

ASS. REC. BY:

REF:

INC/ 230052611/K9

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:

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 Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

Res.: Yes or No

Lum Sum:

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 47475 Yr Regn: 02, 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

717090

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN36UX05767444

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Giti

195/65R15

R: Sailun

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

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

21/5/23

D.O.I.

23/5/2023

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1 / CTA rebate @ 6980.00

27/6/23 @ 3000 Curb / Curb @ 13116.40, 81%

Date/Time, File Pass to?

☐

Prell. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation

) S - RS. SI

) Fines

) Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

TP

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

3000

SHB 52843

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63665592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672



Date Generated : 22/05/2023

User ID : BoonChewTay

Section A - Accident Details

Registration Number	SHC4747S
Case Reference Number	TAX/05/23/2063
Registration Date	19/2/2016
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	MOHAMED AMANULLAH BIN PEER MOHAMED
Type of Accident	Head to Rear
Accident Date and Time	21/5/2023 8:00 AM
Accident Reported Date and Time	22/5/2023 12:07 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118473
Special Instruction to ARC, if any	REAR PORTION DAMAGED
Prepared Date and Time	22/5/2023 3:37 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	\$1,636.00	\$0.00
Total Spare Part Cost	\$6,758.22	\$0.00
Total Other Cost	\$1,355.00	\$0.00
TOTAL COST	\$10,763.22	\$0.00
ump Sum Total	\$10,750.00	\$0.00
Number of Repair Days	8.0	09 days #1
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	22/05/2023 3:54 PM	
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

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

NOT Notarised
11 May 23
Permy After Paint

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 : 22/05/2023

User ID : BoonChewTay

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR REAR PORTION	\$1,014.00 <i>4001</i>	
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 BUMPER BEAM	\$220.00 <i>nn 7</i>	
O RESPRAY REAR BUMPER	\$378.00 <i>2001</i>	
O RESPRAY REAR PANEL	\$220.00 <i>nn 7</i>	
O RESPRAY REAR SPARE TYRE PANEL	\$220.00 <i>nn 7</i>	
O RESPRAY TAIL GATE	\$378.00 <i>2001</i>	
O RESPRAY TAILGATE OUTSIDE GARNISH	\$220.00	
total Spray Painting & Panel Beating	\$1,636.00	

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 <i>X</i>	
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>2001</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>301</i>	
O TRANSFER REAR TAILGATE MECHANISM	\$120.00 <i>601</i>	
O PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	\$475.00 <i>X</i>	
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00 <i>501</i>	
O REMOVE AND REFIX REAR WINDSCREEN	\$240.00 <i>1201</i>	
O REPLACE SUNDRY PARTS	\$120.00 <i>X</i>	
total Other Costs	\$1,355.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52159-47905	BUMPER REAR	1.00	\$478.90	25.00	\$359.17	Replace <i>359.18</i>	<i>Buc</i> ✓
		90467-07211	BUMPER CLIPS (10 PCS)	10.00	\$2.40	25.00	\$18.00	Replace	<i>nn</i> ✓
		52023-12240	BUMPER REINFORCEMENT REAR	1.00	\$234.70	25.00	\$176.02	Replace <i>176.03</i>	<i>Rh</i> ? ✓
		52015-47050	ARM SUB-ASSY. RR BUMPER RH	1.00	\$157.90	25.00	\$118.43	Replace	<i>R</i> ? X
		52016-47030	ARM SUB-ASSY. RR BUMPER LH	1.00	\$157.90	25.00	\$118.43	Replace	<i>R</i> ? X
		89997-30070	ANTENNA, ELECTRICAL LOWER REAR	1.00	\$208.10	10.00	\$187.29	Replace	<i>Rh</i> ? X
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	<i>Rh</i> ✓
		76088-47020	BUMPER LIP COVER RR/LH	1.00	\$93.90	25.00	\$70.43	Replace	<i>Rh</i> X
		76087-47020	BUMPER LIP COVER RR/RH	1.00	\$155.40	25.00	\$116.55	Replace	<i>Rh</i> ? X
		76891-47020	BUMPER LIP REAR	1.00	\$301.90	25.00	\$226.42	Replace <i>226.43</i>	<i>Rh</i> ✓
		58308-47011	UNDER COVER SUB-ASSY. RR FLOOR	1.00	\$586.10	25.00	\$439.58	Replace	<i>Rh</i> ? X
		51442-12210	UNDER COVER RR SHIELD	1.00	\$66.10	25.00	\$49.57	Replace	<i>Rh</i> X
		52576-47020	BUMPER SIDE RETAINER RR/LH	1.00	\$108.70	25.00	\$81.53	Replace	<i>Rh</i> X
		52575-47020	BUMPER SIDE RETAINER RR/RH	1.00	\$108.70	25.00	\$81.53	Replace	<i>Rh</i> ? ✓
		58307-47060	END PANEL	1.00	\$755.10	25.00	\$566.33	Replace	<i>R</i> ? X

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 : 22/05/2023

User ID : BoonChewTay

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		58311-47071	SPARE TYRE PANEL	1.00	\$755.10	25.00	\$566.33	Replace	R X
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace	nn X
		67005-47241	TAILGATE ASY	1.00	\$1,260.70	25.00	\$945.53	Replace	R X
		75574-47020	TAILGATE DOOR GLASS MOULDING, RH	1.00	\$33.60	25.00	\$25.20	Replace	nn =
		75574-47020	TAILGATE DOOR GLASS MOULDING, RH	1.00	\$33.60	25.00	\$25.20	Replace	nn =
		68105-47122	TAILGATE DOOR GLASS	1.00	\$1,273.10	25.00	\$954.82 954.83	Replace	nn ✓
		75575-47030	MOULDING BACK WINDOW, LOWER NO.1	1.00	\$33.60	25.00	\$25.20	Replace	nn =
		75575-47020	MOULDING, BACK WINDOW, LOWER NO.2	1.00	\$33.60	25.00	\$25.20	Replace	nn =
		64821-47030	TAILGATE LOWER WINDOW GLASS	1.00	\$827.50	25.00	\$620.63	Replace	nn X
		56117-50140	TAIL GATE DAM, BACK DOOR GLASS UPPER ADHESIVE	1.00	\$31.30	25.00	\$23.48	Replace	nn =
		68294-47050	DAM, BACK DOOR GLASS ADHESIVE, NO.2	1.00	\$22.30	25.00	\$16.73	Replace	nn =
			SEALANT W/SCREEN (3PCS)	3.00	\$37.00	0.00	\$111.00	Replace	nn =
		68810-47010	TAILGATE DOOR HINGE LH/RH (2 PCS)	2.00	\$61.20	25.00	\$91.80	Replace	R X
		69350-47030	TAILGATE DOOR LOCK	1.00	\$631.90	10.00	\$568.71	Replace	nn ? X
		69415-47020	TAILGATE LOCK, COVER	1.00	\$20.70	25.00	\$15.52	Replace	nn ? X
		69431-47010	STRIKER, BACK DOOR	1.00	\$55.80	25.00	\$41.85	Replace	R X
		67881-47022	TAILGATE DOOR WEATHER STRIP	1.00	\$402.50	25.00	\$301.88	Replace	nn ? X
		76801-47070-B0	TAILGATE OUTSIDE GARNISH	1.00	\$574.80	25.00	\$431.10	Replace	nn X
		75310-47020	EMBLEM REAR	1.00	\$68.70	25.00	\$51.53	Replace	nn X
		75374-47051	NAME PLATE (HYBRID)	1.00	\$59.20	25.00	\$44.40	Replace	nn X
		75442-47030	NAME PLATE (PRUIS)	1.00	\$69.40	25.00	\$52.05	Replace	nn X
		75443-47030	NAME PLATE (TOYOTA)	1.00	\$59.20	25.00	\$44.40	Replace	nn X
			STRIDES LOGO	1.00	\$7.80	0.00	\$7.80	Replace	nn X
			STICKER DECAL 65558888	1.00	\$21.60	0.00	\$21.60	Replace	nn X
		52562-47010	TAIL LAMP BRACKET, RH	1.00	\$35.20	25.00	\$26.40	Replace	nn X
		81551-47180	TAIL LAMP RH	1.00	\$618.60	10.00	\$556.74	Replace	nn X
		52563-47010	TAIL LAMP BRACKET, LH	1.00	\$35.20	25.00	\$26.40	Replace	nn X
		81561-47170	TAIL LAMP LH	1.00	\$618.60	10.00	\$556.74	Replace	nn X
total					\$11,314.60		\$9,004.52		

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									

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 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:

REQUEST FOR SUPPLYMENT PARTS

Contractor:			
Accident Case Number	TAX 05/23/2063	Date of Collection	/ /
Vehicle No	SHC 474A S	Date of Request	27/05/2023
Vehicle Model	TOYOTA PRIUS	Number of Days to Extend (If any)	2 /

S/N	Part Number	Part Description	Quantity	Unit Price
1		BUMPER REINFORCEMENT REAR Lm		
2		BUMPER SIDE RETAINER REAR RH	1m	
3		NAME PLATE (HYBRID)	1m	MISSING
4		TAIL LAMP RH	1m	
5		LABOUR TO REPAIR REAR END PANEL		\$ 200
6		LABOUR TO SPRAY REAR END PANEL		\$ 220

<<<Please submit photographs for damaged parts>>>

I, (Name) _____
 (Position) _____

do solemnly and sincerely declare that:- Supplementary Parts are raised for replacement for the aforesaid vehicle.

.....
 Signature of person making this declaration
 [to be signed in front of an authorised witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

For SMRT Staff

Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22 / WOC	Form22 / PO / WOC / Reservation / Number
Photo Submitted	YES / NO	Date of submission

Pg 1/2

REQUEST FOR SUPPLYMENT PARTS

Contractor:			
Accident Case Number	TAX 05/23/2063	Date of Collection	1 / 1
Vehicle No	SHC 4744 S	Date of Request	27/05/2022
Vehicle Model	TOYOTA PROUS	Number of Days to Extend (If any)	2 / 1

S/N	Part Number	Part Description	Quantity	Unit Price
1		LABOUR TO SPRAY REAR BUMPER BEAM		\$ 220

100/-

<<<Please submit photographs for damaged parts>>>

I, (Name) _____

(Position) _____

do solemnly and sincerely declare that:- Supplementary Parts are raised for replacement for the aforesaid vehicle.

.....
Signature of person making this declaration
[to be signed in front of an authorised witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

For SMRT Staff

Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22 / WOC	Form22 / PO / WOC/ Reservation / Number
Photo Submitted	YES / NO	Date of submission

Pg 3/2

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	23/05/2023 09:23 (SGT)
Reported by	Actual Driver
Date of Accident	21/05/2023 08:00 (SGT)
Exact Location of Accident	Crawford St, Singapore
Additional Location Information	SLIP ROAD FROM BEACH ROAD TOWARDS CRAWFORD STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4747S
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	MOHAMED AMANULLAH BIN PEER MOHAMED
NRIC No	SXXXX3051
Date Of Birth	17/03/1955



Occupation	Outdoor
Date Of Driving Pass	04/03/1980
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
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	Collision - Head to Rear
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

MY VEHICLE WAS STATIONARY AT THE SLIP ROAD OF BEACH ROAD TOWARDS CRAWFORD STREET WHEN A VEHICLE SMR4220G HIT ONTO THE REAR OF MY VEHICLE, NO INJURY REPORTED NO PAX INSIDE MY TAXI

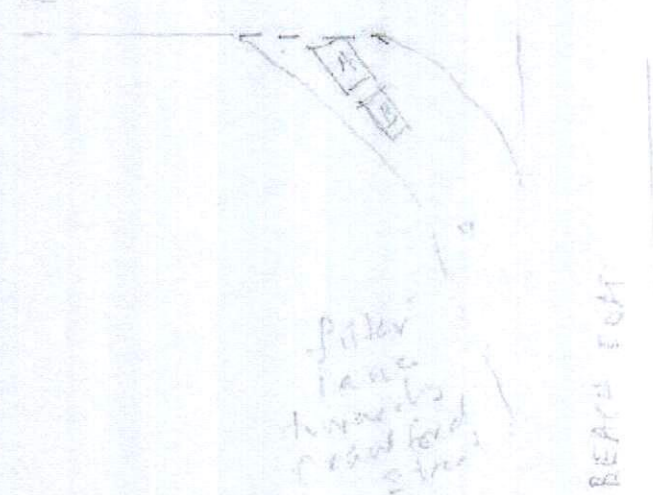
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR4220G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	TEO CHOON BOON
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe	21 May 2023 around 1218 hrs	
	Towards Lavender Street ← CRAWFORD STREET	
		
	A- SHC 4747C	
	B- SMR 4220G	

Declaration

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



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

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 reputate 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.

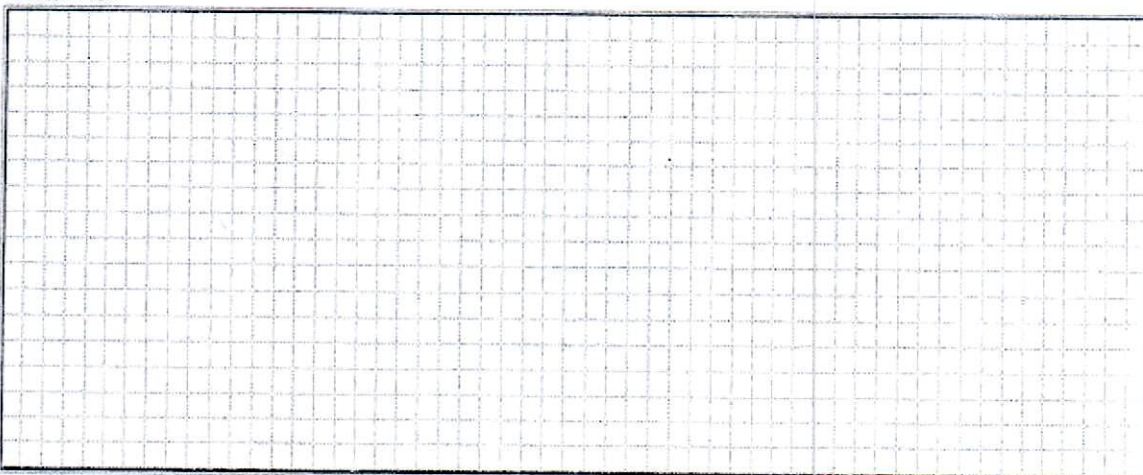


Policyholder's Signature / Date & Time

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



vJun2022