

ASS. REC. BY:

REF:

INC / 23004865 / EV

C

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: FBQ 3797B

Policy No.

Claims No. MT/1222747-002

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 62692

Yr Regn:

12, 19

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

Truck / Trailer or

Make:

Toy PTVS

C.C.

1788

Colour

N. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

375084

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B31FU 303089219

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / VRim or

Tyre Size:

F:

195/65R15

R:

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

Sailun

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

11/5/23

D.O.I.

12/5/2023

Survey held at

Des. of Damages: Frt / Rear

O/S / N/S / UIC / Rooftop or

Rear

N/S

The UIC / Chassis frame

Body Structure affected due to collision.

Date / Time

Action / Instruction

5/6 21:20 816006 Cahn (red 11,642, 87%)

Data/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Data/Time, File Return to?

2) 6/6/23-typist

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

: Fuel

: Others

TOTAL

Report Format: TP

Lump Sum H.B.T. (\$ 1600)

## 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	11/05/2023 19:04 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 08:55 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	JUNCTION OF MANDAI RD & MANDAI LAKE RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6269L
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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) +65-68662671
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	LEONG CHONG WAI
NRIC No	SXXXX133A
Date Of Birth	10/11/1964
Occupation	Outdoor



Date Of Driving Pass	28/10/1992
Driving experience	30 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-TARC@smrt.com.sg
Address	1
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number	VJA2225
Vehicle Category	Motorcycle

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230517/7026

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ3797B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	VJA2225
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-



**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.

**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

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

Towards Yishun



vJun2022

Mandai Rd

Describe Circumstance of the Accident

**Declaration**

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



*[Signature]* 11/5/23

A. 11/5/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as on NRICH card)

vdn2022



## SMRT Accident Vehicle Repair Estimates

SMK Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672



Date Generated : 12/05/2023

User ID : munsan

## Section A - Accident Details

Registration Number	SHD6269L
Case Reference Number	TAX/05/23/2031
Registration Date	26/12/19
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	LEONG CHONG WAI
Type of Accident	Head to Rear
Accident Date and Time	11/5/23 8:55 AM
Accident Reported Date and Time	11/5/23 11:19 AM
Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118396
Special Instruction to ARC, if any	REAR PORTION
Prepared Date and Time	11/5/23 1:28 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	\$2,014.00	\$0.00
Total Spare Part Cost	\$6,097.19	\$0.00
Total Other Cost	\$500.00	\$0.00
<b>TOTAL COST</b>	<b>\$9,456.19</b>	<b>\$0.00</b>
ump Sum Total	\$9,450.00	\$0.00
Number of Repair Days	7.0	3 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	11/05/2023 1:45 PM	
Signature		
Remarks		

## Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared 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 : 12/05/2023

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 REAR PORTION	\$845.00 <i>3001</i>	
<b>total Labour</b>	<b>\$845.00</b>	

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY BUMPER BEAM	\$220.00 <i>? X</i>	
O RESPRAY REAR BUMPER	\$378.00 <i>2001</i>	
O RESPRAY REAR PANEL	\$220.00 <i>? X</i>	
O RESPRAY REAR SPOILER	\$220.00 <i>1501</i>	
O RESPRAY TAILGATE OUTSIDE GARNISH	\$220.00 <i>1501</i>	
O RESPRAY TAIL GATE	\$378.00 <i>X</i>	
O RESPRAY REAR FENDER LH	\$378.00 <i>X</i>	
<b>total Spray Painting &amp; Panel Beating</b>	<b>\$2,014.00</b>	

**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 <i>X</i>	
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>201</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>X</i>	
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00 <i>301</i>	
O REPLACE SUNDRY PARTS	\$100.00 <i>X</i>	
<b>total Other Costs</b>	<b>\$500.00</b>	

**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 <i>Re</i>	<i>Re</i> <i>201</i> <i>X</i>
		52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace <i>Re</i>	<i>Re</i>
		52462-47130	PAD, RR BUMPER, RH & LH, 3	2.00	\$12.00	25.00	\$18.00	Replace <i>Re</i>	<i>Re</i>
		52462-47030	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace <i>Re</i>	<i>Re</i>
		52462-47020	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace <i>Re</i>	<i>Re</i>
		52461-47070	PAD, RR BUMPER, CTR	3.00	\$12.00	25.00	\$27.00	Replace <i>Re</i>	<i>Re</i>
		52191-47030	SEAL, RR BUMPER ARM, RH & LH	2.00	\$12.30	25.00	\$18.45	Replace <i>Re</i>	<i>Re</i>
		52599-68030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace <i>Re</i>	<i>Re</i>
		52576-47060	RETAINER, RR BUMPER, LH	1.00	\$143.60	25.00	\$107.70	Replace <i>Re</i>	<i>Re</i>
		52592-47080	SEAL, RR BUMPER, LH	1.00	\$128.00	25.00	\$96.00	Replace <i>Re</i>	<i>Re</i> <i>X</i>
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace <i>Re</i>	<i>Re</i>
		52453-47900	GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace <i>Re</i>	<i>Re</i>
		52169-47070	COVER, GUARD RR BUMPER LOWER	1.00	\$23.90	25.00	\$17.92	Replace <i>Re</i>	<i>Re</i> <i>X</i>
		81920-47030	REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$42.20	25.00	\$31.65	Replace <i>Re</i>	<i>Re</i>
		58399-47030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace <i>Re</i>	<i>Re</i> <i>X</i>
		66259-47010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace <i>Re</i>	<i>Re</i> <i>X</i>



## SMRT Accident Vehicle Repair Estimates

SMK Automotive Services Pte Ltd  
60 Woodlands Industrial Park E4, Singapore 757705  
FAX Number : 63685592  
Estimator Telephone Number : 68662623  
Accident Reporting Number : 68662672

Date Generated : 12/05/2023

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
		81581-47471	LENS & BODY, REAR COMBINATION LAMP, LH	1.00	\$367.30	10.00	\$330.57	Replace	Sm X
		81456-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1.00	\$282.70	10.00	\$254.43	Replace	Sm X
		81590-47070	LAMP ASSY, REAR, LH	1.00	\$317.80	10.00	\$286.02	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	R 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	R X
		67005-47530	TAIL GATE PANEL SUB-ASSY, BACK DOOR	1.00	\$1,238.40	25.00	\$928.80	Replace	R X
		67881-47051	TAIL GATE WEATHERSTRIP, BACK DOOR	1.00	\$402.50	25.00	\$301.88	Replace	Sm X
		76801-47170-A1	TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$992.30	25.00	\$744.22	Replace	R X
		75403-48010	EMBLEM SUB-ASSY REAR	1.00	\$77.40	25.00	\$58.05	Replace	Sm —
		75441-47220	NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace	Sm —
		75442-47200	NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace	Sm —
		76085-47916	SPOILER SUB-ASSY, REAR	1.00	\$1,704.20	25.00	\$1,278.15	Replace	R X
			STRIDES LOGO	1.00	\$7.80	0.00	\$7.80	Replace	Sm —
			STICKER DECAL 65558888	1.00	\$21.60	0.00	\$21.60	Replace	Sm —
total					\$9,782.90		\$7,621.49		

### 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: