

ASS. REC. BY:

REF:

SMO1

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 Report:

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

Date / Time

Action / Instruction

Veh No:

SHF 1857

Yr Regn:

12, 17

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

Truck / Trailer or

Make:

Toy Pnw

C.C

1780

Colour

M. Brown

A/C: Insured / Std / NI / NA

Sp. Reading

599829

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31E4903578997

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

195/65R15

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

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

22/5/23

D.O.I.

24/5/2023

Survey held at

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

O/S Frt

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

Date/Time, File Pass to?



Prel. Report



Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ - RS. SI

F.P.M.S

Others

TOTAL

Report Format :

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

TP 65

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 : 23/05/2023


User ID : munshan

Section A - Accident Details

Registration Number	SHF185Z
Case Reference Number	TAX/05/23/2065
Registration Date	19/12/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	VETHARETINAM S O P NARAYANAN @VEDARETNAM
Type of Accident	Side Swipe
Accident Date and Time	22/5/23 1:34 PM
Accident Reported Date and Time	22/5/23 3:06 PM
Is Surveyor Required?	No
Survey by	
Vehicle Is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	24118478
Special Instruction to ARC, if any	TP: RHS FRONT
Prepared Date and Time	22/5/23 3:56 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	\$756.00	\$0.00
Total Spare Part Cost	\$5,136.30	\$0.00
Total Other Cost	\$380.00	\$0.00
TOTAL COST	\$7,117.30	\$0.00
Lump Sum Total	\$7,100.00	\$0.00
Number of Repair Days	6.0	2 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	22/05/2023 4:06 PM	
Signature		<input checked="" type="checkbox"/> Kenneth
Remarks		

Section C - Quotation and Accident Invoice Details

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

LKK Auto Centre hence notify
the Repairer of the following:

- To repair and replace the damaged parts
- To replace the damaged parts with new parts
- To replace the damaged parts with original parts
- To replace the damaged parts with equivalent parts
- To replace the damaged parts with second-hand parts

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 : 23/05/2023

User ID : mumsan

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O REPAIR RH FRONT PORTION	\$845.00 <i>2001</i>	
total Labour	\$845.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY FRONT BUMPER	\$378.00 <i>2001</i>	
O RESPRAY FRONT FENDER RH	\$378.00 <i>X</i>	
total Spray Painting & Panel Beating	\$756.00	

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>20</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>X</i>	
O REPLACE SUNDRY PARTS	\$100.00 <i>X</i>	
total Other Costs	\$380.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		5213247010	REINFORCEMENT FRONT LOWER	1.00	\$265.90	25.00	\$199.42	Replace	<i>R</i> X
		5261847090	ABSORBER, FR BUMPER LOWER	1.00	\$143.60	25.00	\$107.70	Replace	<i>R</i> X
		5311247240	GRILLE, RADIATOR	1.00	\$183.90	25.00	\$137.93	Replace	<i>R</i> X
		5310147080	GRILLE SUB-ASSY	1.00	\$374.40	25.00	\$280.80	Replace	<i>R</i> X
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	<i>R</i> ✓
		8121047020	LAMP ASSY, FOG, RH	1.00	\$1,029.90	10.00	\$926.91	Replace	<i>R</i> X
		8114547691	UNIT, HEADLAMP, RH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	<i>R</i> ?
		5380147080	FENDER SUB-ASSY, FR, RH	1.00	\$1,060.70	25.00	\$795.53	Replace	<i>R</i> X
		7537447140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	<i>R</i> X
		5387547070	LINER, FR FENDER, RH	1.00	\$223.50	25.00	\$167.63	Replace	<i>R</i> X
		5210247020	EXTENSION SUB-ASSY, RH	1.00	\$129.90	25.00	\$97.43	Replace	<i>R</i> X
		5210347010	EXTENSION SUB-ASSY, LH	1.00	\$129.90	25.00	\$97.43	Replace	<i>R</i> X
		5261147140	ABSORBER, FR BUMPER	1.00	\$85.90	25.00	\$64.43	Replace	<i>R</i> X
		5202147110	REINFORCEMENT FRONT UPPER	1.00	\$773.90	25.00	\$580.43	Replace	<i>R</i> X
		5211547050	SUPPORT, FR BUMPER RH	1.00	\$86.20	25.00	\$64.65	Replace	<i>R</i> X
		5211947962	COVER, FR BUMPER	1.00	\$560.30	25.00	\$420.22	Replace	<i>R</i> ✓
total					\$7,964.30		\$6,588.00		

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									

Not Authorised

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	23/05/2023 12:59 (SGT)
Reported by	Actual Driver
Date of Accident	22/05/2023 13:34 (SGT)
Exact Location of Accident	Bedok South Ave 1, Singapore
Additional Location Information	BEDOK SOUTH AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF185Z

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	VETHARETINAM S/O P NARAYANAN @ VEDARETNAM
NRIC No	SXXXX419J
Date Of Birth	09/05/1953
Occupation	Outdoor

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

