

TP

SMRT Accident Vehicle Repair Estimates

SMRT Autor
60 Woodlanc
FAX Number
Estimator Te
Accident Rep
Date Gener
User ID

China Taiping
ADV RH LH 1/2 RR

Section A - Accident Details	
Registration Number	SHD6493E
Case Reference Number	TAX/09/24/2008
Registration Date	1/11/17
Company Type	Strides Premier Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	TONG CHEE MENG
Type of Accident	Head to Rear
Accident Date and Time	4/9/24 10:28 AM
Accident Reported Date and Time	4/9/24 11:38 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24122377
Special Instruction to ARC,if any	TP/REAR PORTION
Prepared Date and Time	9/9/24 11:07 AM
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	\$818.00	\$0.00
Total Spare Part Cost	\$2,295.95	\$0.00
Total Other Cost	\$945.32	\$0.00
TOTAL COST	\$4,735.27	\$0.00
Lump Sum Total	\$4,750.00	\$0.00
Number of Repair Days	5.0	
Prepared / Adjusted By	Mun San #	
ARC / Surveyor Sign Off Date		
Signature	<i>8w</i>	<i>Steve CLKK</i> <i>19/9/24, 4.11/2</i> <i>W k</i>
Remarks		<i>L/S</i> <i>W M S W</i>

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

3# days

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Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicab
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 applicab
<i>Rear</i> TO RESPRAY FRONT BUMPER	\$378.00	200
TO RESPRAY TAILGATE OUTSIDE GARNISH	\$220.00	200 100
TO RESPRAY BUMPER BEAM	\$220.00	?
Total Spray Painting & Panel Beating	\$818.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicab
TO WASH AND VACUUM	\$60.00	X
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER (NET)	\$445.32	- MC
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	30 X
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	20 - MC
TO REPLACE SUNDRY PARTS	\$100.00	X
Total Other Costs	\$945.32	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		5215947913	COVER, RR BUMPER ASSY	1.00	\$478.90	25.00	\$359.17	Replace X	R
		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 X	
		5246247020	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace X	
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$4.30	25.00	\$6.45	Replace X	
		5246147010	PAD, RR BUMPER, CTR	3.00	\$2.50	25.00	\$5.63	Replace X	
		5216116010	CLIPS PIECE, FRT BUMPER	10.00	\$4.80	35.00	\$31.20	Replace X	
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$623.50	25.00	\$467.63	Replace -	CA7
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$16.70	25.00	\$12.52	Replace -	CA7
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace X	
		8999730100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	25.00	\$58.50	Replace X	?
		5839847050	COVER, REAR FLOOR UNDER, RH	1.00	\$189.20	25.00	\$141.90	Replace	X
		5839947030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace	X
		8825047010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace	X
		7680147110A1	TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$992.30	25.00	\$744.22	Replace	X R
		7544147090	NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace -	MC
		7544247130	NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace -	MC

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Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		7540348010	EMBLEM SUB-ASSY REAR	1.00	\$77.40	25.00	\$58.05	Replace X	AK
			STICKER LOGO (TAILGATE)	2.00	\$25.00	0.00	\$50.00	Replace /	AK
Total					\$3,670.20		\$2,869.94		

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 Checked
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 First Submission	04/09/2024 14:48 (SGT)
Reported by	Actual Driver
Date of Accident	04/09/2024 10:28 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6493E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Premier Taxi Pte Ltd
Company Reg No	1XXXXX369K
Email Address	sparc@stridespremier.com.sg
Mobile Phone No	(Phone) +65-65446676
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102275MFSH

DRIVER

Name of Driver	TONG CHEE MENG
NRIC No	SXXXX5641
Date Of Birth	29/09/1972
Occupation	Outdoor
Driving Pass Date	31/12/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-65446676
Alt. Phone Number	-
Email Address	sparc@stridespremier.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	-

Registration Number
 Manufacturer
 Model
 Variant
 Colour
 Category
 Name of Driver
 Contact Number
 Address
 Postcode
 Insur
 No

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Male

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

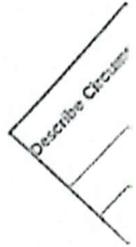
I WAS STATIONARY ALONG AYE TOWARDS MCE WITH ONE PASSENGER (MALE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A LORRY YN3067T HAD HIT THE REAR OF MY TAXI.

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	EXCEEDS SIZE LIMIT

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	YN3067T
Manufacturer	-
Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

IMPORTANT NOTICE

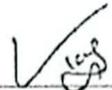
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

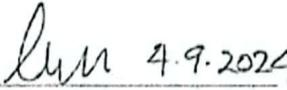
3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

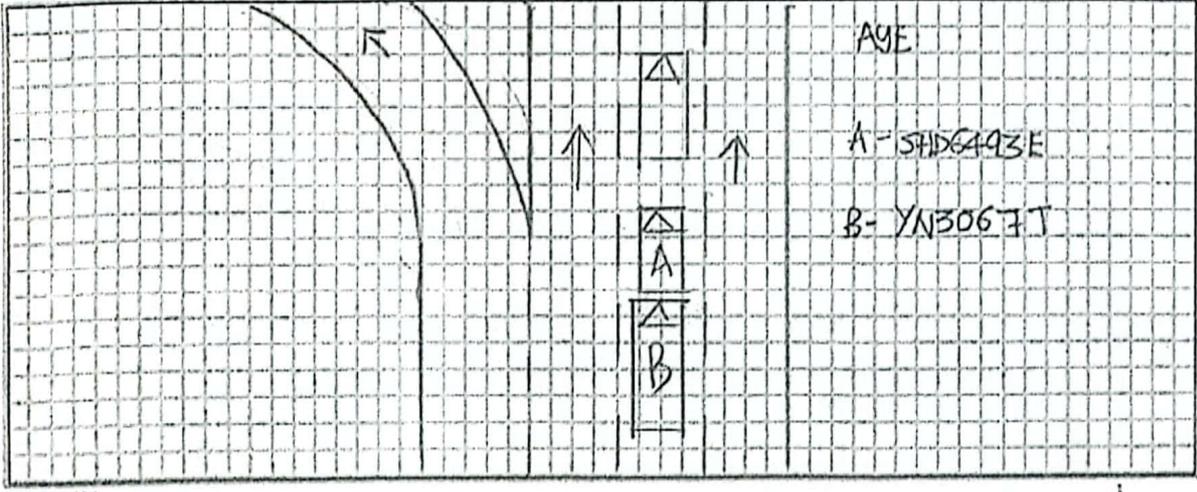
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 4/9/24
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 4.9.2024
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

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