

# SMRT Accident Vehicle Repair Estimates


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FAX Number  
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Accident Rep

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User ID

China Taiping

Section A - Accident Details	
Registration Number	SHB1045J
Case Reference Number	TAX/08/24/2012
Registration Date	30/11/2020
Company Type	Strides Premier Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	ALVIN WEE THIAM LYE
Type of Accident	Head to Rear
Accident Date and Time	3/8/2024 9:25 PM
Accident Reported Date and Time	5/8/2024 3:51 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24122042
Special Instruction to ARC, if any	DAMAGE TO THE REAR LEFT OF TAXI
Prepared Date and Time	8/8/2024 10:13 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	\$818.00	\$0.00
Total Spare Part Cost	\$1,214.34	\$0.00
Total Other Cost	\$500.00	\$0.00
<b>TOTAL COST</b>	<b>\$3,208.34</b>	<b>\$0.00</b>
<b>Lump Sum Total</b>	<b>\$3,200.00</b>	<b>\$0.00</b>
Number of Repair Days	4.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	08/08/2024 10:20 AM	
Signature		<div>Steve CLKK</div> <div>12/8/24, 3:30 pm</div> <div>W L</div> <div>L/S</div> <div>by ALG</div> <div>2 dys</div>
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:

## RT Accident Vehicle Repair Estimates

FA,

Estimate

Accident File

Date Generated

User ID

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION LH	\$676.00	222
<b>Total Labour</b>	<b>\$676.00</b>	

#### Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR BUMPER	\$378.00	244
TO RESPRAY BUMPER BEAM	\$220.00	X
TO RESPRAY REAR PANEL	\$220.00	X
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$818.00</b>	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO WASH AND VACUUM	\$60.00	X
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	30
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	X
TO REPLACE SUNDRY PARTS	\$100.00	X
<b>Total Other Costs</b>	<b>\$500.00</b>	

#### Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52023-47030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace X	
		52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace X R	
		52462-47130	PAD, RR BUMPER, RH & LH, 3	2.00	\$12.00	25.00	\$18.00	Replace X	
		52462-47030	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace X	
		52462-47020	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace X	
		52576-47060	RETAINER, RR BUMPER, LH	1.00	\$143.60	25.00	\$107.70	Replace X	
		52161-16010	CLIPS PIECE, RR BUMPER	1.00	\$4.80	25.00	\$3.60	Replace X	
		52453-47900	GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace / cut	
		81920-47030	REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$42.20	25.00	\$31.65	Replace X	
		58399-47030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace X	
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace X	
		58307-47100	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace X	
<b>Total</b>					<b>\$2,650.40</b>		<b>\$2,048.26</b>		

#### 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 Check
<b>Total</b>									



## 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	05/08/2024 16:48 (SGT)
Reported by	Actual Driver
Date of Accident	03/08/2024 21:40 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	TOWARDS BAYFRONT AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1045J
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	Manual
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 SS4B2485M00B

Name of Driver	ALVIN WEE THIAM LYE
NRIC No	SXXXX948H
Date Of Birth	29/04/1979
Occupation	Outdoor
Driving Pass Date	30/03/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81111458
Alt. Phone Number	-
Email Address	AALVINWEEE@GMAIL.COM
Address	BLK 278 YISHUN STREET 22 04-282 SINGAPORE 760278
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 - 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?	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	EXCEED LIMIT SIZE

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	540000000
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Color	-
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 Passengers (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 willful 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.

## B. 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.

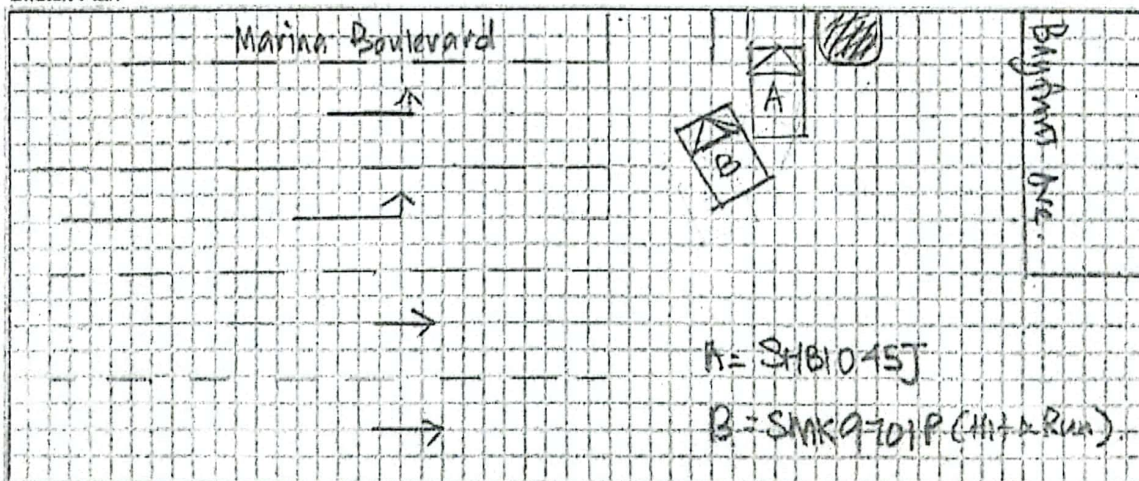


Policyholder's Signature / Date & Time

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

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

## Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

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



**SINGAPORE  
POLICE FORCE**



T/20240805/7084

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240805/7084

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/08/2024 15:39		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ALVIN WEE THIAM LYE			Address: 278 YISHUN STREET 22 #04-282 SINGAPORE 760278		
ID Type / ID No.: NRIC NO / S7912948H			Contact No.: Home/Office: Mobile: 81111458		
Nationality: SINGAPORE CITIZEN			Email: AALVINWEEE@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 29/04/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/08/2024 21:25	Type of Location: T-Junction	
Location:  BAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1045J	Motor car					0
SMK9701P	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240805/7084

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20240805/7084

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ALVIN WEE THIAM I.YE	ID No.	S7912948H
Related Vehicle	SHB1045J (Motor car)	Contact No.	81111458
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

I WAS DRIVING ALONG MARINA BOULEVARD TURNING LEFT TOWARDS BAYFRONT AVE. WHILE TURNING AT THE EXTREME RIGHT LANE. AT THE JUNCTION I WAS STATIONARY AFTER THE YELLOWBOX AS TRAFFIC WAS HEAVY AND THE FRONT VEHICLES DID NOT MOVE. SUDDENLY I FELT AN IMPACT TO THE REAR LEFT OF MY TAXI, BUT THIRD PARTY DID NOT STOPPED AND AS TRAFFIC WAS HEAVY, I COULD NOT GIVE CHASE. WHEN I REVIEW MY IN-CAR CAMERA VIDEO FOOTAGE, I MANAGE TO GET THE THIRD PARTY'S VEHICLE NBR AS SMK9701P.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470800



T/20240805/7084

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Report No. T/20240805/7084

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476902

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
05/08/2024 15:39

Classification Of Case:

NP168