



**SMRT Accident Vehicle Repair Estimates**

SMRT Automotive Services Pte Ltd  
60 Woodlands Industrial Park E4, Singapore 757705  
FAX Number : 63685592  
Estimator Telephone Number : 68662623  
Accident Reporting Number : 68662672

Date Generated : 17/04/2023  
User ID : munsan

TP  
28m

**Section A - Accident Details**

Registration Number	SHB5986S
Case Reference Number	TAX/04/23/2034
Registration Date	1/12/20
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	ONG LAY TIN
Type of Accident	Head to Rear
Accident Date and Time	17/4/23 11:10 AM
Accident Reported Date and Time	17/4/23 2:21 PM
Insurance Surveyor Required?	No
Surveyed by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118188
Special Instruction to ARC, if any	TP/ REAR PORTION
Prepared Date and Time	17/4/23 3:37 PM
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	\$845.00	\$0.00
Total Spray Cost	\$1,416.00	\$0.00
Total Spare Part Cost	\$3,933.19	\$0.00
Total Other Cost	\$500.00	\$0.00
<b>TOTAL COST</b>	<b>\$6,694.19</b>	<b>\$0.00</b>
Jump Sum Total	\$0.00	\$0.00
Number of Repair Days	6.0	<i>7 days</i>
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	17/04/2023 4:16 PM	
Signature		<i>Boon Chew Tay</i>
Remarks		

**Section C - Quotation and Accident Invoice Details**

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

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**Section D - Details of Repair Estimates**

**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
O REPAIR REAR PORTION	\$845.00 <i>2001</i>	
<b>total Labour</b>	<b>\$845.00</b>	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY BUMPER BEAM	\$220.00 <i>?</i>	
O RESPRAY REAR PANEL	\$220.00 <i>na X</i>	
O RESPRAY REAR BUMPER	\$378.00 <i>2001</i>	
O RESPRAY REAR FENDER LH	\$378.00 <i>na X</i>	
O RESPRAY FUEL LID COVER	\$220.00 <i>na X</i>	
<b>total Spray Painting &amp; Panel Beating</b>	<b>\$1,416.00</b>	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O WASH AND VACUUM	\$60.00 <i>na X</i>	
O CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>151</i>	
O APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00 <i>na X</i>	
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00 <i>301</i>	
O REPLACE SUNDRY PARTS	\$100.00 <i>na X</i>	
<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	<i>?</i>
		52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace	<i>Bvc ✓</i>
		52462-47130	PAD, RR BUMPER, RH & LH, 3	2.00	\$12.00	25.00	\$18.00	Replace	<i>na ✓</i>
		52462-47030	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace	<i>na ✓</i>
		52462-47020	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace	<i>na ✓</i>
		52461-47070	PAD, RR BUMPER, CTR	3.00	\$12.00	25.00	\$27.00	Replace	<i>na ✓</i>
		52191-47030	SEAL, RR BUMPER ARM, RH & LH	2.00	\$12.30	25.00	\$18.45	Replace	<i>na ✓</i>
		52599-68030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace	<i>na ✓</i>
		52576-47060	RETAINER, RR BUMPER, LH	1.00	\$143.60	25.00	\$107.70	Replace	<i>MT ✓</i>
		52592-47080	SEAL, RR BUMPER, LH	1.00	\$128.00	25.00	\$96.00	Replace	<i>?</i>
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	<i>na ✓</i>
		52453-47900	GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace	<i>na ✓</i>
		81920-47030	REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$42.20	25.00	\$31.65	Replace	<i>na X</i>
		58399-47030	COVER, REAR FLOOR UNDER, LH	1.00	\$281.60	25.00	\$196.20	Replace	<i>na X</i>
		66259-47010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace	<i>na X</i>
		81561-47471	LENS & BODY, REAR COMBINATION LAMP, LH	1.00	\$367.30	10.00	\$330.57	Replace	<i>na X</i>

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Part 4 - Spare Parts / Material Usage									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		81456-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1.00	\$282.70	10.00	\$254.43	Replace	SM X
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	?
		89997-30100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace	SM X
		61602-47180	PANEL SUB-ASSY, FENDER REAR LH	1.00	\$943.10	25.00	\$707.33	Replace	SM X
		65638-47060	LINER, REAR FENDER, LH	1.00	\$151.10	25.00	\$113.32	Replace	SM X
		58307-47100	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace	SM X
			STICKER PETROL ONLY	1.00	\$7.80	0.00	\$7.80	Replace	SM X
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace	SM X
Total					\$4,923.60		\$3,933.19		

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
Total									

**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	18/04/2023 08:56 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 11:10 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	WOODLANDS AVE 5 SLIP ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5986S
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Taxi Pte Ltd
Company Reg No	1XXXXX369K
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	1800

### INSURANCE COMPANY

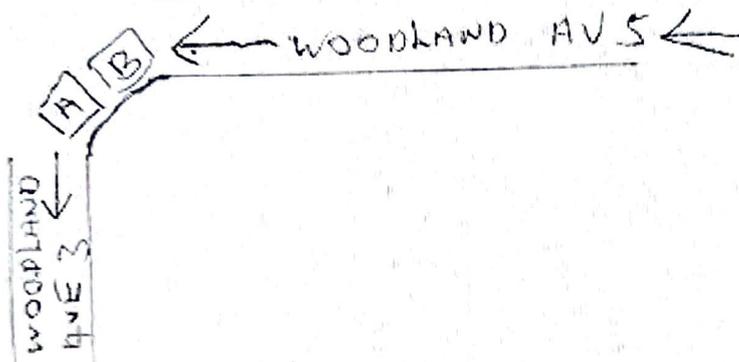
Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099115MFSH

### DRIVER

Name of Driver	ONG LAY TIN
NRIC No	SXXXX621H
Date Of Birth	11/10/1967
Occupation	Outdoor

A - SHB5986S

B - GBL2716T.



**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]* 17/4/23

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

*[Signature]* 17.4.2023

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