

INC

ASSIGNMENT

TOTAL

SMRT Accident Vehicle Repair Estimates

SMK Automotive Services Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672


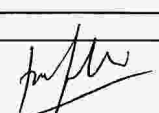
Date Generated : 25/07/2023

User ID : munsan

Section A - Accident Details

Registration Number	SHC4208G
Case Reference Number	TAX/07/23/2068
Registration Date	19/12/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	ONG THIAM LEONG
Type of Accident	Open Door Case
Accident Date and Time	24/7/23 6:45 PM
Accident Reported Date and Time	25/7/23 9:24 AM
Is Surveyor Required?	No
Surveyed by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job 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	
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	\$676.00	\$0.00
Total Spray Cost	\$598.00	\$0.00
Total Spare Part Cost	\$2,701.20	\$0.00
Total Other Cost	\$893.44	\$0.00
TOTAL COST	\$4,868.64	\$0.00
Lump Sum Total	\$4,850.00	\$0.00
Number of Repair Days	5.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	25/07/2023 10:07 AM	
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:

Tanpin 97495749
 25/7/23 03pm
 4/5 Resurvey after repair
 2 days
 Tanpin 97495749

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 First Submission	25/07/2023 10:36 (SGT)
Reported by	Actual Driver
Date of Accident	24/07/2023 18:45 (SGT)
Exact Location of Accident	133 New Bridge Rd, Singapore 059413
Additional Location Information	CHINATOWN POINT DRIVEWAY TOWARDS THE TAXI STAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC4208G

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	ONG THIAM LEONG
NRIC No	SXXXX487I
Date Of Birth	01/11/1951
Occupation	Outdoor

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	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	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?	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

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?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLU9865J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LOW SUAN KAIT
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

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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:

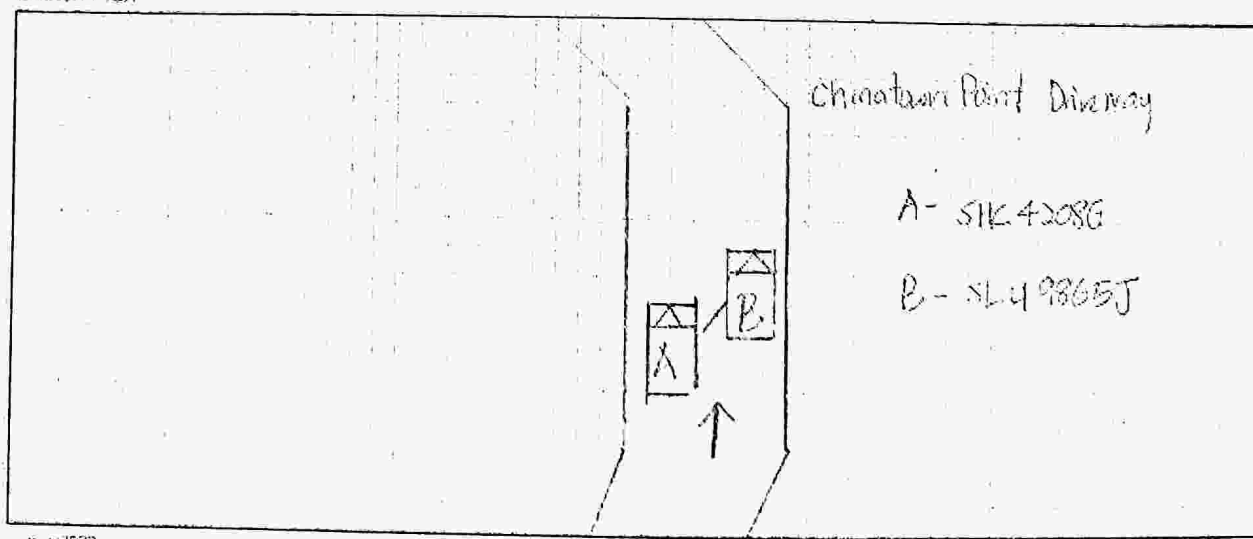
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



14 JUN 2022

1

Describe Circumstance of the Accident

(This area contains horizontal lines for describing the accident circumstances. The content is mostly illegible due to the quality of the scan.)

Declaration

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

(Signature)

Policyholder's Signature / Date & Time

(Signature) 25-7-23

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

(Signature) 25.7.2023

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