Painting & Panel Beating	\$1,196.00		

art 3 - Other Costs - Accident and Accident Repair Related Exp

ob Scope	Quotation from ARC	THE PARTY OF THE	Adjusted by Surveyor, if applicable
O WASH AND VACUUM	\$60.00	X	maker maker to the second of t
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00	20(
O APPLY RUST-PROOFING ON AFFECTED AREA O REPLACE SUNDRY PARTS	\$100.00	×	
otal Other Costs	\$100.00	X	
otal other costs	\$380.00	100	

'art 4 - Spare Parts / Material Usage

rt Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$	Estimator Approved	Surveyor Approved
	1.302	53851-47040	FENDER LINER PAD, FR	R 1.00	\$56.30	25.00	\$42.22	Replace	Part of the second
		53875-47030	FENDER LINER FRT/RH	1.00	\$195.40	25.00	0440.55		Pu X
10		75374-47051	NAME PLATE (HYBRID)	100	\$59.20	25.00	\$146.55	Replace	In X
		53801-47050	FENDER FRT/RH	1.00	\$916.30	25.00	\$44.40	Replace	unx
	3	81130-47500	HEAD LAMP RH	1.00	\$1,075.40	10.00	\$687.22	Replace	KX
		81170-47500	HEAD LAMP LH	1.00	\$1,075.40		\$967.86	Replace	Pire X
i Like pikk		53201-47902	SUPPORT SUB-ASSY	1.00	\$1,839.70	10.00	\$967.86	Replace	Jux
		81521-47050	LENS & BODY,FR TURN	and the same of th	\$581,40	25.00	\$1,379.78	Replace	RX
		51443-12080	LH		\$361.40	10.00	\$523.26	Replace	mx
1. 16	and the same	51443-12080	UNDER COVER SIDE/RH	1.00	\$52.50	25.00	\$39.38	Replace	
1 1	11	51444-12050	UNDER COVER SIDE/LH	1.00	\$52.50	25.00	\$39.38	reform to the second	rax
	1,33	51410-12105	UNDER COVER	1.00	\$511.20	25.00	The state of the s	Replace	Inx
41.00		52618-47050	CENTER BUMPER FRT	3/5	v Japan Carri	25.00	\$383.40	Replace	mx
		32010-47050	ABSORBER LOWER	1.00	\$159.30	25.00	\$119.48	Replace	the state of the s
	and the	76851-47020	BUMPER LIP FRT	1.00	\$182.70	25.00			7
		53113 - 47040	GRILLE, RADIATOR	1.00	\$118.30	25.00	222	Replace	Dd V
		53289-47032	LOWER NO.2 COVER, RADIATOR	100	e ly little briefs	They was	\$00.73	Replace	mx
	The second	1 27 11 11 11 19 19 19	GRILLE, RADIATOR	1.00	\$139.30	25.00	\$104.48	Replace	Pa X
0.00			BRAKET, FR TURN	1.00	\$389.30	25.00	\$291.98	Replace	Ju X
N		in the second	LOWER RH	1.00	\$34.40	25.00	\$25.80	Replace	The second second
		81519-47060	BRAKET, FR TURN CENTER RH	1.00	\$76.60	25.00	\$57.45		7
10	1.00			1.00	1	1 1 2 2 2	457.45	Replace	7
-	10, 11		UPPER RH	1.00	\$32.30	25.00	\$24.22	Replace	7
			EMBLEM FRONT	1.00	\$98.70	25.00	\$74.03	And the state of the	
	1	81511-47050	LENS & BODY, FR TURN	1.00	1			Replace	me-
	1 100			1.00	\$335.60				7
					\$333.00	10.00	\$302.04 F	Replace	!

Page 2 of 3

the Repairer of the following:

To resurvey defore aller spray painting

. To display detranged pan(s) dwarp resurvey a parts of the set set get to confirmation.

Hard plury and growing is on a "Without Prejudice" basis.

. No story a weathcarent specific old .

Acadi alcodes by Beganar

Sugar State (1) Superstanding the resurreyed and (1) to superstance Company

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 79

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

Date Generated: 10/04/2023

User ID : munsar

4 - Spare Parts / Material Usage

Number	Portion	Portion	Stock Number Part Name Quantity List Price (\$1) Discoun				March 1984				
and the same	122375	Managhan and the	"是一种"。	Qualitity	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	cn -		
		52127-47903	COVER, FR BUMPER HOLE RH	1.00	\$21.40	25.00	\$16.05	Replace	1000		
		52128-47903	COVER, FR BUMPER HOLE LH	1.00	\$21.40	25.00	\$16.05	Replace	Sux Iux		
	1	and a second	NUMBER PLATE	1.00	\$35.00	0.00	\$35.00	Replace			
			NUMBER PLATE FRAME	1.00	\$25.00	0.00			Nel -		
		52114-47140	BRACKET, FR BUMPER	1.00	\$126.10	25.00	- Companies -	Replace	14		
		53294-47030	DEFLECTOR.	200		Annual Control		Replace	7		
		33237 47030	RADIATOR LH	1.00	\$86.90	25.00	\$65.18	Replace	In X		
	1	53293-47040	DEFLECTOR, RADIATOR RH	1.00	\$94.30	25.00	\$70.73	Replace	sn 1		
	1 100	57013-47030	ARM SUB-ASSY,FR BUMPER RH	1.00	\$284.00	25.00	\$213.00	Replace	1		
		57014-47030	ARM SUB-ASSY,FR BUMPER LH	1.00	\$284.00	25.00	\$213.00	Replace	7		
		52021-47023	BUMPER REINFORCEMENT FRT	1.00	\$567.90	25.00	\$425.92	Replace	CAN 1		
		52611-47080	BUMPER ENERGY ABSORBER FRT	1.00	\$97.60	25.00	\$73.20	Replace	1		
ļ	X 1 2 1	52115-47040	BUMPER SUPPORT F/RH	1.00	\$86.20	25.00	\$64.65	Replace	7		
	- NEW Y 7 - 1	52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	ru-		
		52119-47930	BUMPER FRT	1.00	\$602.60	25.00	\$451.95	Replace	CM		
al	A STATE OF THE STA			a to real the	\$11,290.30	ALC: CALL	\$9,062.52				

dded Spare Parts / Material Usage After Surveyor Signed off									
art Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
otal	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	The Second Control of	Carried to 32 km - Carry Merch		an Cigaria	The state of the s			

ane 3 et 2

, No.

|:SIIB.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

06/04/2023 16:53 (SGT)

Actual Driver

05/04/2023 15:40 (SGT)

Outram Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD6211C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

STRIDES TAXI PTE LTD

1XXXXX369K

Auto-Svcs-TARC@smrt.com.sg

(Phone) +65-68662671

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

Transmission

CC

your vehicle? Vehicle Category

Taxi Auto

Tovota

Prius

1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd D-23100854MFSH

No - Claiming third party

DRIVER

Name of Driver

NRIC No

6

IUAS

Date Of Birth

Occupation

Accident report SS3D23460007

ZULKIFILI BIN MAHUAN

SXXXX882G

01/09/1963

Outdoor

a -intention Number	
e Registration Number	FBP1442T
e Manufacturer	10117721
e Model	-
e Variant	
THE CONTRACT OF THE PARTY OF TH	·
le Colour	
de Category	Motorcycle
e of Driver	-
act Number	
ess	- <u>-</u>
ess complement	
code	_
rance Company Name	
ure Of Damage	-
ails of property damaged in accident	. •
Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

JURED 1

그 그 그들은 그는 사람들이 되었다. 그는 그는 그는 그는 그는 그들은 그를 모든 것이 되었다. 그를 다 되었다는 회사를 받는 것이다.	를 가장하는 것이 없어요면 하는데 가는 Read of the Read
ame of injured person	
ender	
Phone No	
Address	26 3 3 3 3 3 3 3 3 5 5
Address Complement	<u>-</u> / '*
Post Code	
Approximate Age Years Old	
A STATE OF THE STA	FBP1442T
Injuries Sustained Injured person in which vehicle?	
. t - 14 - 14 - 14 - 17 - 17 - 17 - 17 - 17	
Were seat belts worr? Was this injured conveyed to hospital by ambulance?	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance comments to as truthful and accurate as possible.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flatibility 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 consont that

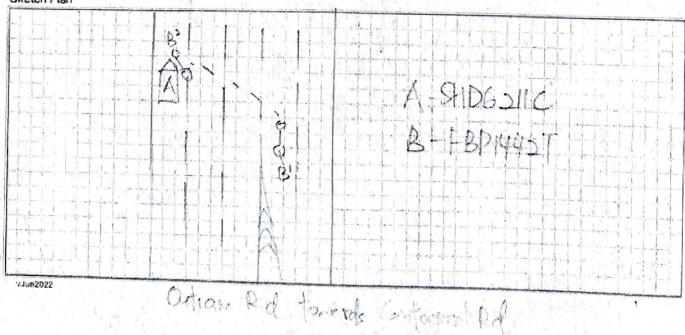
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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
- (ii) investigating the accident anc/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 und/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



6/4/23