

ASS. REC. BY:

REF:

INC1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 17336 Yr Regn: 11.21

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

Truck / Trailer or (A)Make: MG 5 C.C. _____Colour: Green A/C: Insured / Std / NI / NASp. Reading: 45500 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LSJE 24 033 MG 058195

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Giti

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mmL/Bal: 7 mm L/Bal: 7 mmD.O.A. 6/7/23 D.O.I. 7/7/2023Survey held at ✓

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

O/S Rear body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format :



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

TOTAL

Section A - Accident Details

Registration Number	SHB1733G
Case Reference Number	TAX/07/23/2015
Registration Date	30/11/21
Company Type	Strides Taxi Pte Ltd
Make	MORRISGARAGES
Model	MG5
Name of Driver	TOH ZHI WAI RAYMOND
Type of Accident	Side Swipe
Accident Date and Time	6/7/23 1:33 PM
Accident Reported Date and Time	6/7/23 2:37 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118817
Special Instruction to ARC, if any	TP/RIGHT REAR PORTION
Prepared Date and Time	6/7/23 4:00 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	\$1,200.00	\$0.00
Total Spray Cost	\$1,086.00	\$0.00
Total Spare Part Cost	\$3,449.32	\$0.00
Total Other Cost	\$1,100.00	\$0.00
TOTAL COST	\$6,835.32	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	7.0	4 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	06/07/2023 4:13 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 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:

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION RH	\$1,200.00 <i>Good</i>	
Total Labour	\$1,200.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY RH REAR DOOR	\$428.00 <i>2206</i>	
TO RESPRAY REAR FENDER RH	\$428.00 <i>2206</i>	
TO RESPRAY DOOR HANDLE	\$230.00 <i>X</i>	
Total Spray Painting & Panel Beating	\$1,086.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO WASH AND VACUUM	\$60.00 <i>X</i>	
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>201</i>	
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$200.00 <i>301</i>	
TO TRANSFER DOOR MECHANISM	\$120.00 <i>601</i>	
TO REPLACE SUNDRY PARTS	\$100.00 <i>X</i>	
TO CHECK & RESET SYSTEM FUNCTION	\$350.00 <i>1501</i>	
ISOLATED OF (EV) (NET)	\$150.00 <i>✓</i>	
Total Other Costs	\$1,100.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
			STICKER ELECTRIC (LOGO	1.00	\$21.60	0.00	\$21.60	Replace <i>h</i>	✓
		10393843	FILM-RR S/D FRM - RH	1.00	\$9.88	10.00	\$8.89	Replace <i>h</i>	✓
		10374913	MOLDING ASM-RR S/D WDO UPR RVL - RH	1.00	\$54.50	10.00	\$49.05	Replace <i>h</i>	X
		10393841	FILM-RR S/D FRM - RH	1.00	\$9.88	10.00	\$8.89	Replace <i>h</i>	✓
		10380138-SEPP	DOOR ASM-RR SI -RH	1.00	\$2,185.04	10.00	\$1,966.54	Replace <i>R</i>	✓
		10364952-SEPP	HINGE ASM-RR S/D UPR-RH	1.00	\$46.90	10.00	\$42.21	Replace <i>R</i>	X
		10364954-SEPP	HINGE ASM-RR S/D LWR-RH	1.00	\$47.22	10.00	\$42.50	Replace <i>R</i>	X
		10383922	CHECK ASM-RR S/D - RH	1.00	\$21.00	10.00	\$18.90	Replace <i>h</i>	X
		10760960	REGULATOR ASM-RR S/D WDO-RH	1.00	\$265.30	10.00	\$238.77	Replace	?
		10285737-SPRP	HANDLE ASM-FRT S/D O/S - RH	1.00	\$36.92	10.00	\$33.23	Replace	?
		10285746-SPRP	COVER-RR S/D LK CYL-RH	1.00	\$14.88	10.00	\$13.39	Replace <i>h</i>	X
		10297708	LATCH ASM-RR S/D -RH	1.00	\$139.98	10.00	\$125.98	Replace <i>h</i>	X
		10720690CC-SEPP	PANEL-BODY SI OTR RR FENDER - RH	1.00	\$977.08	10.00	\$879.37	Replace <i>h</i>	X
Total					\$3,830.18		\$3,449.32		

Added Spare Parts / Material Usage After Surveyor Signed off

[illegible]

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	07/07/2023 09:27 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 13:33 (SGT)
Exact Location of Accident	Eunos Rd 8, Singapore
Additional Location Information	EUNOS ROAD 8 AND EUNOS AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1733G
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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	MG
Model	MG5
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	1

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100854MFSH

DRIVER

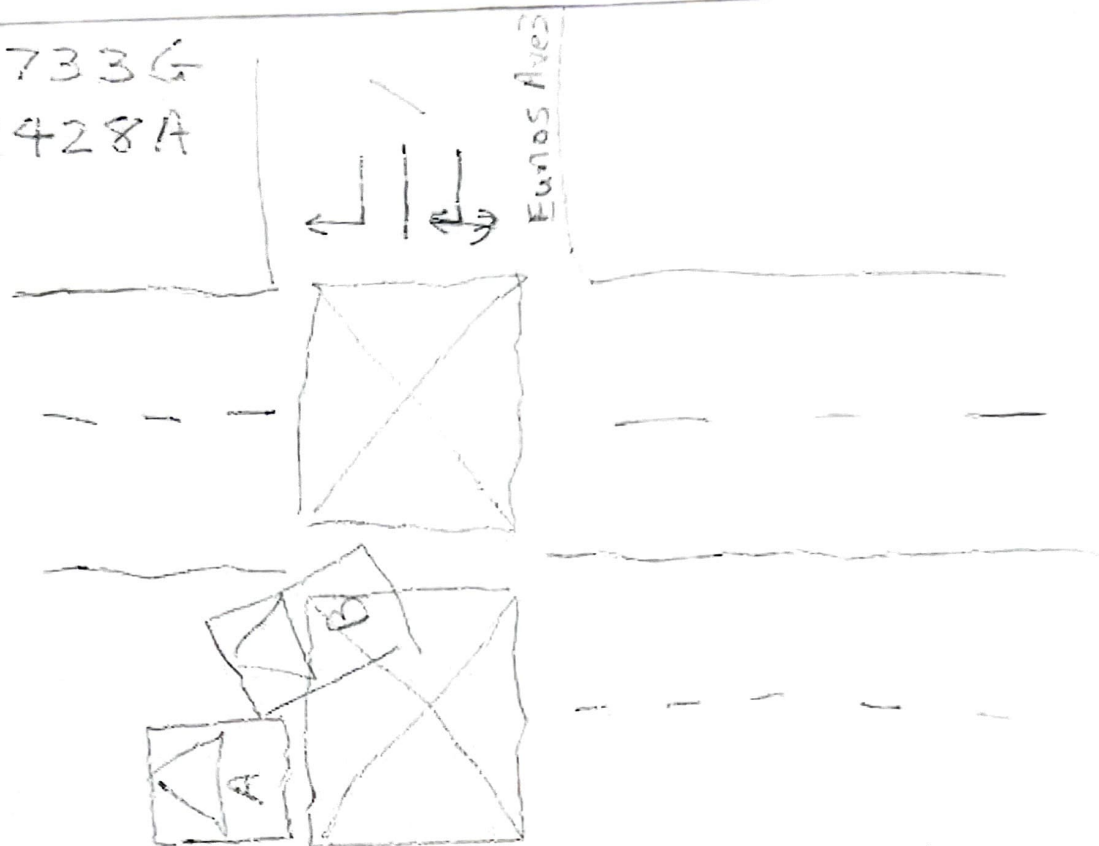
Name of Driver	TOH ZHI WAI, RAYMOND
NRIC No	SXXXX309G
Date Of Birth	21/02/1978
Occupation	Outdoor

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2428A
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)	-

SKETCH PLAN

A SHB 1733G
B SLR 2428A



Eunos Rd 8

Declaration

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

6/7/2022

Witnessed by Reporting Centre Personnel