

TOTAL

Case Details

Case Reference Number : TAX/09/22/2056
Type of Repair : Accident Repair
Vehicle Registration Number : SHC4926S

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-19422-ID
Assigned By : Taxi Claims Manager Team

Insurance Company Name : income insurance limited
Accident Date and Time : 22/09/2022 09:40 AM
Vehicle Age(In Months) : 58

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval				Remarks
				Part Name	Qty	List Price	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			COVER, RR BUMPER ASSY	1	478.90	478.90	25.00	359.17	Replace	1	359.17	Replace	de
Standard	Main			REAR BUMPER REINFORCEMENT	1	360.10	360.10	25.00	270.08	Replace	0	0	Not Give	Xan
Standard	Main			PAD, RR BUMPER, RH & LH, 1	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace	neu
Standard	Main			PAD, RR BUMPER, RH & LH, 2	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace	neu
Standard	Main			PAD, RR BUMPER, RH & LH, 3	2	4.30	8.60	25.00	6.45	Replace	2	6.45	Replace	neu
Standard	Main			PAD, RR BUMPER, CTR	1	2.50	2.50	25.00	1.88	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	1	12.30	12.30	25.00	9.23	Replace	0	0	Not Give	Xan
Standard	Main			STOPPER, RR BUMPER, RH & LH	1	4.80	4.80	25.00	3.60	Replace	0	0	Not Give	Xan
Standard	Main			RETAINER, RR BUMPER, RH	1	127.40	127.40	25.00	95.55	Replace	0	0	Check	?
Standard	Main			RETAINER, RR BUMPER, LH	1	127.40	127.40	25.00	95.55	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER, RH	1	95.50	95.50	25.00	71.63	Replace	0	0	Not Give	Xan
Standard	Main			SEAL, RR BUMPER, LH	1	95.50	95.50	25.00	71.63	Replace	0	0	Not Give	Xan
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	1	4.80	4.80	25.00	3.60	Replace	1	3.60	Replace	neu
Standard	Main			GUARD, RR BUMPER, LOWER	1	623.50	623.50	25.00	467.63	Replace	0	0	Not Give	Xan
Standard	Main			FILLER, RR BUMPER, RH	1	168.60	168.60	25.00	126.45	Replace	0	0	Not Give	Xan

Total Spare Part Cost 6,562.67

Surveyor Total 1,313.83

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 4,825.87

Final Sur Total 1,051.06

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
Standard	Main			FILLER, RR BUMPER , LH	1	168.60	168.60	25.00	126.45	Replace	0	0	Not Give	X11
Standard	Main			COVER, GUARD RR BUMPER LOWER	1	16.70	16.70	25.00	12.52	Replace	0	0	Not Give	X11
Standard	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	X11
Standard	Main			ANTENNA, ELECTRICAL KEY	1	78.00	78.00	10.00	70.20	Replace	0	0	Not Give	X11
Standard	Main			REAR BUMPER GROMMET SCREW	1	2.20	2.20	25.00	1.65	Replace	1	1.65	Replace	ch
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , RH	1	489.00	489.00	10.00	440.10	Replace	1	440.10	Replace	ch
Standard	Main			LENS & BODY, REAR COMBINATION LAMP , LH	1	489.00	489.00	10.00	440.10	Replace	0	0	Not Give	X11
Standard	Main			LENS & BODY ASSY , RR BUMPER , RH	1	544.40	544.40	10.00	489.96	Replace	1	489.96	Replace	ch
Standard	Main			LENS & BODY ASSY , RR BUMPER , LH	1	544.40	544.40	10.00	489.96	Replace	0	0	Not Give	X11
Standard	Main			COVER, REAR COMBINATION LAMP, RH	1	69.90	69.90	25.00	52.43	Replace	0	0	Not Give	X11
Standard	Main			COVER, REAR COMBINATION LAMP, LH	1	69.90	69.90	25.00	52.43	Replace	0	0	Not Give	X11
Standard	Main			COVER, REAR FLOOR UNDER , RH	1	189.20	189.20	25.00	141.90	Replace	0	0	Not Give	X11
Standard	Main			COVER, REAR FLOOR UNDER , LH	1	261.60	261.60	25.00	196.20	Replace	0	0	Not Give	X11
Standard	Main			COVER, REAR FLOOR UNDER CENTER	1	249.10	249.10	25.00	186.83	Replace	0	0	Not Give	X11
Standard	Main			PANEL SUB-ASSY, FENDER REAR RH	1	943.10	943.10	25.00	707.33	Replace	1	0	Repair	R
Standard	Main			PATCH, SIDE PANEL REAR END , RH & LH	1	37.70	37.70	25.00	28.28	Replace	0	0	Not Give	X11
Standard	Main			LINER, REAR FENDER , RH	1	151.10	151.10	25.00	113.32	Replace	0	0	Not Give	X11
Standard	Main			PANEL SUB-ASSY, FENDER REAR LH	1	943.10	943.10	25.00	707.33	Replace	0	0	Not Give	X11
Standard	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	707.10	707.10	25.00	530.33	Replace	0	0	Not Give	X11
Total Spare Part Cost									6,562.67	Surveyor Total		1,313.83		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									4,825.87	Final Sur Total		1,051.06		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH PORTION	1,014.00	300.00	
Total:			1,014.00	300.00	

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 PANEL	180.00	0 <i>Xm</i>	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0 <i>Xm</i>	
4	Main	TO RESPRAY REAR FENDER LH	378.00	0 <i>Xm</i>	
5	Main	TO RESPRAY REAR FENDER RH	378.00	200	
Total:			1,494.00	400.00	

Other Cost Detail



S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00	0 <i>Xm</i>	request invoice
2	Main	TO WASH AND VACUUM	60.00	0 <i>Xm</i>	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	0 <i>Xm</i>	
4	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0 <i>Xm</i>	
5	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40.00	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0 <i>Xm</i>	
Total:			556.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,825.87	1,051.06
Total Labour Cost	1,014.00	300.00
Total Spray Painting	1,494.00	400.00
Other	556.00	40.00

9/23/22, 4:08 PM

https://vacswb.smrt.com.sg/Estimation.aspx

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Overall Total	7,889.87	1,791.06
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	7,900.00	1,800.00
Surveyor Approved Amount		1,800.00
No of Repair Days*	6	3
Remarks		Lumpsum repair / resurvey after repair / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR BASIL LUP: 0004 0000 email:
Surveyor Name		Rasul
Signature		
Survey Date	23/09/2022	<input type="button" value="Save"/> <input type="button" value="Clear"/>

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:

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 Submission	23/09/2022 09:58 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 17:40 (SGT)
Exact Location of Accident	Near 34 Upper Cross St, Block 34, Singapore 050034
Additional Location Information	UPPER CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4926S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STRIDES TAXI PTE LTD
Company Reg No	1XXXXXX69K
Email Address	Auto-Svcs-TARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662671
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	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	TAN TECK AUN
NRIC No	SXXXX318H
Date Of Birth	29/04/1956
Occupation	Outdoor

Date Of Driving Pass	12/10/1983
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-TARC@smrt.com.sg
Address	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG UPPER CROSS STREET AT THE LEFT MOST LANE AND HAD STOPPED DUE TO THERE WAS VEHICLE STOPPING AHEAD WHEN SUDDENLY THE LORRY GBE2306E CAME OUT FROM PARK CRESCENT AND HIT ONTO THE REAR RIGHT PORTION OF MY TAXI.

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	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE2306E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

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 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 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.

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.

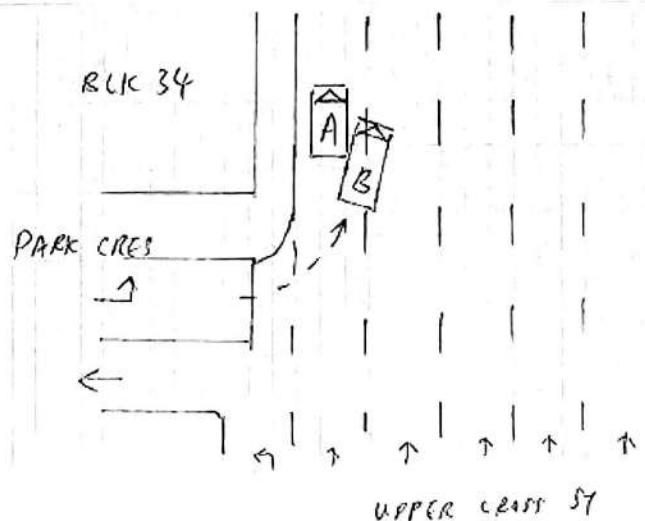


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Declaration

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



Pl. signature (signature 1 to 3 times)

Driver's Signature / driver is not the policy holder / Date
& Time

Witnessed by Reporting Grade Personnel
(Name as in NRIC and cert)

Ch 231.9132

Inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

369K

Vehicle Details

Vehicle No.:

SHC49265

Vehicle to be Exported:

No

Intended Deregistration Date:

25 Sep 2022

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS HYBRID 1.8 CVT

Primary Colour:

Maroon

Manufacturing Year:

2017

Engine No.:

2ZRS100053

Chassis No.:

JTDKB3FU903573315

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$29,007.00

Original Registration Date:

01 Nov 2017

First Registration Date:

01 Nov 2017

Transfer Count:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

31 Oct 2025

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry Date:

31 Oct 2025

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period (Years):

8

PQP Paid:

\$33,596.00

COE Rebate Amount:

\$13,016.00

Total Rebate Amount:

\$16,766.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 25 Sep 2022