

ASS. REC. BY:

REF:

SMO/23005308/K9P3

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:

02

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHF 1858

Yr Regn:

12.17

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

Truck / Trailer or

Make:

Toy Pnw

C.C.

1788

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

588829

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3154903578997

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / Rim or

Tyre Size:

F:

195/65R15

R:

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

Pailun

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 / U/C / Rooftop or

01/5/23

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

Date / Time

Action / Instruction

12/6 21 Pnw @ 2830h. Car checked @ 7138.50, 71%

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trlp:

1

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.: (\$

2850

TP 65

**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 : munsan

**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
Surveyed 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
<b>TOTAL COST</b>	<b>\$7,117.30</b>	<b>\$0.00</b>
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		
Remarks		

**Section C - Quotation and Accident Invoice Details**

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

LKK Auto Consultants hence notify the Repairer of the following:

- To reserve the right to spray paint
- To display the repaired parts during reserve
- Parts prices are subject to confirmation
- Third parties may access without permission parts
- No liability for consequential damages
- Supplier's liability is limited to the value of the parts supplied



**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 : munsan

**Section D - Details of Repair Estimates**

**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR RH FRONT 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 applicable
O RESPRAY FRONT BUMPER	\$378.00 <i>2001</i>	
O RESPRAY FRONT FENDER RH	\$378.00 <i>X</i>	
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$756.00</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>20</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>X</i>	
O REPLACE SUNDRY PARTS	\$100.00 <i>X</i>	
<b>Total Other Costs</b>	<b>\$380.00</b>	

**Part 4 - Spare Parts / Material Usage**

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		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>RM</i>	X
		5311247240	GRILLE, RADIATOR	1.00	\$183.90	25.00	\$137.93	Replace <i>RM</i>	X
		5310147080	GRILLE SUB-ASSY	1.00	\$374.40	25.00	\$280.80	Replace <i>RM</i>	X
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace <i>ARC</i>	✓
		8121047020	LAMP ASSY, FOG, RH	1.00	\$1,029.90	10.00	\$926.91	Replace <i>RM</i>	X
		8114547691	UNIT, HEADLAMP, RH	1.00	\$2,852.40	10.00	\$2,567.16	Replace <i>my car 2</i>	✓
		5380147080	FENDER SUB-ASSY, FR, RH	1.00	\$1,060.70	25.00	\$795.53	Replace	X
		7537447140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	X
		5387547070	LINER, FR FENDER, RH	1.00	\$223.50	25.00	\$167.63	Replace	X
		5210247020	EXTENSION SUB-ASSY, RH	1.00	\$129.90	25.00	\$97.43	Replace	X
		5210347010	EXTENSION SUB-ASSY, LH	1.00	\$129.90	25.00	\$97.43	Replace	X
		5261147140	ABSORBER, FR BUMPER	1.00	\$85.90	25.00	\$64.43	Replace	X
		5202147110	REINFORCEMENT FRONT UPPER	1.00	\$773.90	25.00	\$580.43	Replace	X
		5211547050	SUPPORT, FR BUMPER RH	1.00	\$86.20	25.00	\$64.65	Replace	X
		5211947962	COVER, FR BUMPER	1.00	\$560.30	25.00	\$420.22	Replace <i>R</i>	✓ <i>420.23</i>
<b>Total</b>					<b>\$7,964.30</b>		<b>\$6,588.00</b>		

**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
<b>Total</b>									

*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:



SS3D235M000B / Strides Automotive Services Pte Ltd (757705)  
ENTRY DATE & TIME: 23/05/2023 12:59 (SGT)  
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)  
VERSION: 1 (23/05/2023 12:59 (SGT))

## 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



Date Of Driving Pass .....	07/11/1978
Driving experience .....	44 YEARS AND 6 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 .....	RELIEF
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 .....	Side Swipe
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) .....	3
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

#### PASSENGER 2

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 TRAVELLING ALONG BEDOK SOUTH AVE 1 TOWARDS UPPER CHANGI ROAD WITH 2 PASSENGERS (CHINESE/ HELPER PHILIPINO) ON BOARD. SUDDENLY A SAW A TRAILER ON MY RIGHT, AS SUCH I STOPPED BUT THE TRAILOR CONTINUED TO TURN LEFT WHICH RESULTED IN HITTING THE RIGHT FRONT PORTION OF 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

Vehicle Registration Number	XE5292E
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.



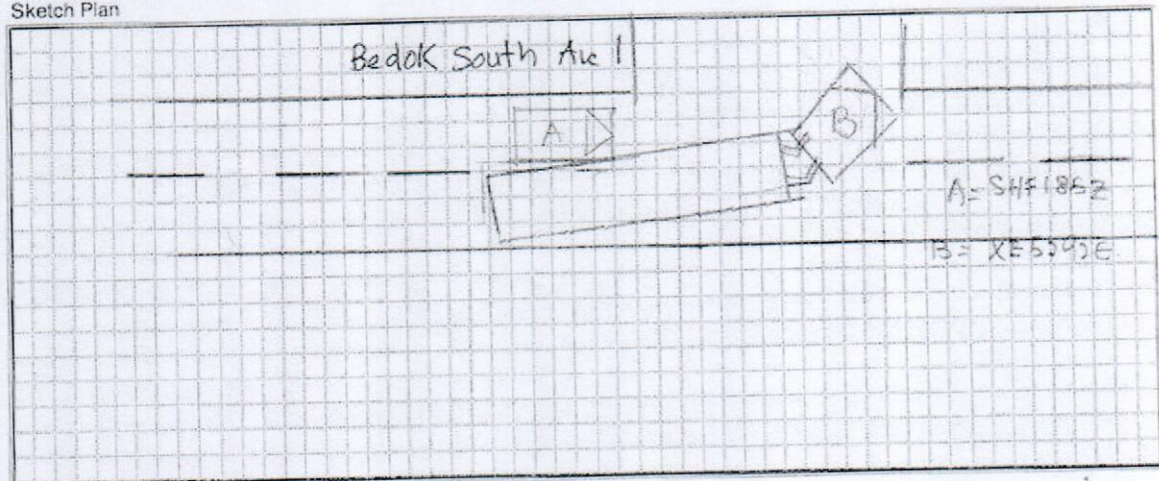
Policyholder's Signature / Date & Time

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

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

*lin* 22-5-2023

**Sketch Plan**



WJun2022

Describe Circumstance of the Accident

**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 IRIC/ID card)

*lm* 22.5.2023.