





## Case Details

Case Reference Number : TAX/06/21/2011  
 Type of Repair : Accident Repair  
 Vehicle Registration Number : SHB1051R

Company Type : SMRT Taxis Pte Ltd  
 Estimation ID : EST-15107-ID  
 Assigned By : Tan Lee Ge #

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd  
 Accident Date and Time : 05/06/2021 12:48 PM  
 Vehicle Age(In Months) : 18

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

SMRT Recommendation							Surveyor Approval							
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			COVER, FR BUMPER	1	521.00	521.00	25.00	390.75	Replace	1	0	Repair	Rx
One Time Key In	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	0	Not Give	Xun
One Time Key In	Main			FENDER SUB-ASSY, FR , LH	1	977.80	977.80	25.00	733.35	Replace	1	733.35	Replace	bt-
One Time Key In	Main			EMBLEM, SIDE PANEL ( HYBRID)	1	54.60	54.60	25.00	40.95	Replace	1	40.95	Replace	uq✓
One Time Key In	Main			LINER, FR FENDER, LH	1	210.30	210.30	25.00	157.73	Replace	0	0	Not Give	Xun
One Time Key In	Main			PAD, FR WHEEL LH	1	59.60	59.60	25.00	44.70	Replace	1	44.70	Replace	uq✓
One Time Key In	Main			WHEEL, DISC FRONT	1	1,879.40	1,879.40	25.00	1,409.55	Replace	1	0	Repair	Ry
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	Xun
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	108.60	108.60	25.00	81.45	Replace	1	0	Repair	Ry
One Time Key In	Main			MIRROR ASSY, OUTER REAR VIEW , LH	1	1,339.30	1,339.30	10.00	1,205.37	Replace	0	0	Not Give	Xun

Total Spare Part Cost 5,470.25

Surveyor Total 879.00

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 5,470.25

Final Sur Total 879.00

SMRT Recommendation							Surveyor Approval							
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			PANEL SUB-ASSY, FRONT DOOR LH	1	1,300.70	1,300.70	25.00	975.53	Replace	1	0	Repair	Ry
One Time Key In	Main			STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace	Ne
One Time Key In	Main			COVER SUB-ASSY, FRONT PILLAR , UPR LH	1	96.90	96.90	25.00	72.68	Replace	0	0	Not Give	Xuy
One Time Key In	Main			GLASS, FRONT DOOR FIX WINDOW , LH	1	69.90	69.90	25.00	52.43	Replace	0	0	Not Give	Xuy
One Time Key In	Main			WEATHERSTRIP, FRONT DOOR FIX WINDOW , LH	1	76.40	76.40	25.00	57.30	Replace	0	0	Not Give	Xuy
Total Spare Part Cost							5,470.25		Surveyor Total		879.00			
Lump Sum Discount (%)							0.00		Lump Sum Dis (%)		0			
Final Spare Part Cost							5,470.25		Final Sur Total		879.00			

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	507.00	300	
Total:			507.00	300.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPSRAY FRONT BUMPER	378.00	200	
2	Main	TO RESPRAY FRONT FENDER LH	378.00	200	
3	Main	TO RESPRAY RIM	180.00	100	
4	Main	RESPRAY MIRROR COVER LH	180.00	100	
5	Main	TO RESPRAY FRONT DOOR LH	378.00	200	
Total:			1,494.00	800.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			725.00	170.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REMOVE AND REFIX WING MIRROR	120.00	60	
2	Main	TO TRANSFER DOOR MECHANISM	120.00	0	
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	80	
4	Main	TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
6	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30	
7	Main	TO WASH AND VACUUM	60.00	0	
Total:			725.00	170.00	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,470.25	879.00
Total Labour Cost	507.00	300.00
Total Spray Painting	1,494.00	800.00
Other	725.00	170.00
Overall Total	8,196.25	2,149.00
Lump Sum Repair Option		
Lump Sum Total	8,200.00	2,149.00
Surveyor Approved Amount		2,149.00
No of Repair Days*	5	3
Remarks		RESURVEY BEFORE PAINT P/P

Surveyor Name

Taufikh

Signature

Survey 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:

08/06/2021

Save

Clear

Taufikh 97415747  
8/6/21  
WP 3 days  
P/P Resurvey before paint  
Taufikh e@lkkauto.com



(AIG)

## 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 Authorised 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 Submission	07/06/2021 14:24 (SGT)
Date of Accident	05/06/2021 20:48 (SGT)
Exact Location of Accident	Near Clementi Rd, Singapore
Additional Location Information	CLEMENTI ROAD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1051R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	Auto-Svcs-TARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

#### 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	1798

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

#### DRIVER

Name of Driver	SHANLAN BIN SHAMSURI
NRIC No	SXXXX113E

Date Of Birth  
Occupation  
Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

20/07/1964  
Outdoor  
07/05/1985  
36 YEARS AND 1 MONTH  
Male  
(Phone) +65-68662672  
-  
Auto-Svcs-TARC@smrt.com.sg  
11  
-  
-  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Side Swipe  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other material or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No  
2  
Yes  
No  
Yes  
1  
No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Police Station Name  
Police Station Phone No  
Alt. Police Station Phone No  
Police Station Address  
Was notice of intended Prosecution given?  
If yes, against whom?

Yes  
Woodlands West Neighbourhood Police Centre  
(Phone) +65-18003639999  
(Fax) +65-63640997  
1 Woodlands St 12 Singapore 738622  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210606/2054

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident  
Was there any audio recorded?

Yes  
Yes  
FILE TOO BIG  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour

SKE2920A  
Mercedes  
-  
-  
-

Vehicle Category  
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)

Private car  
-  
-  
-  
-  
-  
-  
-  
-  
-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person  
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?

SHANLAN BIN SHAMSURI  
-  
-  
-  
-  
-  
SHB1051R  
Yes  
No

## 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 Authorised 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 Police for investigation.
6. The 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.
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.



*[Handwritten signature]*

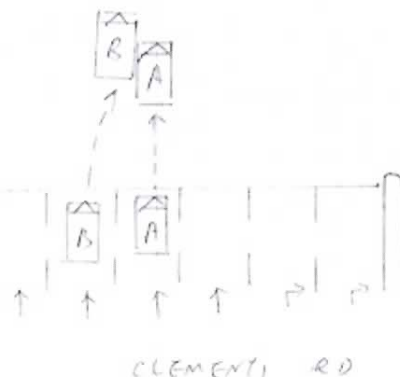
*[Handwritten signature]* 2/6/20

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SH81051R  
B-SKE2920A



Describe Circumstances of the Accident	
	<p>REFER to POLICE REPORT - T/20210606/2054</p>

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



date 7/6/02


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Woodlands West N.P.C  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No. 1800-363 9999



T/20210606/2054

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Report No. T/20210606/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2021 19:02	Video Report No.:	Station Diary No.: 202
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**Informant's Particulars**

Name of Informant: SHAHLAN BIN SHAMSURI			Address: APT BLK 810 WOODLANDS STREET 81 #05-191B SINGAPORE 730810		
ID Type / ID No.: NRIC NO / S1636113E			Contact No. Home/Office:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2021 20:45	Type of Location: Straight Road
Location:  CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume Light	
Type of Collision: Between Moving Vehicles - Side Swipe		- Same Direction		Anyone conveyed by ambulance No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1051R	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Maroon	Slightly Damaged	0
SKE2920A	Car	MERCEDES BENZ		Grey	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No. 1800-363 9999



T/20210606/2054

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Report No. T/20210606/2054

## CONTINUATION OF REPORT

Driver			
Name	SHAHLAN BIN SHAMSURI	ID No.	S1636113E
Related Vehicle	SHB1051R (Car)	Contact No.	87485371
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	NIL	Degree of Injury	Slight

**Brief Details.**

On 05/06/2021 at about 2048hrs, I was driving my maroon Toyota taxi (SHB ) on the second lane along Clementi Road after the junction of Commonwealth Avenue towards AYE. There was no vehicles beside me at that moment. Suddenly, one grey Mercedes Benz (SKE ) side swiped against the left side of my car. After which, the Mercedes driver namely Lee Soo Chye (Hp: 96666519) and I stopped and went out of our cars to inspect the damages.

Subsequently, we drove our cars to the side of the road and exchanged particulars. He wanted to settle the matter privately. However, I tried to contact him today but he did not answer. I suffered back pain and stiffed neck due to controlling the car.

My car has the mobile eye to alert the driver if any vehicle is in close proximity. I told the other driver that I could not view the camera as only my taxi company or TP can view it. The other party has also admitted that it was his fault after viewing his in-car camera. My car's damages are dents on the left passenger side door and the other driver car has a damaged right side mirror.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N P C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No. 1800-363 9999



T/20210606/2054

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Report No. T/20210606/2054

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report.

L /

Sr Staff Sgt ELFY ANDIKA BIN MUSLIM

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time.

06/06/2021 19:02

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No : 65476414

Classification Of Case:

Authentication Stamp  
NP168



Signature:

Singapore Police Force