

SMRT Accident Vehicle Repair Estimates

SMRT Autor
60 Woodland
FAX Number
Estimator Te
Accident Rep

Date Generated

User ID

China Taiping

Section A - Accident Details

Registration Number	SHB1314H
Case Reference Number	TAX/09/24/2015
Registration Date	28/11/2017
Company Type	Strides Premier Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	CHEN CHON LIANG (CHEN JUNLIANG)
Type of Accident	Head to Rear
Accident Date and Time	7/9/2024 2:00 AM
Accident Reported Date and Time	9/9/2024 9:01 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24122378
Special Instruction to ARC, if any	DAMAGE TO THE FRONT PORTION OF TAXI - TOWED IN
Prepared Date and Time	9/9/2024 9:22 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	\$378.00	\$0.00
Total Spare Part Cost	\$3,667.75	\$0.00
Total Other Cost	\$436.00	\$0.00
TOTAL COST	\$5,157.75	\$0.00
Lump Sum Total	\$5,150.00	\$0.00
Number of Repair Days	4.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	09/09/2024 9:31 AM	
Signature		<input checked="" type="checkbox"/>
Remarks		

Steve C (KK)
10/9/24, 4.30pm

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Section C - Quotation and Accident Invoice Details

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

SMRT Accident Vehicle Repair Estimates

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User ID

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

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicab
TO REPAIR FRONT PORTION	\$676.00	209
Total Labour	\$676.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicab
TO RESPRAY FRONT BUMPER	\$378.00	200
Total Spray Painting & Panel Beating	\$378.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicab
TOWING CHARGE	\$56.00	X
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 REPLACE SUNDRY PARTS	\$100.00	X
Total Other Costs	\$436.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		5311247240	GRILLE, RADIATOR	1.00	\$183.90	25.00	\$137.93	Replace	X
		5310147080	GRILLE SUB-ASSY	1.00	\$374.40	25.00	\$280.80	Replace	X
		5216116010	CLIPS PIECE, FRT BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	X
		8122047020	LAMP ASSY, FOG, LH	1.00	\$1,029.90	25.00	\$772.43	Replace	X
		8118547691	UNIT, HEADLAMP, LH	1.00	\$2,852.40	25.00	\$2,139.30	Replace	X
		8105647690	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1.00	\$1,039.90	25.00	\$779.93	Replace	X
		5261147140	ABSORBER, FR BUMPER	1.00	\$85.90	25.00	\$64.43	Replace	X
		5202147110	REINFORCEMENT FRONT UPPER	1.00	\$773.90	25.00	\$580.43	Replace	X
		5212847906	COVER, FR BUMPER LH	1.00	\$31.80	25.00	\$23.85	Replace	X R
		5211647050	SUPPORT, FR BUMPER LH	1.00	\$86.20	25.00	\$64.65	Replace	X
		5211547050	SUPPORT, FR BUMPER RH	1.00	\$86.20	25.00	\$64.65	Replace	X
		5211947962	COVER, FR BUMPER	1.00	\$560.30	25.00	\$420.22	Replace	X R
Total					\$7,109.60		\$5,364.62		

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 CI
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	09/09/2024 13:16 (SGT)
Reported by	Actual Driver
Date of Accident	07/09/2024 02:00 (SGT)
Exact Location of Accident	Hongkong St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1314H
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



Accident report SS4B2499M001

Name of Driver	CHEN CHON LIANG
NRIC No	SXXXX512F
Date Of Birth	04/04/1978
Occupation	Outdoor
Driving Pass Date	19/11/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98002292
Alt. Phone Number	-
Email Address	sparc@stridespremier.com.sg
Address	132A CANBERRA CRESCENT
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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

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	VIDEO SIZE EXCEED LIMIT

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP2368M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	CHEN CHON LIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB1314H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

RtW Polu Rpm.

Carpenter St



A=SHB1314H
B=8WP2368M

Hongkong St

Declaration

(We declare the above 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/ND card)

4 Jun 2022

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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 willful misrepresentation or withholding of material facts may allow insurance companies to rebuttle 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/nail 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

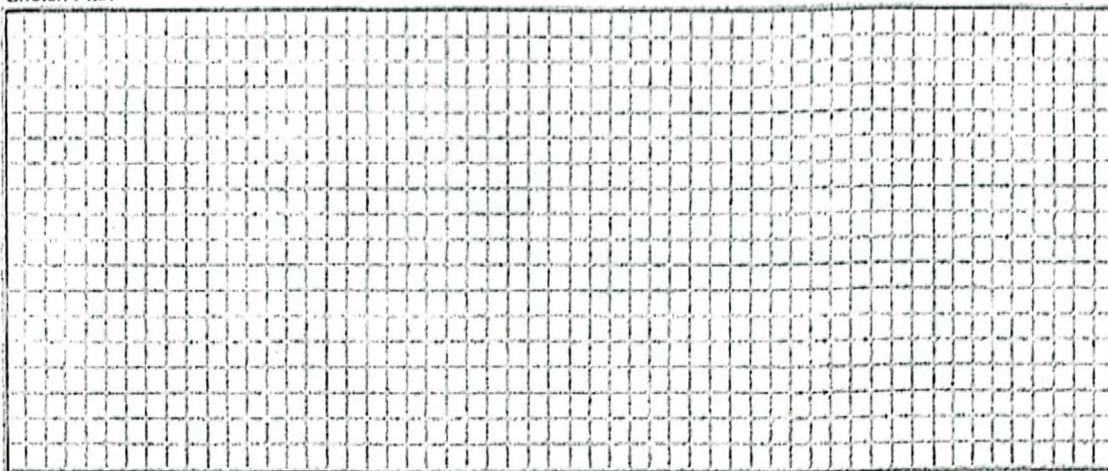
X 

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



Witnessed by Reporting Centre Personnel
(Name as in I.R.I.C/D card)

Sketch Plan



v1Jun2022

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**SINGAPORE
POLICE FORCE**



T/20240907/2032

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/20240907/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2024 12:29		Video Report No.:		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: CHEN CHON LIANG		Address: APT BLK 132A CANBERRA CRESCENT #12-504 SINGAPORE 751132			
ID Type / ID No.: NRIC NO / S7808512F		Contact No.:		Mobile: 98002292	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 46	Date of Birth: 04/04/1978	Type of Informant: Driver		
Race: Chinese		Language:			
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3,4A		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2024 02:10	Type of Location: Straight Road
Location: HONGKONG STREET				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SHB1314H	Motor car	TOYOTA	PRIUS	Maroon	Slightly Damaged	0
SMP2368M	Motor car	TOYOTA	SIENIA	Blue	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20240907/2032

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

Report No. T/20240907/2032

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319184

CONTINUATION OF REPORT

Tel No: 1800-2519999

Driver			
Name	CHEN CHON LIANG	ID No.	S7808512F
Related Vehicle	SHB1314H (Motor car)	Contact No.	98002292
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4A Date of Expiry: NIL
Date Treatment	07/09/2024	Date Discharge	07/09/2024
No. of Days granted Medical Leave	05	Degree of	NIL

Brief Details.

On 07/09/2024 at about 0210hrs, I was travelling in the alley between Hong Kong Street and Carpenter Street. It's a one-way lane, one lane. I was driving behind one vehicle SMP2368M. The vehicle suddenly just stop and I also stop my vehicle. The vehicle was about half car length in front of mine.

Then the vehicle SMP2368M just suddenly reverse and collided onto the head of my vehicle. After the collision, the driver of SMP2368M and I got down from our vehicle. I had in-car recording in my taxi. I will be providing this report to SMRT.

**SINGAPORE
POLICE FORCE**

T/20240907/2032

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/20240907/2032

CONTINUATION OF REPORT

Signature of Officer Recording The
E /

SGT 3 EUGENE LOW

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
07/09/2024 12:29Officer In Charge Of Case:
TP / AEIT /
SUPT (1) PHNG KAR SOON
Contact No.: 65476439

Classification Of Case:

NP168