

ASS. REC. BY:

REF:

incl 23005377/KV

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:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

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

C.G

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 889467

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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

Sailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

24/5/12

D.O.I.

26/5/2023

Survey held at

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

N/S & UIC

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

Income

STRIDES
AUTOMOTIVE

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
Is Surveyor Required?	No
Survey by	
Vehicle is 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
Jump 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	

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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	500/
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	200/
O RESPRAY FRONT FENDER LH	\$378.00	200/
O RESPRAY FRONT PILLAR LH	\$220.00	?
O RESPRAY FRONT DOOR LH	\$378.00	200/
O RESPRAY VIEW MIRROR	\$220.00	60/
O RESPRAY ROCKER PANEL MOULDING	\$220.00	?
O RESPRAY RIM	\$220.00	
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	✓
O WASH AND VACUUM	\$60.00	X
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00	20/
O REMOVE AND REFIT TYRE	\$120.00	20/
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	60/
O DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00	60/
O TRANSFER DOOR MECHANISM	\$120.00	60/
O REMOVE AND REFIX UNDERCARRIAGE	\$350.00	?
O REPLACE SUNDRY PARTS	\$100.00	X
O CHECK & RESET SYSTEM FUNCTION	\$350.00	?
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	mgc/pt ✓
		52116-47050	SUPPORT, FR BUMPER LH	1.00	\$86.20	25.00	\$64.65	Replace	DIY ✓
		52161-18010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	mc ✓
		81185-47890	UNIT, HEADLAMP, LH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	mgc/m ✓
		81056-47860	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1.00	\$4,079.80	10.00	\$3,671.82	Replace	?
		51444-12080	COVER, ENGINE UNDER SIDE LH	1.00	\$86.20	25.00	\$64.65	Replace	?
		53802-47100	FENDER SUB-ASSY, FR, LH	1.00	\$1,060.70	25.00	\$795.53	Replace	R ✓
		75374-47140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	mc ✓
		53876-47080	LINER, FR FENDER, LH	1.00	\$227.80	25.00	\$170.85	Replace	cm ✓
		53857-12010	RETAINER, FR WHEEL RH	1.00	\$3.50	25.00	\$2.63	Replace	DIY ✓
		53828-47070	PROTECTOR, FR FENDER LH	1.00	\$101.80	25.00	\$76.35	Replace	?
		53852-47041	PAD, FR WHEEL LH	1.00	\$65.00	25.00	\$48.75	Replace	?
		53702-47101	APRON SUB-ASSY, FRONT FENDER, LH	1.00	\$1,080.90	25.00	\$795.68	Replace	R X

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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	Not ✓
			TYRE	1.00	\$126.74	0.00	\$126.74	Replace	In X
		43420-47040	SHAFT ASSY, FRONT DRIVE, LH	1.00	\$1,355.80	25.00	\$1,016.85	Replace	?
		90311-50064	OIL SEAL, FRONT DRIVE SHAFT, LH	1.00	\$39.20	25.00	\$29.40	Replace	?
		43550-47020	HUB & BEARING ASSY, RH & LH	1.00	\$722.10	25.00	\$541.58	Replace	?
		43212-47040	KNUCKLE, STEERING, LH	1.00	\$717.50	25.00	\$538.13	Replace	?
		45047-49195	END SET, TIE ROD, LH	1.00	\$202.30	25.00	\$151.73	Replace	?
		48069-47060	LOWER ARM SUB-ASSY, FRONT LH	1.00	\$823.20	25.00	\$617.40	Replace	?
		43330-19115	JOINT ASSY, LWR BALL, RH & LH	1.00	\$284.50	25.00	\$213.38	Replace	?
		48520-80639	ABSORBER SET, SHOCK, FRONT LH	1.00	\$511.40	25.00	\$383.55	Replace	?
		48820-47040	LINK ASSY, FRONT STABILIZER, RH & LH	1.00	\$256.40	25.00	\$192.30	Replace	?
		48811-12800	BAR, STABILIZER, FR	1.00	\$382.60	25.00	\$286.95	Replace	?
		87940-47440	MIRROR ASSY, OUTER REAR VIEW, LH	1.00	\$1,454.40	10.00	\$1,308.96	Replace	OK ✓
		87945-47060-A1	COVER, OUTER MIRROR, LH	1.00	\$117.80	25.00	\$88.35	Replace	?
		75860-47900	MOULDING ASSY, BODY ROCKER PANEL, LH	1.00	\$649.10	25.00	\$486.83	Replace	X
		67002-47163	PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1,407.80	25.00	\$1,055.85	Replace	As ✓
			STICKER STRIDES TAXI (DOOR)	1.00	\$60.00	0.00	\$60.00	Replace	As ✓
		68610-47040	CHECK ASSY, FRONT DOOR	1.00	\$199.40	25.00	\$149.55	Replace	In 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	?
Total					\$22,204.74		\$17,990.68		

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 Notified
Repair After Paint*

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

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
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

IMPORTANT NOTICE**SKETCH PLAN**

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

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

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

Sketch Plan

Handwritten notes on the sketch plan grid:

- Top right: Veh A - GOK66H5T
- Below Veh A: Veh B - SHF2792
- Bottom left: 100% / 100%
- Bottom center: 100%
- Bottom right: 100%