



Case Details

Case Reference Number : TAX/07/21/2063
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHD6321T

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-15540-ID
 Assigned By : Wei Siong #

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
 Accident Date and Time : 29/07/2021 01:30 AM
 Vehicle Age(In Months) : -

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

| BOM Type | Costing Type | Portion | Material Number | Part Name | Qty | SMRT Recommendation | | | | Repair/Replace | Surveyor Quantity | Surveyor Approval | | Remarks |
|-----------------------|--------------|---------|-----------------|-------------------------------|-----|-------------------------|----------------|--------|-----------------|------------------|-------------------|--------------------------|----------------|---------|
| | | | | | | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | | | Surveyor Final Price(\$) | Repair/Replace | |
| Standard | Main | | 6505548 | BUMPER REAR | 1 | 458.60 | 458.60 | 25.00 | 343.95 | Replace | 1 | 343.95 | Replace | ✓ Re |
| Standard | Main | | 6505547 | BUMPER REINFORCEMENT REAR | 1 | 205.70 | 205.70 | 25.00 | 154.27 | Replace | 0 | 0 | Check | ? |
| Standard | Main | | 6505546 | ARM SUB-ASSY, RR BUMPER LH | 1 | 139.60 | 139.60 | 25.00 | 104.70 | Replace | 0 | 0 | Check | ? |
| Standard | Main | | 6505545 | ARM SUB-ASSY, RR BUMPER RH | 1 | 139.60 | 139.60 | 25.00 | 104.70 | Replace | 0 | 0 | Check | ? |
| Standard | Main | | 6505462 | TAIL LAMP RH | 1 | 557.80 | 557.80 | 10.00 | 502.02 | Replace | 0 | 0 | Check | ? |
| One Time Key In | Main | | | BUMPER CLIPS | 10 | 1.61 | 16.10 | 25.00 | 12.08 | Replace | 10 | 12.08 | Replace | ✓ Re |
| One Time Key In | Main | | | PIXEL STICKER | 2 | 60.00 | 120.00 | 0.00 | 120.00 | Replace | 2 | 120.00 | Replace | ✓ Re |
| One Time Key In | Main | | | SENSOR REVERSE | 1 | 180.00 | 180.00 | 0.00 | 180.00 | Replace | 1 | 180.00 | Replace | ✓ DM |
| One Time Key In | Main | | | ANTENNA,ELECTRICAL LOWER REAR | 1 | 157.40 | 157.40 | 10.00 | 141.66 | Replace | 0 | 0 | Check | ? |
| Total Spare Part Cost | | | | | | | | | 1,663.38 | Surveyor Total | | 656.03 | | |
| Lump Sum Discount (%) | | | | | | | | | 20.00 | Lump Sum Dis (%) | | 20 | | |
| Final Spare Part Cost | | | | | | | | | 1,330.70 | Final Sur Total | | 524.82 | | |

Labour's Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|------------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO REPAIR REAR PORTION | 338.00 | 200 | |
| Total: | | | 338.00 | 200.00 | |

Spray Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|---|----------------------------|----------------------------|---------|
| 1 | Main | TO RESPRAY REAR BUMPER | 378.00 | 200 | |
| 2 | Main | TO RESPRAY REAR BUMPER REINFORCEMENT | 180.00 | 0 | |
| Total: | | | 558.00 | 200.00 | |

Other Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|--|----------------------------|----------------------------|---------|
| 1 | Main | TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 0 | |
| 2 | Main | TO TEST AND REFIX REVERSE SENSOR SYSTEM | 120.00 | 30 | |
| 3 | Main | TO REPLACE SUNDRY PARTS | 100.00 | 0 | |
| 4 | Main | TO WASH AND VACUUM | 60.00 | 0 | |
| Total: | | | 360.00 | 30.00 | |

Summary

| | Estimator Assesment(\$) | Surveyor Assesment(\$) |
|--------------------------|--------------------------|-------------------------------------|
| Total Spare Part Detail | 1,330.70 | 524.82 |
| Total Labour Cost | 338.00 | 200.00 |
| Total Spray Painting | 558.00 | 200.00 |
| Other | 360.00 | 30.00 |
| Overall Total | 2,586.70 | 954.82 |
| Lump Sum Repair Option | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lump Sum Total | 2,600.00 | 950.00 |
| Surveyor Approved Amount | | 950.00 |
| No of Repair Days* | 3 | 2 |

Remarks

Surveyor Name

Signature

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:

LUMP SUM REPAIR / AFTER PAINT PHOTO .

GuoQiang

Save

Clear

(10 tuc)

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 | 30/07/2021 14:40 (SGT) |
| Date of Accident | 29/07/2021 09:30 (SGT) |
| Exact Location of Accident | N Buona Vista Dr, Singapore |
| Additional Location Information | JUNCTION OF NORTH BUONA VISTA DRIVE AND NORTH BUONA VISTA |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SHD6321T |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | SMRT TAXIS PTE LTD |
| Company Reg No | 1XXXXX369K |
| Email Address | AUTO-ARC-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 | 1800 |

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 | LIM THONG CHWEE ROLAND |
|----------------|------------------------|

| | |
|--|---------------------------|
| RIC No | SXXXX757A |
| Date Of Birth | 22/07/1957 |
| Occupation | Outdoor |
| Date Of Driving Pass | 22/02/2014 |
| Driving experience | 7 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-68662672 |
| Alt. Phone Number | - |
| Email Address | AUTO-SVC-TARC@SMRT.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 | - |

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 |

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

ON 29/07/21 AT ABOUT 0930HRS. I WAS STATIONARY AT THE JUNCTION OF NORTH BUONA VISTA DR & NORTH BUONA VISTA WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. SUDDENLY A VEHICLE (SJL2441R) HIT ONTO REAR PORTION OF MY VEHICLE.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SJL2441R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TAN TAM KIAM |

| | |
|---|---|
| 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 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.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident

Blank lined paper for writing.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time



30/7/21

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

A

30/7/2

Witnessed by Reporting Centre
Personnel

North Buena Vista

A : CHD 63217

B : SJL 2441R




W. 2nd St

North Buena Vista

The
Mansions
Tower

E.W. 21
MRT Buena Vista


30/7/21