

ASS. REC. BY:

REF:

INC 123 005289 / k3p3

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

SMART

of

Insured:

Policy No.

Claims No.

Sum Insured:

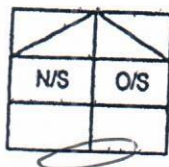
Excess:

(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 Report:

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:

SHC 4325B Yr Regn: 12, 17

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

Truck / Trailer or

Make:

Toy Prius

C.C

1788

Colour

M. Brown

A/C: Insured / Std / NI / NA

Sp. Reading

530652

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B31U603576222

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

Pirelli

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

23/5/23

D.O.I.

24/5/2023

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

13/6 21Rm 816501. Car (Used 8728, 842)

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

2

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

TP

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

1650

TP 65

## SMRT Accident Vehicle Repair Estimates

SMRT Auton  
60 Woodland  
FAX Number  
Estimator Tel  
Accident Rep

Date Genera



User ID

### Section A - Accident Details

Registration Number	SHC4325B
Case Reference Number	TAX/05/23/2068
Registration Date	12/12/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	SYAIROOL HEESYAM BIN SURIP
Type of Accident	Head to Rear
Accident Date and Time	23/5/23 8:20 AM
Accident Reported Date and Time	23/5/23 12:08 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118483
Special Instruction to ARC,if any	HEAD TO REAR THIRD PARTY AT FAULT OUR TAXI DAMAGE- REAR PORTION
Prepared Date and Time	23/5/23 3:07 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	\$1,416.00	\$0.00
Total Spare Part Cost	\$4,723.28	\$0.00
Total Other Cost	\$500.00	\$0.00
<b>TOTAL COST</b>	<b>\$7,484.28</b>	<b>\$0.00</b>
<b>Lump Sum Total</b>	<b>\$7,500.00</b>	<b>\$0.00</b>
Number of Repair Days	8.0	2 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	24/05/2023 8:40 AM	
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 Auton  
60 Woodland  
FAX Number  
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Accident Rep

Date Genera

User ID

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicabl
TO REPAIR REAR PORTION	\$845.00 <i>2001</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 applicabl
TO RESPRAY BUMPER BEAM	\$220.00 <i>nn X</i>	
TO RESPRAY REAR BUMPER	\$378.00 <i>2001</i>	
TO RESPRAY REAR PANEL	\$220.00 <i>nn X</i>	
TO RESPRAY TAIL GATE	\$378.00 <i>nn X</i>	
TO RESPRAY TAILGATE OUTSIDE GARNISH	\$220.00 <i>1501</i>	
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$1,416.00</b>	

#### Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicabl
TO WASH AND VACUUM	\$60.00 <i>nn X</i>	
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>151</i>	
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>nn X</i>	
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00 <i>501</i>	
TO REPLACE SUNDRY PARTS	\$100.00 <i>nn 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 Ap
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace <i>nn</i>	<i>X</i>
		5830747090	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace <i>R</i>	<i>X</i>
			STICKER DECAL 6555 8888	1.00	\$21.60	0.00	\$21.60	Replace <i>nn</i>	<i>i</i>
			STRIDES LOGO	1.00	\$7.80	0.00	\$7.80	Replace <i>nn</i>	<i>✓</i>
		7544247130	NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace <i>nn</i>	<i>—</i>
		7544147090	NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace <i>nn</i>	<i>✓</i>
		7680147110A1	TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$992.30	25.00	\$744.22	Replace <i>R</i>	<i>X</i>
		6788147050	TAIL GATE WEATHERSTRIP, BACK DOOR	1.00	\$402.50	25.00	\$301.88	Replace <i>nn</i>	<i>X</i>
		6700547440	TAIL GATE PANEL SUB-ASSY, BACK DOOR	1.00	\$1,238.40	25.00	\$928.80	Replace <i>R</i>	<i>X</i>
		6625947010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace <i>nn</i>	<i>X</i>
		5839947030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace <i>nn</i>	<i>X</i>
		5839847050	COVER, REAR FLOOR UNDER, RH	1.00	\$189.20	25.00	\$141.90	Replace <i>nn</i>	<i>X</i>
		8158147010	LENS & BODY ASSY, RR BUMPER, RH	1.00	\$544.40	10.00	\$489.96	Replace <i>nn</i>	<i>X</i>
		8155147281	LENS & BODY, REAR COMBINATION LAMP, RH	1.00	\$489.00	10.00	\$440.10	Replace <i>nn</i>	<i>X</i>
		8999730100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace <i>nn</i>	<i>X</i>
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace <i>short</i>	<i>✓</i>



## SMRT Accident Vehicle Repair Estimates

SMRT Auton  
60 Woodland  
FAX Number  
Estimator Tel  
Accident Rep

Date Genera

User ID

### Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$16.70	25.00	\$12.52 <i>12.53</i>	Replace <i>Mc</i>	✓
		5256647900	FILLER, RR BUMPER, LH	1.00	\$168.60	25.00	\$126.45	Replace <i>Sm</i>	X
		5256547900	FILLER, RR BUMPER, RH	1.00	\$168.60	25.00	\$126.45	Replace <i>Sm</i>	X
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$623.50	25.00	\$467.63	Replace <i>Mc/BA</i>	✓
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace <i>Mc</i>	✓
		5259247040	SEAL, RR BUMPER, LH	1.00	\$95.50	25.00	\$71.63	Replace <i>na</i>	X
		5259147050	SEAL, RR BUMPER, RH	1.00	\$95.50	25.00	\$71.63	Replace <i>na</i>	X
		5259968030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace <i>Sm</i>	X
		5219147030	SEAL, RR BUMPER ARM, RH & LH	1.00	\$12.30	25.00	\$9.23	Replace <i>Sm</i>	X
		5246147010	PAD, RR BUMPER, CTR	1.00	\$2.50	25.00	\$1.88	Replace <i>Mc</i>	✓
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$4.30	25.00	\$6.45	Replace <i>Mc</i>	✓
		5246247020	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace <i>Mc</i>	✓
		5246247030	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace <i>Mc</i>	✓
		5202347030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace <i>BA</i>	✓
		5215947913	COVER, RR BUMPER ASSY	1.00	\$478.90	25.00	\$359.17 <i>359.18</i>	Replace <i>BA</i>	✓
Total					\$7,560.90		\$5,941.10		

### 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 Ch
Total									

*Not Noted  
11/29/08*

**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:

## 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	24/05/2023 10:24 (SGT)
Reported by	Actual Driver
Date of Accident	23/05/2023 08:20 (SGT)
Exact Location of Accident	Toa Payoh, Singapore
Additional Location Information	SLIP ROAD FROM TOA PAYOH LOR 2 TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4325B
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	SYAIROOL HEESYAM BIN SURIP
NRIC No	SXXXX262I
Date Of Birth	12/04/1975
Occupation	Outdoor



Date Of Driving Pass .....	29/06/2007
Driving experience .....	15 YEARS AND 11 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### 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 WAS AT THE FILTER LANE OF TOA PAYOH LORONG 2 AND WHILE WAITING FOR THE VEHICLES TO CLEAR SUDDENLY A VEHICLE SLP6116J COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. I HAVE 1 FEMALE PAX . I WAS NOT FEELING WELL AND WILL SEE DOCTOR.

#### 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 .....	SLP6116J
-----------------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	SYAIROOL HEESYAM BIN SURIP
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC4325B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

Describe Circumstance of the Accident

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]* 23/5/2023

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

*[Signature]*

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vjun2022

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**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:

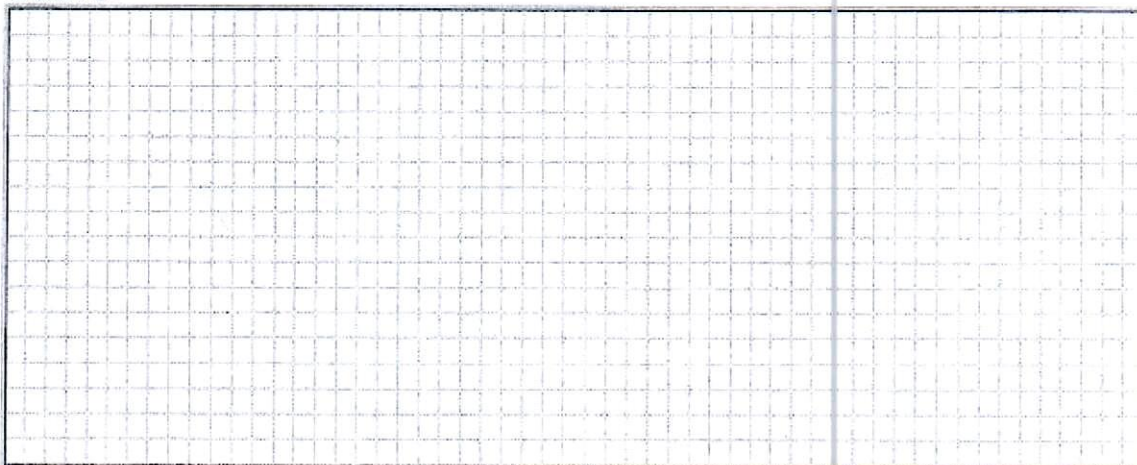
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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



vJun2022