ASSIGNMENT

From: Date:	Veh No: SHC 4208 G. Yr Regn: 2012, Dec.
Estimaled Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Prime Mover /
OU TH WS TTP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	Make: 10/0/4 Prins c.c 1298.
at Workshop m/s	Colour . Marun AG: Insured/Std/NI/NA
of	Sp.Reading 53/886. T/Radio; Insured / Std / N1 / NA
Insured:	Eng/No:
Policy No.	C/NO: 5Tb K 153 F4 8035 77565
Claims No.	Gen. Cond; Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modl: NH / S/Rim / STD A/Rim or
	Tyre Size: F: 195/65/45
(Policy-Gondition)	R:
Remark: The ven had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUMI
repair at the fime of inspection.	TOYOTYOKO or Sailin
Ball or Market Value:	Front G Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal, mm R/Bal. mm
GIA / PR Seem Consistent? : Yes or No	D.O.A. D.O.I. 25/7/75
Est Repairs: days Res.: Yes or No	Survey held at SWRT WL.
Lum Sum: % 3 Val.: Yes or No	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	ols Fut
Dale:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	Property of the second
Datemine, File Pass to? Prell. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	
	: Interview (\$) Photos
Per Format:	: Tech. Invs (\$) Others
Lump Sun / LEJ: ('F)	:Weel:end (#)



ADV R2

SMRT Accident Vehicle Repair Estimates

MKI Automotive Services Ple Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number: 68662623

Accident Reporting Number : 68682672

Date Generated: 25/07/2023

User ID

: munsan

Section A - Accident Details Registration Number TAX/07/23/2068 Case Reference Number Registration Date 19/12/17 Strides Taxi Pte Ltd Company Type TOYOTA /lake PRIUS4 Andel ONG THIAM LEONG Jame of Driver Open Door Case Type of Accident 24/7/23 6:45 PM Accident Date and Time \ccident Reported Date and Time 25/7/23 9:24 AM s Surveyor Required? No Survey by /ehide is Towed Back? No Fowed Back Date and Time Replacement Vehicle issued? lob Card Number 24118951 Special Instruction to ARC, if any TP/RIGHT FRONT PORTION Prepared Date and Time 25/7/23 9:48 AM Chassis Number Aleage Vork Shop Repair Completion Date and Time Section B - Summary of Repair Estimates **Jummary of Repair Estimates** Quotation from ARC Adjusted by Surveyor, if applicable otal Labour Cost \$676.00 \$0.00 otal Spray Cost \$598.00 \$0.00 \$0.00 otal Spare Part Cost \$2,701,20 otal Other Cost \$893.44 \$0.00 TOTAL COST \$4,868.64 \$0.00 \$0.00 \$4.850.00 .ump Sum Total lumber of Repair Days 5.0 'repared / Adjusted By Boon Chew Tay

Taylor 97495769
25/7/2303pm
Us Nesung after report

stidens
taylor / Marker

Section C - Quotation and Accident Invoice Details luotation Number Invoice Number Juotation Date Invoice Date woice Amount Prepared Date

GIT.

25/07/2023 10:07 AM

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:

bale:

Page 1 of 2

RC / Surveyor Sign Off Date

iignature

lemarks



SMRT Accident Vehicle Repair Estimates

SMKI	Automotive	Services	MIR	LIG

60 Woodlands Industrial Park E4, Singapore 757/05

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

Date Generated: 25/07/2023

User ID ; munsan

art 1 - Labour	Works		Secti	on D - Deta	ails of Repair E	stimates				1	
ob Scope				Quotation from AR		Adjusted by Survey	or, if applicable				
O REPAIR FRO	NT RH PORTION	1		\$676.00				25	300	1	
otal Labour				\$676.00						3	
'art 2 - Spray	Painting & Pan	el Beating Rela	ated Works					7		7	
ob Scope				Quotation from ARC			Adjusted by Survey	or, if applicable	1		
O RESPRAY F	RONT DOOR RH			\$378.00	-			20	0	-	
O RESPRAY	/IEW MIRROR			\$220.00				60		1	
'otal Spray Pa	Inting & Panel Be	eating		\$598.00							
'art 3 - Other	Costs - Accide	nt and Acciden	t Repair Related Expen	se .						7	
ob Scope				Quotation f	rom ARC			Adjusted by Surveyo	or, if applicable	1	
O WASH AND	VACUUM			\$60.00				X		1	
O CHECK WI	RING AND SYSTE	M FUNCTION		\$120.00				X	-	1	
O APPLY RUS	ST-PROOFING ON	AFFECTED AR	EA	\$100.00				20		1	
O PROVIDE L	ABOUR & MATER	RIAL FOR SOLAR	R FILM (NET)	\$125.00				X 6	u/	1	
	DOOR MECHAN			\$120.00				60		1	
O PROVIDE L	ABOUR & MATER	RIAL FOR ADVER	RTISEMENT STICKER	\$148 .4 4	296.88			V			
O REPLACE	SUNDRY PARTS		-	\$100.00				×		1	
O REMOVE &	REFIX SIDE WIN	DOW GLASS		\$120.00				60		1	
otal Other Co	sts			\$893,44						1	
art 4 - Spare	Parts / Materia	l Usage				814.3				í	
art Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved	1	
		6810147230	GLASS SUB-ASSY, FRONT DOOR, RH	1.00	\$879.90	25.00	\$659,92	Replace	* unt	1	
		6817147070	WEATHERSTRIP, FR RH	1.00	\$149.30	25.00	\$111.98	Replace	X	1	
		6700147152	PANEL SUB-ASSY, FRONT DOOR RH	1.00	\$1,407.80	25.00	\$1,055.85	Replace	67/	1	
			STICKER STRIDES TAXI (DOOR)	1.00	\$60.00	0.00	\$60.00	Replace	aer/	1	
		8791047450	MIRROR ASSY, OUTER REAR VIEW , RH	1.00	\$1,556.00	10.00	\$1,400.40	Replace	bno/	1	
		8791547070A1	COVER, OUTER MIRROR, RH	1.00	\$117.80	25.00	\$88.35	Replace	MIS/	1	
otal			-		\$4,170.80		\$3,376.50		.,,()	1	
idded Spare	Parts / Material	Usage After Su	rveyor Signed off			-	*			ן 1	
'art Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check		
otal						<u> </u>		 		4	
	V- = 2	000 11	7000	2	CO 0010	2 000		2 21 0	101	ا سما	170-
	か 53	802 4	-7900 T	EMDA	sk ade	5 -A30	54, 17	< 1 KM 3	1060.4 3	25% S	145.53
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		+		101112	30110111 1						

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• Third; any survey is on a "Without Prejudice" basis

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* "-ut : representary dem(s) must be resurveyed and well get to final approval from Insurance Company

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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 witholding 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

25/07/2023 10:36 (SGT) Date of First Submission

Actual Driver Reported by Date of Accident 24/07/2023 18:45 (SGT)

133 New Bridge Rd, Singapore 059413 Exact Location of Accident

CHINATOWN POINT DRIVEWAY TOWARDS THE TAXI STAND Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLES

Vehicle Registration Number SHC4208G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner Strides Taxi Pte Ltd Company Reg No 1XXXXXX369K

AUTO-SVCS-TARC@SMRT.COM.SG Email Address

(Phone) +65-68662671 Mobile Phone No

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?

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 NRIC No Date Of Birth Occupation

ONG THIAM LEONG SXXXX4871 01/11/1951 Outdoor

No - Claiming third party



Date Of Driving Pass 21/01/1985 Driving experience 38 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number Email Address AUTO-SVCS-TARC@SMRT.COM.SG Address 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 Collision - Opening Door of Vehicle 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?

Number of Passengers (Including Driver) Yes 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 Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG THE DRIVEWAY OF CHINATOWN POINT TOWARDS THE TAXI STAND TO PICK PASSENGER. SUDDENLY A VEHICLE SLU9865J WHICH WAS STATIONARY ON MY RIGHT, THE PASSENGER OPENED THE LEFT REAR DOOR WITHOUT ANY WARNING AND HIT ONTO THE RIGHT FRONT PORTION OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY !

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category SLU9865J

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Private car



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SKETCH PLAN

IMPORTANT NOTICE

- Preaso report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudente policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be lowarded 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.
- By the ledgement 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)

Lunderstand, 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 cossessed 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 addident (all insurer(s) who have insured vehicle(s) involved in this addident (all insurer(s) who have insured vehicle(s) involved in this addident fall be deflectively 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;
- (b) investigating the accident and/or my claims,
- (iii) carrying cul and/or dealing with my instructions or responding to any enquines 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 Porsonal 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

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

Winnessed by Reporting Centre Personne (Name as in NRIC/IO card)

Sketch Plan

Chinatauri Paint Diversay

A-51K42086

B-5L498657

Describe Circumstance of the Accident	
	North Company of the
والوارية والوارية المركوبة عاملة فالأرابة	
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ه چه دروند د دوست	
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NAME OF THE PARTY	

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

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

v.Jun2022