

## Case Details

Case Reference Number: TAX/07/21/2065

Type of Repair : Accident Repair

Vehicle Registration Number: SHB1798U

Company Type : SMRT Taxis Pte Ltd Estimation ID : EST-15545-ID

Assigned By: Tan Lee Ge#

Insurance Company Name: AIG Asia Pacific Insurance Pte Ltd

Accident Date and Time: 30/07/2021 01:00 AM

Vehicle Age(In Months): 82

## Documents / Photographs

View Documents / Photographs

Total Documents: 0

## **Estimation Details**

## Spare Part's Cost Detail

				SMRT Recom	menda	ation						Sur	veyor 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			BUMPER REAR	1	458.60	458.60	25.00	343,95	Replace	1	343.95	Replace V	/ le
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace 🗸	/BC
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check ✓	?
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check 🗸	?
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check 🗸	?
One Time Key In	Main			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Check 🗸	?
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check ✓	$\hat{\gamma}$
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace ✓	1 MC
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Check 🗸	?
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give ✓	X ~~~

Total Spare Part Cost 2,608.38

Surveyor Total 618.23

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

20

Final Spare Part Cost 2,086.70

Final Sur Total 494.58

				SMRT Recom	mendi	ation						Su	rveyor 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			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Check 🗸	7	
One Time Key In	Main			BUMPER SEAL. RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give 🗸	X	San
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give 🗸	X	)
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	1	71.10	Replace ✓	/	500
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	1	71.10	Replace V	/	100
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Giv€ ∨	X	/
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give 🗸	X	\an
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Total Spare Part Cost 2,608.38 Lump Sum Discount (%) 20.00

Surveyor Total 618.23

Lump Sum Dis (%) 20

Final Spare Part Cost 2,086.70

Final Sur Total 494.58

## Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	200	
Total:			676.00	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 BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY REAR PANEL	180.00	0	
Total:			738.00	200.00	

## Other Cost Detail

Laboration and annual making and

\$ No.	Costing Type	Josh Bergon	sale? 1 Recommendation(\$)	Burveyor Adjustment(\$)	Remarks
	Edgers	TO CHECK WERMA AND SYSTEM FUNCTION	80,00	ő	
7	Mach	TO TEST AND REFOUR REVERSE SENSOR SYSTEM	120.00	30	
3	Magni	TO REMOVE AND INSTALL LUNGAGE COMPARTMENT TRIM TO FACILITATE REPAIR	1.293.590		
	Majori	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	
8	Mac	TO REPLACE SUNDRY PARTS	106.00	6	
•	Macro	TO WASH AND VACUUM	60.00	ō	
Total.			680.00	30.00	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2.086.70	494 58
Total Lebour Cost	676.00	200.00
Total Spray Painting	738.00	200.00
Other	680 00	30.00
Overali Total	4.180.70	924.58
Lump Sum Repair Option		2
Lump Sum Total	4.200.00	900.00
Surveyor Approved Amount		900.00
No of Repair Days*	5	2
Remarks		LUMP SUM REPAIR / AFTER REPAIR PHOTO
Surveyor Name		

Surveyor Name

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 modific@600(\$) is allowed.
- Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Save Clear

GuoQiang

S§1E217V0005 / SMRT AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 31/07/2021 11:00 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (31/07/2021 11:00 (SGT))



# **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 witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

31/07/2021 11:00 (SGT) 30/07/2021 09:00 (SGT) CTE, Singapore CTE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHB1798U

Singapore

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No Alternative Phone No. Yes

SMRT TAXIS PTE LTD

1XXXXX369K

AUTO-SVC-TARC@SMRT.COM.SG

(Phone) +65-68662671 (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota Prius

No - Claiming third party

MS First Capital Insurance Ltd

Taxi Auto 1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number

D-21097466MFSH

Yes

ThirdParty

DRIVER

Name of Driver NRIC No

TONG GEOK SENG SXXXX650H



A Birth pation e Of Driving Pass

niving 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

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 vehicle or property damaged? Number of Passengers (including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENCE R

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CHICLAMSTANCES OF ACCESSIVE

REFER TO POLICE REPORT - 1/20210730/2034

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

07/09/1961 Outdoor

13/08/1981

No

Nα

Hirer

Clear

Dry

No

Yes

Nico

Yes

Nico

Make

UNKNOWN

Sembawang Neighbourhood Police Centre

4 Sembawang Crescent Singapore 757633

(Phone) +65-18005549999

39 YEARS AND 11 MONTHS

AUTO-SVC-TARC@SMRT.COM.SG

(Phone) +65-68662672

Collision - Head to Rear

Years

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vanicle Registration Number Vahicle Manufacturer

The secretary many server as a more

SJD6621D

FILE TOO BIG

Page 2 of 13

Jodel ⇒ Variant de Colour

nicle Category Private car Jame of Driver **KE JUNYONG** 

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

NURED !

Name of injured person TONG GEOK SENG

Address

Address Complement

Post Code

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle?

SHB1798U Were seat belts worn?

Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Funderstand, 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 historier's 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
- (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
- (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, law yers/law, times, 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 law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SHBI798U B-SJD6621D

M Assidant range CO1E317\/nnnE

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Date of Expiry:

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

T of 3 Report No. T/20210730/2034

Tel No: 1800-5549999

Occupation:

Taxi driver

REPORT OF	FA	TRAFFIC	ACCIDENT
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Date/Time Report Made. 30/07/2021 12:52			Vide Report No.:	Station Diary No.: 36			
Informa	nt's Partic	ulars					
Name of Informant: TONG GEOK SENG			Address: APT BLK 710 WOOD 730710	DLANDS DRIVE 70 #11-41 SINGAPORE			
ID Type / ID No.: NRIC NO / S1488650H Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 98290449 Email:				
Sex: Male	Age: 59	Date of Birth: 07/09/1961	Type of Informant:				
Race: Chinese			Language:	Institution / School Name:			

**Driving Licence Information:** 

Class: 3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2021 12:25	Type of Location Straight Road
Location:			2010772021 12.20	The second secon
Weather:	PRESSWAY	Road Surface:	Ro	ad Speed Limit:
Clear		Drv	i	an opood ziiiii.
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled	1	ffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB1798U	SMRT TAXI				Slightly	1
					Damaged	
SJD6621D	Car	1			Slightly	0
					Damaged	U

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





Police Station Of Origin Sembawang N P C 4 Sembawang Crescent SINGAPORE 757633 Tel No. 1800-5549999

7 of 3 Report No. 1720210730/2034

## CONTINUATION OF REPORT

Driver	The second of th	
Name	TONG GEOK SENG	ID No S1488650H
Related Vehicle	SHB1798U (SMRT TAX))	Contact No 98290449
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Class 3 Driving Date of Expiry NIL Licence & Expiry Date
<b>Date Treatment</b>	30/07/2021	Date Discharge 30/07/2021
No of Days gran	ted Medical Leave 05	Degree of Injury Slight
Driver		
Name	KE JUNYONG	ID No S8810579F
Related Vehicle	SJD6621D (Car)	Contact No. 98170058
Hospital/Clinic	NIL	Class of Class NIL Driving Date of Expiry: NIL Licence & Expiry Date
Date Treatment	NIL	Date Discharge NIL
No. of Days granted Medical Leave NIL		Degree of Injury NIL

## **Brief Details**.

On 30/07/2021 at about 09:00am, I was travelling on the first lane of CTE, when the car in front of me made a sudden stop. As such I immediately did an emergency brake. I managed to stop in time to avoid hitting the car in front.

As I made the stop I suddenly felt a jerk from the rear of my taxi. There was a passenger at the back of my taxi. I made a check on him and he informed he is fine and do not require any medical assistance. I then alighted and saw a red car. SJD6621D had hit the rear. My rear bumper was dented and the sides came off.

As for the said car, his front bumper was dented.

We then exchanged particulars, took picture of the vehicles and left the accident location. After sending the said passenger to his location, I proceed straight to the clinic as I felt pain on my shoulder and back. The doctor made a check on me and gave me 5 days medical leave.





Report No. T/20210730/2034

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

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 / Staff Sgt TUTIK HUMAIRA BINTE MOFIAMED TAHIR	Signature of informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2021 12:52
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	