

ASS. REC. BY: Taufik

REF:

NS/INC 23007424/Tng3

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.

N/S	O/S
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seac _____ Consistent? : Yes or No

Est. Repair: 2 days Res.: Yes or No

Lump Sum _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMB 741P Yr Regn: 2017 Oct.

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

Truck / Trailer or

Make: Toyota Prius cc 1798Colour: Maroon A/C: Insured / Std / NI / NASp. Reading 56680 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3TDK B3F4705572762Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Good / In order / Jammed / Leaked / Burnt orModl: 1.8 S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A.

Survey held at

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

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

Date / Time Action / Instruction

Taufik confirmed lump sum \$1250 and 2 days
(red. \$4894.4, 79%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL

Rep. / Format: _____

Lump Sum / L.B.E. ()

SMRT Accident Vehicle Repair Estimates

SMRT A
80 Wood
FAX Nu
Estimate
Acciden

Date Ge
User ID

Section A - Accident Details

Registration Number	SHB741P
Case Reference Number	TAX/07/23/2059
Registration Date	10/10/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	JURAIMI BIN JOHARI
Type of Accident	Head to Rear
Accident Date and Time	20/7/23 7:00 PM
Accident Reported Date and Time	21/7/23 11:50 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118927
Special Instruction to ARC, if any	REAR PORTION
Prepared Date and Time	21/7/23 1:35 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	\$676.00	\$0.00
Total Spray Cost	\$1,038.00	\$0.00
Total Spare Part Cost	\$2,071.98	\$0.00
Total Other Cost	\$500.00	\$0.00
TOTAL COST	\$4,285.98	\$0.00
Lump Sum Total	\$4,300.00	\$0.00
Number of Repair Days	5.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	21/07/2023 1:46 PM	
Signature		
Remarks		

Tarikh
97495749
wp' 21/7/23
US Repair after
repair
tarikh e
khamsan
2 days

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 #
 60 Wood
 FAX Nu
 Estimatr
 Acciden

Date Ge

User ID

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

Job Scope	Quotation from AR	Adjusted by Surveyor, if appl
TO REPAIR REAR PORTION	\$676.00	200
Total Labour	\$676.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if appl
TO RESPRAY FILLER RR BUMPER LH	\$220.00	X
TO RESPRAY BUMPER BEAM	\$220.00	X
TO RESPRAY REAR BUMPER	\$378.00	200
TO RESPRAY REAR PANEL	\$220.00	X
Total Spray Painting & Panel Beating	\$1,038.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if appl
TO WASH AND VACUUM	\$60.00	X
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	X
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	30
TO REPLACE SUNDRY PARTS	\$100.00	X
Total Other Costs	\$500.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$16.70	25.00	\$12.52	Replace X	
		8999730100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	25.00	\$58.50	Replace X	
		9018906029	REAR BUMPER GROMMET SCREW	1.00	\$2.20	25.00	\$1.65	Replace ne	
		8159147010	LENS & BODY ASSY, RR BUMPER, LH	1.00	\$544.40	10.00	\$489.96	Replace Y	
		5839947030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace X	
		6625947010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace X	
		5215947913	COVER, RR BUMPER ASSY	1.00	\$478.90	25.00	\$359.17	Replace de	
		5202347030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace ?	
		5246247030	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace Re	
		5246247020	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace Re	
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$4.30	25.00	\$6.45	Replace Re	
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace ne	
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$623.50	25.00	\$467.63	Replace de	
		5256647900	FILLER, RR BUMPER, LH	1.00	\$168.60	25.00	\$126.45	Replace X	
		5259968030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace X	
		5257647040	RETAINER, RR BUMPER, LH	1.00	\$127.40	25.00	\$95.55	Replace de	
		5259247040	SEAL, RR BUMPER, LH	1.00	\$95.50	25.00	\$71.63	Replace X	
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace ne	



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	21/07/2023 14:40 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 19:00 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB741P

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	JURAIMI BIN JOHARI
NRIC No	SXXXX066G
Date Of Birth	10/12/1973
Occupation	Outdoor

Date Of Driving Pass	18/03/1997
Driving experience	26 YEARS AND 4 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	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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20230721/2018

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	FBN1559B
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)	-

INJURED PERSONS DETAILS**INJURED 1**

Name of injured person	JURIAIMI BIN JOHARI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB741P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.



A 21/7/2023

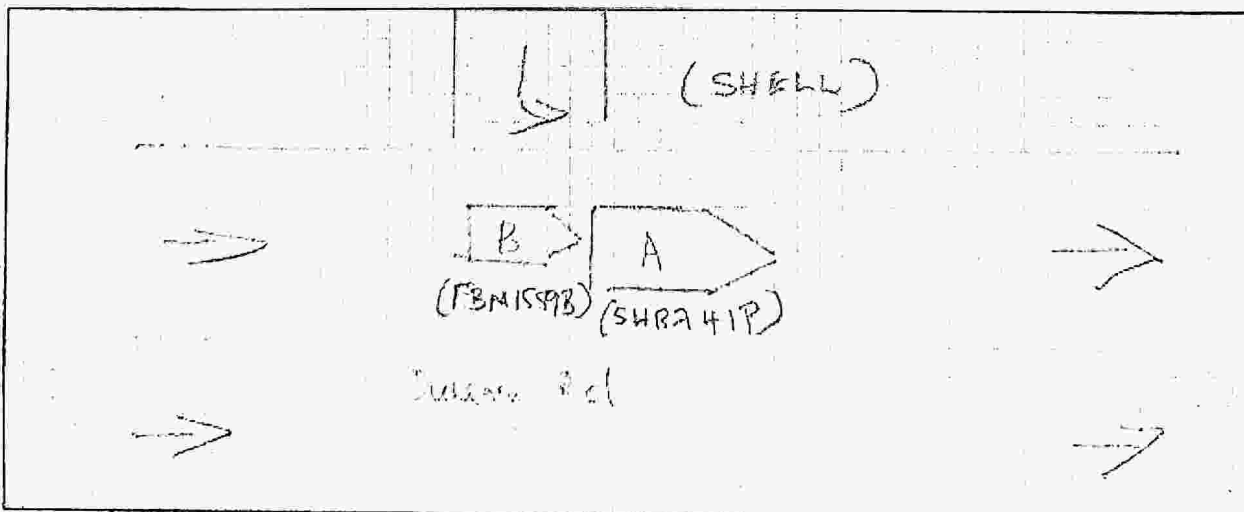
A 21/7/23

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



1 Jun 2022

1

Describe Circumstance of the Accident

Large rectangular area for describing the accident circumstances, containing horizontal lines for writing.

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 NRIC/D card)

[Signature]

21/9/2023

[Signature]



**SINGAPORE
POLICE FORCE**



T:20230721/2018

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T:20230721/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 10:16	Vide Report No.:	Station Diary No.: 21
--	------------------	--------------------------

Informant's Particulars

Name of Informant: JURAIMI BIN JOHARI		Address: APT BLK 422 CLEMENTI AVENUE 1 #15-357 SINGAPORE 120422	
ID Type / ID No.: NRIC NO / S7345066G		Contact No.: Home/Office: Mobile: 90605157	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 10/12/1973	Type of Informant: Driver
Race: Malay		Language:	
Occupation: Taxi driver		Driving Licence Information: Class: 2,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2023 19:00	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1559B	Motorcycle				Slightly Damaged	0
SH3741P	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20230721/2018

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20230721/2018

CONTINUATION OF REPORT

Driver			
Name	JURAIMI BIN JOHARI	ID No.	S7345066G
Related Vehicle	SHB741P (Car)	Contact No.	90605157
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/07/2023 at about 1900hrs, I was driving along Dunearn Road with one passenger and it was drizzling. There was one vehicle in front of me who made a sudden break which caused me to break as well. Due to the sudden break, one motorcycle behind me did not react on time and hit onto the rear of my vehicle. Due to the accident, I am suffering from neck and shoulder pain. I had seen a doctor at DOCTORS INC MEDICAL GROUP and I was issued with 03 days MC from 21/07/2023 to 23/07/2023. This report is for insurance claim.

Medical Certificate number: 0000191171.



**SINGAPORE
POLICE FORCE**

T/20230721/2018

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20230721/2018

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 1 WONG CHUO KIT
BERNARD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:

21/07/2023 10:16

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168