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# SMRT Accident Vehicle Repair Estimates

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	Section A - Accident Details
Registration Number	SHC43259
Case Reference Number	TAX/05/23/2068
Registration Date	12/12/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	SYAIROOL HEESYAM BIN SURIP
Type of Accident	Head to Rear
Accident Date and Time	23/5/23 8:20 AM
Accident Reported Date and Time	23/5/23 12:08 PM
s Surveyor Required?	No.
Survey by	
ehide is Towed Back?	No
owed Back Date and Time	NO
aplacement Vehicle issued?	
	No
b Card Number	24118483
ecial Instruction to ARC,if any	HEAD TO REAR THIRD PARTY AT FAULT OUR TAXI DAMAGE REAR PORTION
pared Date and Time	23/5/23 3:07 PM
issis Number	
age	
Shop	
ir Completion Date and Time	

	Section B - Summary of Re	pair 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	\$4,723.28	\$0.00		
Total Other Cost	\$500.00	\$0.00		
TOTAL COST	\$7,484.28	\$0.00		
Lump Sum Total	\$7,500.00	\$0.00		
lumber of Repair Days	8.0	2 day		
repared / Adjusted By	Boon Chew Tay	201041		
RC / Surveyor Sign Off Date	24/05/2023 8:40 AM			
ignature	~	Kennerh		
unarks .				
	Section C. Ountation and Annual			

Seci	ion C - Quotation and Accident Invoice Details	
Quotation Number	Invoice Number	
Quotation Date	Invoice Date	
nvoice Amount	Prepared Date	

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## **SMRT Accident Vehicle Repair Estimates**

Estimator Tel Accident Rep

Date Genera

The state of the s	Section D - Details of Repair Estimates	The second secon
Part 1 - Labour Works		
Job Scope	Quotation from AR	Adjusted by Surveyor, if applicabl
TO REPAIR REAR PORTION	\$845.00 200	
Total Labour	\$845.00	

Job Scape	Quotation from ARC		Adjusted by Surveyor, if applicab
TO RESPRAY BUMPER BEAM	\$220.00	7	CONTRACTOR OF THE CONTRACTOR O
TO RESPRAY REAR BUMPER	\$378.00	2001	
TO RESPRAY REAR PANEL	\$220.00	2	
TO RESPRAY TAIL GATE	\$378.00	×	(201)
O RESPRAY TAILGATE OUTSIDE GARNISH	\$220.00	1502	
otal Spray Painting & Panel Beating	\$1,416.00	.500	

Job Scope	Quotation from A	RC .	Adjusted by Surveyor, if applicable
TO WASH AND VACUUM	\$60.00	X	
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	154	
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	X	
O TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	501	
O REPLACE SUNDRY PARTS	\$100.00		
otal Other Costs	\$500.00	<i></i>	

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace	-
		5830747090	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace	X
			STICKER DECAL 6555 8888	1.00	\$21.60	0.00	\$21.60	Replace	
			STRIDES LOGO	1.00	\$7.80	0.00	\$7.80	Replace	
		7544247130	NAME PLATE (PRIUS) , LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	<b>\$</b> 44.33	Replace	
		7544147090	NAME PLATE (HYBRID) , LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace	
		7680147110A1	TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$992.30	25.00	\$744.22	Replace	X
		6788147050	TAIL GATE WEATHERSTRIP, BACK DOOR	1.00	\$402.50	25.00	\$301.88	Replace	X
			TAIL GATE PANEL SUB- ASSY, BACK DOOR	1.00	\$1,238.40	25.00	\$928.80	Replace n	-
			UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Renlace	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		5839947030	COVER, REAR FLOOR UNDER , LH	1.00	\$261.60	25.00	\$196.20	Replace 1	
		5839847050	COVER, REAR FLOOR UNDER , RH	1.00	\$189.20	25.00	\$141.90	Renlace	1
		8158147010	LENS & BODY ASSY , RR BUMPER , RH	1.00	\$544.40	10.00	\$489.96	Replace	+
		8155147281	ENS & BODY, REAR COMBINATION LAMP	1.00	\$489.00	10.00	\$440.10	Replace	X
			NTENNA, ELECTRICAL 1	.00	\$78.00			Su	·   >
		K	EY			10.00	\$70.20	Replace Su	` '
			ENSOR REVERSE 1	.00	\$180.00	0.00	\$180.00	Replace	7



## **SMRT Accident Vehicle Repair Estimates**

SMRT Auton 60 Woodland

FAX Number

Estimator Tel

Accident Rep

Date Genera

User ID

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$16.70	25.00	\$12.52	Replace	7
		5256647900	FILLER, RR BUMPER . LH	1.00	\$168.60	25.00	\$126.45	Replace	7
		5256547900	FILLER, RR BUMPER . RH	1.00	\$168.60	25.00	\$126.45	Replace 「	. 1
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$623.50	25.00	\$467.63	Replace Pull	
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace /k	
		5259247040	SEAL, RR BUMPER, LH	1.00	\$95.50	25.00	\$71.63	Replace	7
		5259147050	SEAL, RR BUMPER , RH	1.00	\$95.50	25.00	\$71.63	Replace	7
		5259968030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace	- /
			SEAL, RR BUMPER ARM, RH & LH	1.00	\$12.30	25.00	\$9.23	Replace /	
		5246147010	PAD, RR BUMPER, CTR	1.00	\$2.50	25.00	\$1.88	Replace 14	
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$4.30	25.00	\$6.45	Replace /	
		5246247020 E	PAD, RR BUMPER, RH & .H , 2	2.00	\$4.30	25.00	\$6.45	Replace	
		5246247030 F	PAD, RR BUMPER, RH & H , 1	2.00	\$4.30	25.00	\$6.45	Replace No.	`
			REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace	7
			COVER, RR BUMPER SSY	1.00	\$478.90	25.00	\$359.17	Replace &	2 -
					\$7,560.90		\$5,941.10		

Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	APC Chack	Surveyor Ch
		11222	Marie Care Care	The second	er ar marketinaker		4 4	ALCO CHOCK	Surveyor Cr
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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 allewed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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# **G** SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as trumini and accurate as possible. Any wind misrepresentative the control of the insurance companies 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 applications 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 Reported by **Date of Accident Exact Location of Accident** Additional Location Information 24/05/2023 10:24 (SGT) **Actual Driver** 23/05/2023 08:20 (SGT) Toa Payoh, Singapore

SLIP ROAD FROM TOA PAYOH LOR 2 TOWARDS PIE

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SHC4325B** 

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No Yes

Strides Taxi Pte Ltd 1XXXXX369K

AUTO-SVCS-TARC@SMRT.COM.SG (Phone) +65-68662671

**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

Taxi Auto 1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd

D-23100854MFSH

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SYAIROOL HEESYAM BIN SURIP SXXXX262I 12/04/1975 Outdoor



Date Of Driving Pass **Driving experience** 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

29/06/2007 15 YEARS AND 11 MONTHS 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

Collision - Head to Rear

Clear Drv

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

PASSENGER 1

Name Gender UNKNOWN **Female** 

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

I WAS AT THE FILTER LANE OF TOA PAYOH LORONG 2 AND WHILE WAITING FOR THE VEHICLES TO CLEAR SUDDENLY A VEHICLE SLP6116J COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. I HAVE 1 FEMALE PAX. I WAS NOT FEELING WELL AND WILL SEE DOCTOR.

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

Yes

Yes

**FILE TOO BIG** 

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

**SLP6116J** 

Accident report SS3D235O0001

Page 2 of 10

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Declaration

We declare the foregoing particulars are true in every respect

Folicyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)