

ASS. REC. BY:

REF:

IND 23003377/KV

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: GBK 6645T

Policy No.

Claims No. MT/1224669-002

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:

04+2 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:

S/HF 279L

Yr Regn:

12, 19

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

Truck / Trailer or

Make:

Toyota Prous

C.C

1798

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

203322

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3FU 603 689467

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim

STD A/Rim

Tyre Size:

F:

195/65R15

R:

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

Sailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

24/5/23

D.O.I.

26/5/2023

Survey held at

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

N/S Frt & U/C

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

Date / Time

Action / Instruction

23/6 11:20 & 12, 450L Car (red 26,684.04, 68%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

F. P. \$

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / L.B. (\$ 12,450)

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	25/05/2023 13:02 (SGT)
Reported by	Actual Driver
Date of Accident	24/05/2023 14:54 (SGT)
Exact Location of Accident	Straits View, Singapore
Additional Location Information	JUNCTION OF STRAITS VIEW & CENTRAL BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF279L
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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	NG KOON PENG
NRIC No	SXXXX634J
Date Of Birth	22/05/1978
Occupation	Outdoor



Date Of Driving Pass	03/12/1996
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
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	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)	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	Male

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

ON 24/5/23 AT ABOUT 14:54PM I WAS STATIONARY ALONG STRAITS VIEW WITH A PASSENGER WHILE WAITING FOR TRAFFIC LIGHT TO TURN GREEN. WHEN TRAFFIC LIGHT TURNED GREEN I STARTED TO MOVE , OUT OF A SUDDEN VEHICLE (GBK6645T) HIT ONTO THE LEFT 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 LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK6645T
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SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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/imp/ 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

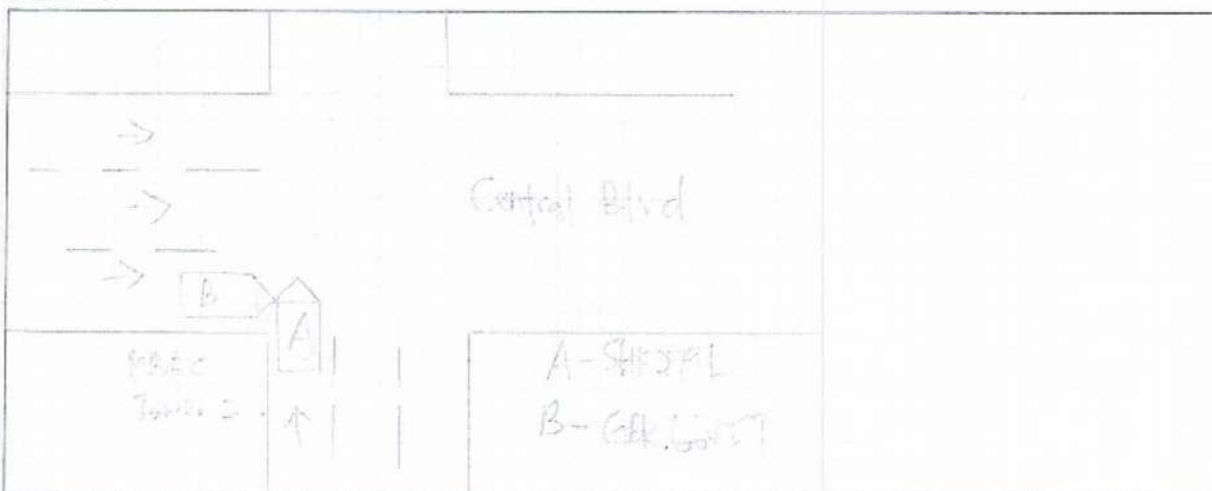
[Signature]

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

A.

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

Sketch Plan



12/12/22

Straits view

1

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)	-

Describe Circumstance of the Accident

Large empty rectangular box for describing the accident circumstances.

Declaration

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



Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Handwritten signature of the reporting centre personnel.

Witnessed by Reporting Centre Personnel (Name as in NRTID card)

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	25/05/2023 15:58 (SGT)
Reported by	Actual Driver
Date of Accident	24/05/2023 15:00 (SGT)
Exact Location of Accident	Near 19-02 Straits View, Singapore
Additional Location Information	JUNCTION OF STRAITS VIEW AND CENTRAL BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6645T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	E-LEASE@SG PTE. LTD
Company Reg No	202232754M
Email Address	ELEASE2SG@GMAIL.COM
Mobile Phone No	(Phone) +65-88768886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130692620-000035

DRIVER

Name of Driver	RAMASAMY SOMASUNDARAM
Passport No/FIN	G7898125W
Date Of Birth	18/05/1974
Occupation	Outdoor

Date Of Driving Pass	03/04/2019
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93537450
Alt. Phone Number	-
Email Address	SOMASUNDARAMRM022527@GMAIL.COM
Address	SUNGEI TENGAH BLK512 DORMITORY #12-110
Address complement	-
Postcode	698924
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 - Major/Minor Rd
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 WAS TRAVELLING ON MARINA BLVD THE TRAFFIC LIGHT WAS RED AND I WAS UNABLE TO STOP IN TIME THUS HITTING VEHICLE 'B' FRONT LEFT PORTION.

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	SHF279L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	UNKNOWN

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 willful 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.
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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 be 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' lawyer/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' lawyer/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyer/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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



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

Sketch Plan

Veh A - G0K6645T	
Veh B - SHF279L	
	<p>Sketch Plan</p>

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

PASSENGER 1

Name UNKNOWN
Gender Male

Describe Circumstances of the Accident

I was travelling on Manning Blvd. The traffic light was red and I was unable to stop in time thus hitting Res B front left portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



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

TP
Income



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 : 25/05/2023

User ID : BoonChewTay

Section A - Accident Details

Registration Number	SHF279L
Case Reference Number	TAX/05/23/2075
Registration Date	26/12/2019
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	NG KOON PENG
Type of Accident	Head To Side
Accident Date and Time	24/5/2023 2:54 PM
Accident Reported Date and Time	25/5/2023 9:34 AM
Surveyor Required?	No
Survey by	
Vehicle Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118506
Special Instruction to ARC, if any	LEFT FRONT/TOWED IN
Prepared Date and Time	25/5/2023 10:23 AM
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	\$2,014.00	\$0.00
Total Spare Part Cost	\$14,392.54	\$0.00
Total Other Cost	\$1,496.00	\$0.00
TOTAL COST	\$18,916.54	\$0.00
UMP Sum Total	\$18,916.54	\$0.00
Number of Repair Days	10.0	4 days
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	25/05/2023 10:44 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 Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 25/05/2023

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 FRONT LH PORTION	\$1,014.00 <i>500</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 FRONT BUMPER	\$378.00 <i>200</i>	
O RESPRAY FRONT FENDER LH	\$378.00 <i>200</i>	
O RESPRAY FRONT PILLAR LH	\$220.00 <i>12.01</i>	
O RESPRAY FRONT DOOR LH	\$378.00 <i>200</i>	
O RESPRAY VIEW MIRROR	\$220.00 <i>60</i>	
O RESPRAY ROCKER PANEL MOULDING	\$220.00 <i>nn x</i>	
O RESPRAY RIM	\$220.00 <i>nn x</i>	
total Spray Painting & Panel Beating	\$2,014.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
OWING CHARGE	\$56.00 <i>✓</i>	
O WASH AND VACUUM	\$60.00 <i>x</i>	
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>201</i>	
O REMOVE AND REFIT TYRE	\$120.00 <i>201</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>601</i>	
O DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00 <i>601</i>	
O TRANSFER DOOR MECHANISM	\$120.00 <i>601</i>	
O REMOVE AND REFIX UNDERCARRIAGE	\$350.00 <i>2001</i>	
O REPLACE SUNDRY PARTS	\$100.00 <i>x</i>	
O CHECK & RESET SYSTEM FUNCTION	\$350.00 <i>nn x</i>	
total Other Costs	\$1,496.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
	✓	52119-47980	COVER, FR BUMPER	1.00	\$565.60	25.00	\$424.20	Replace	<i>mycpa ✓</i>
	✓	52116-47050	SUPPORT, FR BUMPER LH	1.00	\$86.20	25.00	\$64.65	Replace	<i>diy ✓</i>
	✓	52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	<i>nn ✓</i>
	✓	81185-47890	UNIT, HEADLAMP, LH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	<i>mycpa ✓</i>
		81056-47890	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1.00	\$4,079.80	10.00	\$3,671.82	Replace	<i>nn x</i>
		51444-12080	COVER, ENGINE UNDER SIDE LH	1.00	\$86.20	25.00	\$64.65	Replace	<i>nn x</i>
	✓	53802-47100	FENDER SUB-ASSY, FR, LH	1.00	\$1,060.70	25.00	\$795.53	Replace	<i>nn ✓</i>
	✓	75374-47140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	<i>nn ✓</i>
	✓	53876-47080	LINER, FR FENDER, LH	1.00	\$227.80	25.00	\$170.85	Replace	<i>cpa ✓</i>
	✓	53857-12010	RETAINER, FR WHEEL RH	1.00	\$3.50	25.00	\$2.63	Replace	<i>diy ✓</i>
	✓	53828-47070	PROTECTOR, FR FENDER LH	1.00	\$101.80	25.00	\$76.35	Replace	<i>cpa ✓</i>
		53852-47041	PAD, FR WHEEL LH	1.00	\$85.00	25.00	\$63.75	Replace	<i>nn x</i>
		53702-47101	APRON SUB-ASSY, FRONT FENDER, LH	1.00	\$1,060.90	25.00	\$795.68	Replace	<i>nn x</i>

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 : 25/05/2023

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
		61014-47020	PILLAR, FRONT BODY, LH	1.00	\$378.90	25.00	\$284.17	Replace	X
	✓	42611-47450	WHEEL DISC FRONT	1.00	\$2,036.30	25.00	\$1,527.23	Replace	nd ✓
			TYRE	1.00	\$126.74	0.00	\$126.74	Replace	Ln X
	✓	43420-47040	SHAFT ASSY, FRONT DRIVE, LH	1.00	\$1,355.80	25.00	\$1,016.85	Replace	Ry 2
		90311-50064	OIL SEAL, FRONT DRIVE SHAFT, LH	1.00	\$39.20	25.00	\$29.40	Replace	22 X
	✓	43550-47020	HUB & BEARING ASSY, RH & LH	1.00	\$722.10	25.00	\$541.58	Replace	Ry 2
	✓	43212-47040	KNUCKLE, STEERING, LH	1.00	\$717.50	25.00	\$538.13	Replace	Ry 2
	✓ Ry	45047-49195	END SET, TIE ROD, LH	1.00	\$202.30	25.00	\$151.73	Replace	Ry 2
	✓	48069-47060	LOWER ARM SUB-ASSY, FRONT LH	1.00	\$823.20	25.00	\$617.40	Replace	Ry 2
	✓ Ry	43330-10115	JOINT ASSY, LWR BALL, RH & LH	1.00	\$284.50	25.00	\$213.38	Replace	2
	✓	48520-80639	ABSORBER SET, SHOCK, FRONT LH	1.00	\$511.40	25.00	\$383.55	Replace	Ry 2
	✓	48820-47040	LINK ASSY, FRONT STABILIZER, RH & LH	1.00	\$256.40	25.00	\$192.30	Replace	Ry 2
		48811-12B00	BAR, STABILIZER, FR	1.00	\$382.60	25.00	\$286.95	Replace	Sm X
	✓	87940-47440	MIRROR ASSY, OUTER REAR VIEW, LH	1.00	\$1,454.40	10.00	\$1,308.96	Replace	cm ✓
	Ln	87945-47050-A1	COVER, OUTER MIRROR, LH	1.00	\$117.80	25.00	\$88.35	Replace	Ln X
		75860-47900	MOULDING ASSY, BODY ROCKER PANEL, LH	1.00	\$649.10	25.00	\$486.83	Replace	X
	✓	67002-47153	PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1,407.80	25.00	\$1,055.85	Replace	Ry ✓
	✓		STICKER STRIDES TAXI (DOOR)	1.00	\$60.00	0.00	\$60.00	Replace	Ln ✓
		68610-47040	CHECK ASSY, FRONT DOOR	1.00	\$199.40	25.00	\$149.55	Replace	Ln X
		68720-12151	HINGE ASSY, FRONT DOOR, UPPER LH	1.00	\$105.50	25.00	\$79.13	Replace	R X
	✓	68740-12120	HINGE LOWER LHF, DOOR	1.00	\$120.00	25.00	\$90.00	Replace	Ry 2
total					\$22,204.74		\$17,999.68		

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
Repairing After Painting*

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

STRIDES Accident Vehicle Repair Estimates

STRIDES Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 707705
FAX Number : 8368552
Estimator Telephone Number : 8862623
Accident Reporting Number : 8862872

Date Generated : 28/06/2023

User ID : PehSuan

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52119-47980	COVER, FR BUMPER	1.00	\$565.60	25.00	\$424.20	Replace	Replace
		52116-47050	SUPPORT, FR BUMPER LH	1.00	\$86.20	25.00	\$64.65	Replace	Replace
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	Replace
		81185-47890	UNIT, HEADLAMP, LH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	Replace
		81056-47860	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	0.00	\$4,079.80	0.00	\$0.00	Replace	Check
		51444-12080	COVER, ENGINE UNDER SIDE LH	0.00	\$86.20	0.00	\$0.00	Replace	Check
		53802-47100	FENDER SUB-ASSY, FR, LH	1.00	\$1,060.70	25.00	\$795.53	Replace	Replace
		75374-47140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	Replace
		53876-47060	LINER, FR FENDER, LH	1.00	\$227.80	25.00	\$170.85	Replace	Replace
		53857-12010	RETAINER, FR WHEEL RH	1.00	\$3.50	25.00	\$2.63	Replace	Replace
		53828-47070	PROTECTOR, FR FENDER LH	0.00	\$101.80	0.00	\$0.00	Replace	Check
		53852-47041	PAD, FR WHEEL LH	0.00	\$65.00	0.00	\$0.00	Replace	Check
		53702-47101	APRON SUB-ASSY, FRONT FENDER, LH	1.00	\$1,060.90	100.00	\$0.00	Replace	Repair
		61014-47020	PILLAR, FRONT BODY, LH	0.00	\$378.90	0.00	\$0.00	Replace	Not Given
		42611-47450	WHEEL, DISC FRONT	1.00	\$2,036.30	25.00	\$1,527.23	Replace	Replace
			TYRE	0.00	\$126.74	0.00	\$0.00	Replace	Not Given
		43420-47040	SHAFT ASSY, FRONT DRIVE, LH	0.00	\$1,355.80	0.00	\$0.00	Replace	Check
		90311-50064	OIL SEAL, FRONT DRIVE SHAFT, LH	0.00	\$39.20	0.00	\$0.00	Replace	Check
		43550-47020	HUB & BEARING ASSY, RH & LH	0.00	\$722.10	0.00	\$0.00	Replace	Check
		43212-47040	KNUCKLE, STEERING, LH	0.00	\$717.50	0.00	\$0.00	Replace	Check
		45047-49195	END SET, TIE ROD, LH	0.00	\$202.30	0.00	\$0.00	Replace	Check
		48069-47060	LOWER ARM SUB-ASSY, FRONT LH	0.00	\$823.20	0.00	\$0.00	Replace	Check
		43330-19115	JOINT ASSY, LWR BALL, RH & LH	0.00	\$284.50	0.00	\$0.00	Replace	Check
		48520-80639	ABSORBER SET, SHOCK, FRONT LH	0.00	\$511.40	0.00	\$0.00	Replace	Check
		48820-47040	LINK ASSY, FRONT STABILIZER, RH & LH	0.00	\$256.40	0.00	\$0.00	Replace	Check
		48811-12B00	BAR, STABILIZER, FR	0.00	\$382.60	0.00	\$0.00	Replace	Check
		87940-47440	MIRROR ASSY, OUTER REAR VIEW, LH	1.00	\$1,454.40	10.00	\$1,308.96	Replace	Replace
		87945-47060-A1	COVER, OUTER MIRROR, LH	0.00	\$117.80	0.00	\$0.00	Replace	Check
		75860-47900	MOULDING ASSY, BODY ROCKER PANEL, LH	0.00	\$649.10	0.00	\$0.00	Replace	Not Given
		67002-47163	PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1,407.80	25.00	\$1,055.85	Replace	Replace
			STICKER STRIDES TAXI (DOOR)	1.00	\$60.00	0.00	\$60.00	Replace	Replace
		68610-47040	CHECK ASSY, FRONT DOOR	0.00	\$199.40	0.00	\$0.00	Replace	Not Given
		68720-12151	HINGE ASSY, FRONT DOOR, UPPER LH	0.00	\$105.50	0.00	\$0.00	Replace	Not Given
		68740-12120	HINGE LOWER LHF, DOOR	0.00	\$120.00	0.00	\$0.00	Replace	Check
Total					\$22,204.74		\$8,057.39		

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
		68740-12120	HINGE LOWER LHF, DOOR	1.00	\$120.00	25.00	\$90.00	Replace	Replace
		48820-47040	LINK ASSY, FRONT STABILIZER, RH & LH	0.00	\$256.40	0.00	\$0.00	Replace	Check

STRIDES Accident Vehicle Repair Estimates

STRIDES Automotive Services Pte Ltd	
50 Woodlands Industrial Park E4, Singapore 757705	
FAX Number : 63685562	
Estimator Telephone Number : 69602623	
Accident Reporting Number : 68662672	

Date Generated : 29/06/2023

User ID : PuhBuan

	43330-19115	JOINT ASSY, LWR BALL , RH & LH	1.00	\$284.50	25.00	\$213.38	Replace	Replace	✓
	45047-49195	END SET, TIE ROD, LH	1.00	\$202.30	25.00	\$151.73	Replace	Replace	✓
	43420-47040	SHAFT ASSY, FRONT DRIVE , LH	0.00	\$1,355.80	0.00	\$0.00	Replace	Not Given	X
	53828-47070	PROTECTOR, FR FENDER LH	1.00	\$101.80	25.00	\$76.35	Replace	Replace	✓
	43212-47040	KNUCKLE, STEERING, LH	1.00	\$717.50	25.00	\$538.13	Replace	Replace	✓
	48069-47060	LOWER ARM SUB-ASSY, FRONT LH	1.00	\$823.20	25.00	\$617.40	Replace	Replace	✓
	48520-80639	ABSORBER SET, SHOCK, FRONT LH	1.00	\$511.40	25.00	\$383.55	Replace	Replace	✓
	68720-12151	HINGE ASSY, FRONT DOOR , UPPER LH	0.00	\$105.50	0.00	\$0.00	Replace	Not Given	X
	43550-47020	HUB & BEARING ASSY, RH & LH	1.00	\$722.10	25.00	\$541.58	Replace	Replace	✓
	48609-47060	SHOCK ABSORBER MOUNTNG FRT,RH/LH	0.00	\$255.70	0.00	\$0.00	Replace	Check	X
	45510-47140	GEAR ASSY, STEERING	1.00	\$2,115.80	25.00	\$1,586.85	Replace	Replace	✓ bent (s)
	48820-47040	LINK ASSY, FRONT STABILIZER, RH & LH	1.00	\$256.40	25.00	\$192.30	Replace	Replace	✓
	43420-47040	SHAFT ASSY, FRONT DRIVE , LH	1.00	\$1,355.80	25.00	\$1,016.85	Replace	Replace	✓
	48609-47060	SHOCK ABSORBER MOUNTNG FRT,RH/LH	1.00	\$255.70	25.00	\$191.78	Replace	Replace	✓ B1 ✓
	48609-47060	SUPPORT SUB-ASSY, FRONT SUSPENSION, RH &	1.00	\$236.40	25.00	\$177.30	Replace	Replace	✓ B1 ✓
Total				9,676.30		5,777.20			

13,834.59
+ 500.00
+ 1256.00 L/S \$12,450/-
15,590.59
-20%
12,472.47