DB/11/23:

ASS. REC. BY: SMS

REF: NS/INC23005066/Svp3

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: INC YP 1644E

Policy No. _____

Claims No. MT/1216507-002

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: A

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 6180H Yr Regn: 3/11/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Prius cc 1798

Colour Brown A/C: Insured / Std / NI / NA

Sp.Reading 523465 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU703574172

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 29/3/23 D.O.I. 3/4/23 5pm

Survey held at SMRT

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
14/6/23	Lump Sum $2050 confirmed by email (red 7812.94, 79%)

Date/Time, File Pass to?

1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to?

2) 14/6/23-typist

Report Format : TP

Lump Sum T.B.I: ($ 2050)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

STRIDES
AUTOMOTIVE

SMRT Accident Vehicle Repair Estimates

[redacted]

[redacted]

Date Generated : [redacted]

User ID : [redacted]

Section A - Accident Details	
Registration Number	SHD8180H
Case Reference Number	TAX/03/23/2071
Registration Date	3/11/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	LOW SWEE EE
Type of Accident	Others
Accident Date and Time	29/3/23 5:00 PM
Accident Reported Date and Time	30/3/23 12:28 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118085
Special Instruction to ARC,If any	LEFT FRONT DOOR DAMAGED
Prepared Date and Time	3/4/23 3:11 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	$738.00	$0.00
Total Spare Part Cost	$3,934.51	$0.00
Total Other Cost	$648.44	$0.00
TOTAL COST	$6,166.05	$0.00
Lump Sum Total	$6,150.00	$0.00
Number of Repair Days	6.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	03/04/2023 3:20 PM	
Signature	[signature]	
Remarks		

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

3/4/23
5pm

STRIDES AUTOMOTIVE

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757706
FAX Number : 63665592
Estimator Telephone Number : 88662623
Accident Reporting Number : 88662672

Date Generated : 03/04/2023
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 FRONT LH PORTION	$845.00 400	400
Total Labour	$845.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT DOOR LH	$378.00 200	200
TO RESPRAY VIEW MIRROR	$180.00 100	100
TO RESPRAY DOOR HANDLE	$180.00 80	80
Total Spray Painting & Panel Beating	$738.00	

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 X NW	
TO CHECK WIRING AND SYSTEM FUNCTION	$120.00 30	30
TO APPLY RUST-PROOFING ON AFFECTED AREA	$100.00 30	30
TO TRANSFER DOOR MECHANISM	$120.00 50	50
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER (NET)	$148.44 148 - Nil	148.44
TO REPLACE SUNDRY PARTS	$100.00 30	30
Total Other Costs	$648.44 298.44	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price ($)	Discount (%)	Final Price ($)	Estimator Approved	Surveyor Approved	
		6904047100	LOCK ASSY, FRONT DOOR LH	1.00	$607.80	10.00	$547.11	Replace ?	X NW	
		6941020110	DOOR LOCK STRIKER	1.00	$42.80	25.00	$31.85	Replace ?	X NW	
		6821047051A1	DOOR OUTER HANDLE FRONT, LH	1.00	$423.20	25.00	$317.40	Replace BR	//	317.40
		6784047440	MIRROR ASSY, OUTER REAR VIEW, LH	1.00	$1,454.40	10.00	$1,308.96	Replace ~~SCR~~ ?	X NW	
		6794547060A1	COVER, OUTER MIRROR, LH	1.00	$117.80	25.00	$88.35	Replace SCR	//	88.35
		6786247050	WEATHERSTRIP, FRONT DOOR LH	1.00	$250.70	25.00	$188.02	Replace ?	X NW	
		6861047040	CHECK ASSY, FRONT DOOR	1.00	$198.40	25.00	$148.55	Replace	X NW	
		6572047140	DOOR FRONT MOTOR ASSY, POWER WINDOW REGULATOR, LH	1.00	$896.80	10.00	$806.84	Replace ?	X	
		6860221010	DOOR FRONT WINDOW REGULATOR SUB-ASSY, LH	1.00	$257.80	25.00	$193.35	Replace ?	X	NW
		6874012120	HINGE ASSY, FRONT DOOR, LOWER LH	1.00	$120.00	25.00	$90.00	Replace ?	X	
		6872012151	HINGE ASSY, FRONT DOOR, UPPER LH	1.00	$106.80	25.00	$78.13	Replace ?	X	
			STICKER STRIDES TAXI (DOOR)	1.00	$60.00	0.00	$60.00	Replace NIL	//	60
		6700247162	PANEL SUB-ASSY, FRONT DOOR LH	1.00	$1,407.80	25.00	$1,055.85	Replace ?	Dent /	OUT 1055.85
Total					$6,943.78		$5,996.01			

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									

4 days L/S
3/4/23
5pm & 11pm ≈ 205
FT = 2590.04
20% = 518.00
= 2072.03

Irfan @ LKK AUTO.com
90097659

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:

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	30/03/2023 18:08 (SGT)
Reported by	Actual Driver
Date of Accident	29/03/2023 17:00 (SGT)
Exact Location of Accident	454 Fajar Rd, Singapore 670415
Additional Location Information	OSCP BUKIT PANJANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6180H

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) +65-6866267
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	LOW SWEE EE
NRIC No	SXXXX832C
Date Of Birth	05/08/1960
Occupation	Outdoor

Date Of Driving Pass	01/01/2000
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662671
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of Intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I PARKED MY VEHICLE AROUND 5PM AT THE OPEN CAR PARK AT BLK 454 FAJAR ROAD AND THE NEXT DAY WHEN I WANTED TO GET THE TAXI I SAW THAT MY LEFT FRONT DOOR WAS DAMAGED . THERE WAS A PAPER WITH NAME AND CONTACT NUMBER LEFT AT MY WINDSCREEN .I TRIED TO CONTACT THE NUMBER AND THE PERSON ADMITTED THAT HIS VEHICLE COLLIDED ONTO MY TAXI.

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	YP1644E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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.
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,

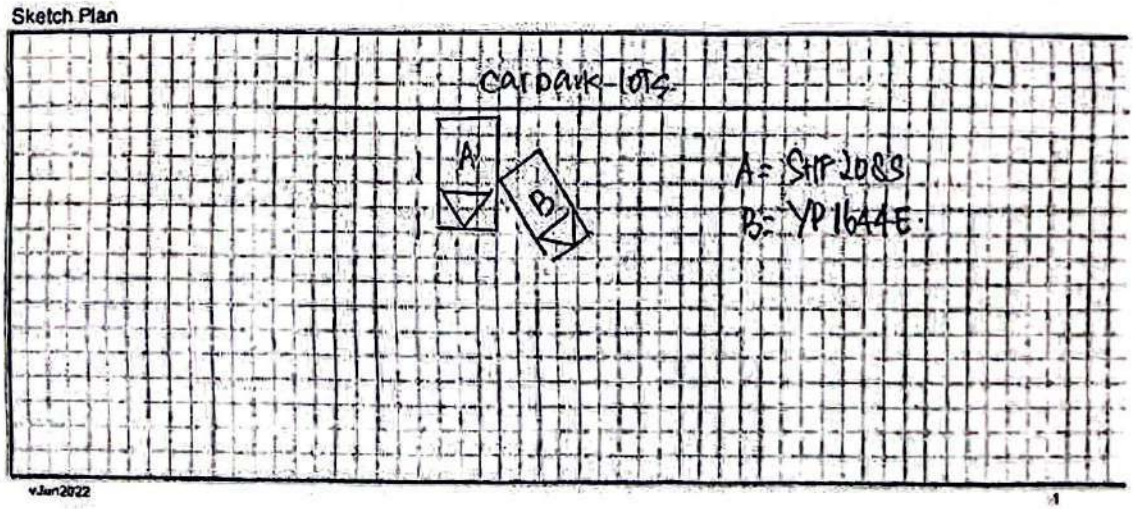
(collectively the "Purposes")

(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)
SIRIUS TAXI PTE LTD	30/3	

Sketch Plan



vJan2022