

(08/11/13) WET  
ASS. REC. BY: *[Signature]*

REF: NS/INC 2300 7288/RUY3

369K

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: *5HB 55302*

at Workshop m/s *SMART*

of *Woolworths*

Insured: *FBP 3710G NTWL*

Policy No. \_\_\_\_\_

Claims No. *MT/1232652-002*

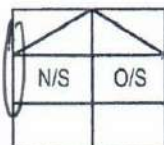
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: *5HB 55302* Yr Regn: *2020 / NOV*

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

Truck / Trailer or

Make: *TOYOTA PRIMO SDR HBA* C.C. *1798*

Colour: *maroon* A/C: Insured / Std / NI / NA

Sp. Reading: *429224* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *ITDKB3FU003091686*

Gen. Cond: Good / *Fair* / Poor / Burnt

Steering: *Inorder* / Jammed / Leaked / Burnt or

Brake: *Inorder* / Jammed / Leaked / Burnt or

Modi: *Nil* / *NS/Rim* / STD A/Rim or

Tyre Size: F: *195/65R15*

R: *2*

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

TOYO / YOKO or *SAILUN*

Front

Rear

R/Bal. *6* mm R/Bal. *6* mm

L/Bal. *6* mm L/Bal. *6* mm

D.O.A. *11/1/23* D.O.I. *18/01/23*

Survey held at *SMART*

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

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

Date / Time Action / Instruction

4/8/23 Rasul confirmed LS \$1500 (Red 10,788.72, 87%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: *3*

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2) 7/8/23-typist

Add Fee: ☐ : Site Insp (\$

Survey Fee:

Transportation:

) \$ + RS \$ SI

) Photos

) Others

Report Format : *TP*

Lump Sum H.B.H. (\$ 1500 )

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

TOTAL

## 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	18/07/2023 11:05 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2023 09:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS JALAN EUNOS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5530Z
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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	TAN CHER PING
NRIC No	SXXXX611F
Date Of Birth	29/12/1948
Occupation	Outdoor



Date Of Driving Pass	06/04/1971
Driving experience	52 YEARS AND 3 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)	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

WHILE I WAS AT PIE TOWARDS EUNOS A MOTORCYCLE FBP3710G SQUEEZED THROUGH ON MY LEFT AND HAD AN ACCIDENT WITH A MOTORCYCLE FBS3598Z. HE FELL DOWN AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE.

#### 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 1

Vehicle Registration Number	FBP3710G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBS3598Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

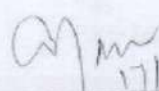



Describe Circumstance of the Accident



Declar.....  
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 NRIC/ID card)



**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.

**6. 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

*[Handwritten Signature]*

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

*[Handwritten Signature]*

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

**Sketch Plan**

Julian2022

1

32

Income

ADV - L1 L2 L3

**SMRT Accident Vehicle Repair Estimates**

SMRT Auton
60 Woodland
FAX Number
Estimator Tel
Accident Rep

Date Genera

User ID

**Section A - Accident Details**

Registration Number	SHB5530Z
Case Reference Number	TAX/07/23/2045
Registration Date	30/11/20
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	TAN CHER PING
Type of Accident	Others
Accident Date and Time	17/7/23 9:00 AM
Accident Reported Date and Time	17/7/23 10:58 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118887
Special Instruction to ARC, if any	Front left portion damaged
Prepared Date and Time	17/7/23 3:24 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

**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 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	\$1,952.00	\$0.00
Total Spare Part Cost	\$6,494.18	\$0.00
Total Other Cost	\$1,045.32	\$0.00
<b>TOTAL COST</b>	<b>\$10,336.50</b>	<b>\$0.00</b>
<b>Lump Sum Total</b>	<b>\$0.00</b>	<b>\$0.00</b>
Number of Repair Days	7.0	3 days 1/1/3
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	17/07/2023 3:34 PM	
Signature		x Repair - HP 9001268 18/07/23 Resy after repair
Remarks		

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

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



## Section D - Details of Repair Estimates

## Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR FRONT LH PORTION	\$845.00	300 /
<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
TO RESPRAY FRONT BUMPER	\$378.00	200
TO RESPRAY FRONT FENDER LH	\$378.00	X 11
TO RESPRAY FRONT DOOR LH	\$378.00	200
TO RESPRAY VIEW MIRROR	\$220.00	60
TO RESPRAY DOOR HANDLE	\$220.00	30
TO RESRAY REAR DOOR LH	\$378.00	X 11
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$1,952.00</b>	450 + 690 = 1140

## 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	X 11
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	X 11
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$200.00	X 11
TO TRANSFER DOOR MECHANISM	\$120.00	X 11
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER (NET)	\$445.32	296.88 ✓
TO REPLACE SUNDRY PARTS	\$100.00	X 11
<b>Total Other Costs</b>	<b>\$1,045.32</b>	

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

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		67004-47211	PANEL SUB-ASSY, REAR DOOR, LH	1.00	\$1,401.70	25.00	\$1,051.28	Replace	regrv
			STICKER STRIDES TAXI ( DOOR )	1.00	\$60.00	0.00	\$60.00	Replace	regr ✓
		69210-47051-A1	DOOR OUTER HANDLE FRONT, LH	1.00	\$423.20	25.00	\$317.40	Replace	regrv
		67002-47163	PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1,407.80	25.00	\$1,055.85	Replace	regrv
		75374-47140	EMBLEM, SIDE PANEL ( HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	X
		53802-47100	FENDER SUB-ASSY, FR, LH	1.00	\$1,060.70	25.00	\$795.53	Replace	X
		81185-47890	UNIT, HEADLAMP, LH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	X
		52713-47040	MOULDING, FRONT BUMPER SIDE, LH	1.00	\$103.70	25.00	\$77.78	Replace	scn
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$38.00	Replace	m ✓
		52116-47050	SUPPORT, FR BUMPER LH	1.00	\$86.20	25.00	\$64.65	Replace	? f m
		52119-47980	COVER, FR BUMPER	1.00	\$565.60	25.00	\$424.20	Replace	de ✓
Total					\$8,025.20		\$6,494.18		

## Added Spare Parts / Material Usage After Surveyor Signed off

[illegible]



**SMRT Accident Vehicle Repair Estimates**

SMRT Automotive Services Pte Ltd
80 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672



Date Generated : 02/08/2023

User ID : PohSuan

**Section A - Accident Details**

Registration Number	SHB5530Z
Case Reference Number	TAX/07/23/2045
Registration Date	30/Nov/2020
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	TAN CHER PING
Type of Accident	Others
Accident Date and Time	17/Jul/2023 9:00 AM
Accident Reported Date and Time	17/Jul/2023 10:58 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118887
Special Instruction to ARC, if any	Front left portion damaged
Prepared Date and Time	17/Jul/2023 3:24 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	\$300.00
Total Spray Cost	\$2,330.00	\$690.00
Total Spare Part Cost	\$6,494.18	\$597.98
Total Other Cost	\$1,045.32	(\$87.98)
<b>TOTAL COST</b>	<b>\$10,714.50</b>	<b>\$1,500.00 (L/S)</b>
<b>Lump Sum Total</b>	<b>\$0.00</b>	<b>\$0.00</b>
Number of Repair Days	7.0	3.0
Prepared / Adjusted By	Boon Chew Tay	Rasul (LKK) / INCOME
ARC / Surveyor Sign Off Date	21/07/2023 11:09 AM	21/07/2023 10:57 AM
Signature		
Remarks	INITIAL = 7 DAYS WITH SUPPLEMENTARY = 0 DAY TOTAL = 7 DAYS	(SURVEYOR APPROVED ADV L2 AND L3) LUMPSUM REPAIR / RESURVEY AFTER PAINT PHOTO , FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR Rasul (LKK) / HP : 9001 0068 / Email : mrasulmyunus@gmail.com

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

Quotation Number	QN-2307-0276	Invoice Number	
Quotation Date	26.07.2023	Invoice Date	
Invoice Amount		Prepared Date	

**Section D - Details of Repair Estimates**
**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR FRONT LH PORTION	\$845.00	\$300.00
<b>Total Labour</b>	<b>\$845.00</b>	<b>\$300.00</b>

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT BUMPER	\$378.00	\$200.00
TO RESPRAY FRONT FENDER LH	\$378.00	\$0.00
TO RESPRAY FRONT DOOR LH	\$378.00	\$200.00
TO RESPRAY VIEW MIRROR	\$220.00	\$60.00
TO RESPRAY DOOR HANDLE	\$220.00	\$30.00
TO RESRAY REAR DOOR LH	\$378.00	\$0.00
TO RESPRAY REAR DOOR LH	\$378.00	\$200.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$2,330.00</b>	<b>\$690.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Lump Sum Adjustment by Surveyor	\$0.00	(\$384.86)
TO WASH AND VACUUM	\$60.00	\$0.00
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	\$0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$200.00	\$0.00
TO TRANSFER DOOR MECHANISM	\$120.00	\$0.00
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	\$445.32	\$296.88
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
<b>Total Other Costs</b>	<b>\$1,045.32</b>	<b>(\$87.98)</b>

**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	0.00	\$86.20	0.00	\$0.00	Replace	Check	X
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	Replace	√
		52713-47040	MOULDING, FRONT BUMPER SIDE, LH	1.00	\$103.70	25.00	\$77.78	Replace	Replace	√
		81185-47890	UNIT, HEADLAMP, LH	0.00	\$2,852.40	0.00	\$0.00	Replace	Not Given	X
		53802-47100	FENDER SUB-ASSY, FR, LH	0.00	\$1,060.70	0.00	\$0.00	Replace	Not Given	X



**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 : 02/08/2023

User ID : PohSuan

	75374-47140	EMBLEM, SIDE PANEL (HYBRID)	0.00	\$59.10	0.00	\$0.00	Replace	Not Given	X
	67002-47163	PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1,407.80	100.00	\$0.00	Replace	Repair	R
	69210-47051-A1	DOOR OUTER HANDLE FRONT, LH	1.00	\$423.20	100.00	\$0.00	Replace	Repair	R
		STICKER STRIDES TAXI (DOOR)	1.00	\$60.00	0.00	\$60.00	Replace	Replace	✓
	67004-47211	PANEL SUB-ASSY, REAR DOOR, LH	1.00	\$1,401.70	100.00	\$0.00	Replace	Repair	R
<b>Total</b>				<b>\$8,025.20</b>		<b>\$597.98</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>									

	597.98	
+	300.00	L/S \$1,500/-
+	986.88	
	1,884.86	
	-20%	
	1,507.89	

# **REQUEST FOR SUPPLYMENT PARTS**

Contractor:		WEGA ENGINEERING PTE LTD	
Accident Case Number	1AX 107/23/2045	Date of Collection	19/7/23
Vehicle No	SHB 5330Z	Date of Request	20/7/23
Vehicle Model	TOYOTA PRIUS 4 PL	Number of Days to Extend (If any)	

S/N	Part Number	Part Description	Quantity	Unit Price
	0908,09,10	To Respray Rear LH Door		\$378.00 200

<<<Please submit photographs for damaged parts>>>

I, (Name) CHIA

(Position) \_\_\_\_\_

Do solemnly and sincerely declare that: Supplementary Parts are raised for replacement for the aforesaid vehicle.

..... Signature of person making this declaration  
 [To be signed in front of an authorised witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

For SMRT Staff		
Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22 / WOC	Form22 / PO / WOC/ Reservation / Number
Photo Submitted	YES / NO	Date of submission