

SMRT Accident Vehicle Repair Estimates

SMRT Autor
60 Woodland
FAX Number
Estimator Te
Accident Rep

Date Generated

User ID

Section A - Accident Details

Registration Number	SHD1076J
Case Reference Number	TAX/07/24/2039
Registration Date	12/4/2024
Company Type	Strides Premier Taxi Pte Ltd
Make	KIA
Model	NIROPLUS
Name of Driver	LAKHVINDAR SINGH S/O TARA SINGH
Type of Accident	Head to Rear
Accident Date and Time	11/7/2024 5:45 PM
Accident Reported Date and Time	12/7/2024 11:58 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24121823
Special Instruction to ARC, if any	DAMAGE TO THE LEFT REAR OF TAXI VEHICLE STILL IN TP COMPOUND 12/7/2024
Prepared Date and Time	2/8/2024 2:57 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	\$1,690.00	\$0.00
Total Spray Cost	\$1,856.00	\$0.00
Total Spare Part Cost	\$6,497.56	\$0.00
Total Other Cost	\$776.00	\$0.00
TOTAL COST	\$10,819.56	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	10.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	02/08/2024 3:27 PM	
Signature		x
Remarks		

Slip (LKK)
6/8/24, 4.00pm
W L

PIP
My AC sy
6 days

Section C - Quotation and Accident Invoice Details

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

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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 LH REAR PORTION	\$1,690.00	800
Total Labour	\$1,690.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicab
TO RESPRAY REAR FENDER LH	\$378.00	200
TO RESPRAY REAR CHASSIS LH	\$220.00	X
TO RESPRAY REAR LH WHEEL HOUSE	\$220.00	100
TO RESPRAY FUEL LID COVER	\$220.00	X
TO RESPRAY REAR BUMPER	\$378.00	200
TO RESPRAY REAR PANEL	\$220.00	100
TO RESPRAY REAR SKID PLATE	\$220.00	100
Total Spray Painting & Panel Beating	\$1,856.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicab
TOWING CHARGE	\$56.00	Bill
TO WASH AND VACUUM	\$60.00	X
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	30
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$200.00	20
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	X
TO REMOVE & REFIT REAR QUARTER GLASS LH	\$120.00	80
TO REPLACE SUNDRY PARTS	\$100.00	X
Total Other Costs	\$776.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		87850DB000	GARNISH ASSY-C.PILLAR,LH	1.00	\$105.80	10.00	\$95.22	Replace X	
		87810DB020	GLASS & MOULDING ASSY-QUARTER FIXED,LH	1.00	\$108.10	10.00	\$97.29	Replace X	
		87830DB000	GARNISH ASSY-QTR FIXED,LH	1.00	\$424.35	10.00	\$381.92	Replace X	
		861792V000	CLIP	10.00	\$5.75	10.00	\$51.75	Replace X	
		87741G5000	GARNISH ASSY-QTR SIDE,LH	1.00	\$165.60	10.00	\$149.04	Replace X	
		87716G5000	CLIP-SIDE GARNISH MTG	1.00	\$1.15	10.00	\$1.03	Replace X	
		86610DB000	COVER-RR BUMPER,UPR	1.00	\$615.25	10.00	\$553.73	Replace /	BR
		86612DB020	COVER-RR BUMPER LWR	1.00	\$637.10	10.00	\$573.39	Replace /	BR
		86613G5000	BRACKET ASSY-RR BUMPER SIDE,LH	1.00	\$28.75	10.00	\$25.88	Replace /	BR
		86663DB000	COVER-RR BUMPER FOG LAMP,LH	1.00	\$26.45	10.00	\$23.81	Replace /	BR
		86631DB000	BEAM-RR BUMPER	1.00	\$691.15	10.00	\$622.04	Replace /	BR
		86641DB000	STAY-RR BUMPER LH	1.00	\$67.85	100.00	\$0.00	Repair ?	
		86671DB000	SKID PLATE-RR BUMPER	1.00	\$120.75	10.00	\$108.68	Replace /	BR
		86681G5500	MOULDING ASSY-RR BUMPER SIDE,LH	1.00	\$17.25	10.00	\$15.53	Replace /	MIS
		86695G5500	COVER-RR BUMPER SIDE UNDER,LH	1.00	\$13.80	10.00	\$12.42	Replace /	CRW

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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 Ap
		91880DB050	WIRING HARNESS-RR BUMPER	1.00	\$349.60	10.00	\$314.64	Replace X	
		92405DB000	LAMP ASSY-BACK UP, LH	1.00	\$204.70	10.00	\$184.23	Replace / CAT	
		99310S1900KCS	ULTRASONIC SENSOR-S.P.A.S	4.00	\$203.55	10.00	\$732.78	Replace X	
		69100DB000	PANEL ASSY-BACK	1.00	\$604.90	10.00	\$544.41	Replace X R	
			CLIPS PIECE, RR BUMPER	10.00	\$4.80	10.00	\$43.20	Replace / MC	
		71503DBC10	PANEL ASSY-QUARTER OUTER, LH	1.00	\$1,388.05	10.00	\$1,249.25	Replace - MD	
		71550DB000	EXTENSION ASSY-QTR OTR RR LH	1.00	\$131.10	10.00	\$117.99	Replace X R	
		86821DB000	GUARD ASSY-REAR WHEEL, LH	1.00	\$293.25	10.00	\$263.93	Replace - TN	
			STICKER LOGO (RR FENDER)	1.00	\$50.00	0.00	\$50.00	Replace - MC	
		87130DB000	GARNISH ASSY-"D" PILLAR, LH	1.00	\$234.60	10.00	\$211.14	Replace X	
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace - MC	
		97510AA000	GRILLE ASSY-AIR EXTRACTOR	1.00	\$41.40	10.00	\$37.26	Replace - DR	
Total					\$6,572.05		\$6,497.56		

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 Cl
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	12/07/2024 13:52 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2024 17:45 (SGT)
Exact Location of Accident	Hoot Kiam Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1076J
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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) +65-65446671
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-01

DRIVER

Name of Driver	LAKHVINDAR SINGH S/O TARA SINGH
NRIC No	SXXXX749G
Date Of Birth	08/05/1966
Occupation	Outdoor

Driving Pass Date	29/09/2000
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98561415
Alt. Phone Number	-
Email Address	sparc@stridespremier.com.sg
Address	1
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?	Yes
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	IQBAL SINGH GILL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
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	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1209G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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	LAKHVINDAR SINGH S/O TARA SINGH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	IQBAL SINGH GILL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD1076J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Traffic Police 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 rescindulate 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.
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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 therefrom.

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

I understand, acknowledge, agree and consent that:

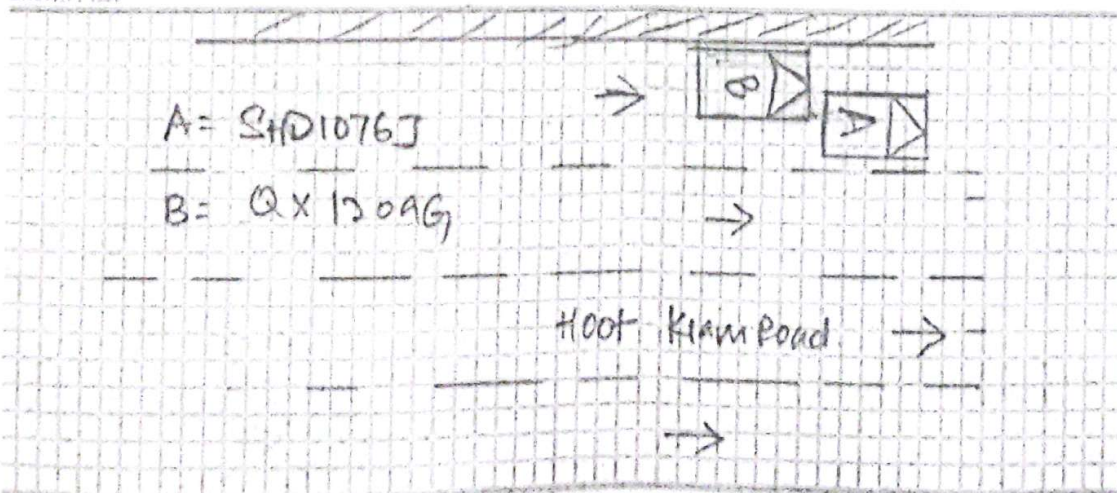
- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature & 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



VA-2021

Describe Circumstances of the Accident

Refer to Police Report.

Declaration

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



Policyholder's Signature / Date & Time

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

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

vi0002

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**SINGAPORE
POLICE FORCE**



E/20240712/7014

1 of 2

Report No. E/20240712/7014

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228592
Tel No: 1800-3910000

Date/Time Report Made 12/07/2024 12:03	Video Report No.	Station Diary No.
Name Of Informant LAKHVINDAR SINGH S/O TARA SINGH	Address 310 Woodlands St 31 #05-20 SINGAPORE 730310	
ID Type / ID No.	Contact No.	
NRIC NO / S1767749G	Home/Office:	Mobile: 98561415
Nationality SINGAPORE CITIZEN	Email Address lakhvindar66@gmail.com	
Occupation Taxi driver	Sex Male	Age 58
Institution/School Name	Date of Birth 08/05/1966	Race Sikh
	Language English	
Date/Time Of Incident 11/07/2024 17:45 - 11/07/2024 17:45	Location Of Incident 51 GRANGE ROAD MOE HQ (GRANGE ROAD) SINGAPORE 249564	

Brief details.

On the 11th of July 2024 @ 1745hrs, I was traveling on slow moving traffic on the extreme left lane, towards Paterson Road, before turning left towards Grange Road. While moving slowly as there was a vehicle in front of me during the slow moving traffic, out of the blue, I was hit from behind in my vehicle (SHD1076J). I had 1 passenger on board, Iqbal Singh Gill, S9719846B, sitting at the back seat left side of the vehicle. After I came out of the vehicle to check what had happened, I was struck by police vehicle QX1209G that struck my back left bumper by his front right bumper. The driver of the police vehicle was SGT Haris Bin Hamzah, T0223777B, tel 87933347. Ambulance was called by the SPF officers. Ambulance number QX1692Y, brought me and the passenger to Singapore General Hospital from the scene. I received 7 days of MC (11/7/24 - 17/7/24) from the doctor as well as follow up appointments under Orthopaedics @ SGH on the 19/7/24. The passenger was given 3 days of MC (11/7/24 - 13/7/24) from the doctor as follow up appointments at the nearest polyclinic.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2024 12:03
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20240712/7014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240712/7014

Subjects Involved			
Victim			
Person Name	LAKHVINDAR SINGH S/O TARA SINGH		
ID Type	NRIC NO	ID No	S1767749G
Gender	Male	Age	58
Race	Sikh	Language	English
Occupation	Taxi driver	Address	310 Woodlands St 31 #05-20 SINGAPORE 730310
Mobile No	98561415	Is Informant A Victim?	Yes
Person Name	Iqbal Singh Gill		
ID Type	NRIC NO	ID No	S9719846B
Gender	Male	Age	27
Race	Sikh	Language	English
Occupation	Other administration professionals	Address	310 Woodlands St 31 #05-20 SINGAPORE 730310
Mobile No	86601425	Relation To Informant	Son
Person Name	LAKHVINDAR SINGH S/O TARA SINGH (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2024 12:03
Officer In-Charge Of Case:	Classification Of Case:



24 HOUR RECOVERY SERVICES Co.Reg No: 53333929D
24 HRS HOTLINE: 8455 5669 / 8488 8890
No. 80 Genting Lane #07-01(D) Ruby Industrial Complex, Singapore 349565
Email: 24hoursrecovery@gmail.com

No. 66113

Date : 2/8/24



M/S

Vehicle No

From

To

Remarks

P Auto

P/T

SHD1076J

Model

N180

TP Town

Call Time

1208

P Auto Omega W

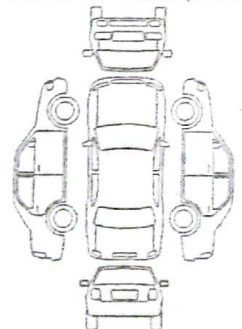
Time Arrival

1229

NO Key

Arrival Workshop

1300



☐ Change Tyres / Patch Tyre

☒ Accident / Break Down

☐ Use Car Carrier

☐ Loaded

☐ Basement / Multi Carpark

☐ Low Body Kit / Low Spoiler

☐ Open Door

☐ Jump Start

☒ Using King Dolly

☐ Dismantle Brake / Shaft

☐ Crane Up / Winch Out

☐ Repo

☐ Change Battery

AMOUNT S\$

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle whilst being transported.