



## SMRT Accident Vehicle Repair Estimates

SMRT Auton

80 Woodland

FAX Number

Estimator Tel

Accident Rep

Date Genera

User ID

## Section A - Accident Details

Registration Number	SHB5799R
Case Reference Number	TAX/07/23/2025
Registration Date	1/12/20
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	GOH BENG HUAT
Type of Accident	Head to Rear
Accident Date and Time	11/7/23 10:10 AM
Accident Reported Date and Time	11/7/23 12:09 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118841
Special Instruction to ARC, if any	DAMAGE TO THE LEFT REAR & LEFT SIDE OF TAXI
Prepared Date and Time	11/7/23 2:15 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

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's view is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company



Acknowledged by Repairer

Signature:

Date:

## Section B - Summary of Repair Estimates

## Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$1,352.00	\$0.00
Total Spray Cost	\$1,794.00	\$0.00
Total Spare Part Cost	\$5,414.96	\$0.00
Total Other Cost	\$1,310.00	\$0.00
<b>TOTAL COST</b>	<b>\$9,870.96</b>	<b>\$0.00</b>
<b>Lump Sum Total</b>	<b>\$0.00</b>	<b>\$0.00</b>
Number of Repair Days	10.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	11/07/2023 2:36 PM	
Signature		
Remarks		

## Section C - Quotation and Accident Invoice Details

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

Taughtin 7747 5747  
 WP 12/7/23  
 4/5 days  
 05 days  
 Taughtin 01/11/2023  
 Wm

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### Section D - Details of Repair Estimates

**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicabl
TO REPAIR REAR PORTION LH	\$1,352.00	700
<b>Total Labour</b>	<b>\$1,352.00</b>	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicabl
TO RESPRAY REAR BUMPER	\$378.00	200
TO RESPRAY REAR FENDER LH	\$378.00	200
TO RESRAY REAR DOOR LH	\$378.00	200
TO RESPRAY ROCKER PANEL MOULDING	\$220.00	\$100
TO RESPRAY FUEL LID COVER	\$220.00	X
TO RESPRAY RIM	\$220.00	60
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$1,794.00</b>	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicabl
TO WASH AND VACUUM	\$60.00	X
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	X
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$200.00	30
TO DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00	80
TO REMOVE AND REFIT TYRE	\$120.00	30
TO TRANSFER DOOR MECHANISM	\$120.00	X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	30
TO REMOVE AND REFIX UNDERCARRIAGE	\$350.00	X
TO REPLACE SUNDRY PARTS	\$100.00	X
<b>Total Other Costs</b>	<b>\$1,310.00</b>	

**Part 4 - Spare Parts / Material Usage**

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace RY	
		52462-47130	PAD, RR BUMPER, RH & LH, 3	2.00	\$12.00	25.00	\$18.00	Replace X	
		52462-47030	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace X	
		52462-47020	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace X	
		52461-47070	PAD, RR BUMPER, CTR	3.00	\$12.00	25.00	\$27.00	Replace X	
		52191-47030	SEAL, RR BUMPER ARM, RH & LH	2.00	\$12.30	25.00	\$18.45	Replace X	
		52599-68030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace X	
		52576-47060	RETAINER, RR BUMPER, LH	1.00	\$143.60	25.00	\$107.70	Replace ?	
		52592-47080	SEAL, RR BUMPER, LH	1.00	\$128.00	25.00	\$96.00	Replace X	
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace nq	
		52453-47900	GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace X	
		81920-47030	REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$42.20	25.00	\$31.65	Replace Y	
		58399-47030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace X	
		66259-47010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace X	

## 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
		81561-47471	LENS & BODY, REAR COMBINATION LAMP , LH	1.00	\$367.30	10.00	\$330.57	Replace X	
		81456-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1.00	\$282.70	10.00	\$254.43	Replace X	
		67004-47211	PANEL SUB-ASSY, REAR DOOR , LH	1.00	\$1,401.70	25.00	\$1,051.28	Replace Rx	
		75860-47900	MOULDING ASSY, BODY ROCKER PANEL , LH	1.00	\$649.10	25.00	\$486.83	Replace Rx	
		61602-47180	PANEL SUB-ASSY, FENDER REAR LH	1.00	\$943.10	25.00	\$707.33	Replace bcr	
		6556547010	PATCH, SIDE PANEL REAR END , RH & LH	1.00	\$37.70	25.00	\$28.28	Replace X	
		65638-47060	LINER, REAR FENDER , LH	1.00	\$151.10	25.00	\$113.32	Replace X	
		4261147450	WHEEL, DISC	1.00	\$2,036.30	25.00	\$1,527.23	Replace Rx	
			TYRE	1.00	\$126.74	0.00	\$126.74	Replace X	
		7735047050	LID ASSY, FUEL FILLER OPENING	1.00	\$164.10	25.00	\$123.07	Replace X	
			STICKER PETROL ONLY	1.00	\$7.80	0.00	\$7.80	Replace X	
		42450-76020	HUB & BEARING ASSY WITH SPEED SENSOR , REAR AXLE , RH & LH	1.00	\$644.10	10.00	\$579.69	Replace X	
Total					\$8,621.14		\$6,768.70		

[illegible]

## 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	11/07/2023 14:12 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 10:10 (SGT)
Exact Location of Accident	Tampines Ave 7, Singapore
Additional Location Information	TAMPINES AVE 7
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5799R

#### 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-23100854MFSH

#### DRIVER

Name of Driver	GOH BENG HUAT
NRIC No	SXXXX178D
Date Of Birth	06/03/1970
Occupation	Outdoor

Date Of Driving Pass	10/08/2000
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
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	Side Swipe
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)	3
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	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### 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 DRIVING ALONG TAMPINES STREET 45 TURNING INTO TAMPINES AVE 7, AFTER TURNING INTO AVE 7, AND WAS DRIVING STRAIGHT. WHILE PASSING THE ENTRANCE OF THE SLIP ROAD FROM TAMPINES STREET 34, I FELT AN IMPACT AT THE LEFT REAR OF MY TAXI. AFTER WHICH WE STOPPED OUR VEHICLES AT THE SIDE OF THE ROAD AND CHECKED ON THE DAMAGES & EXCHANGED PARTICULARS.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

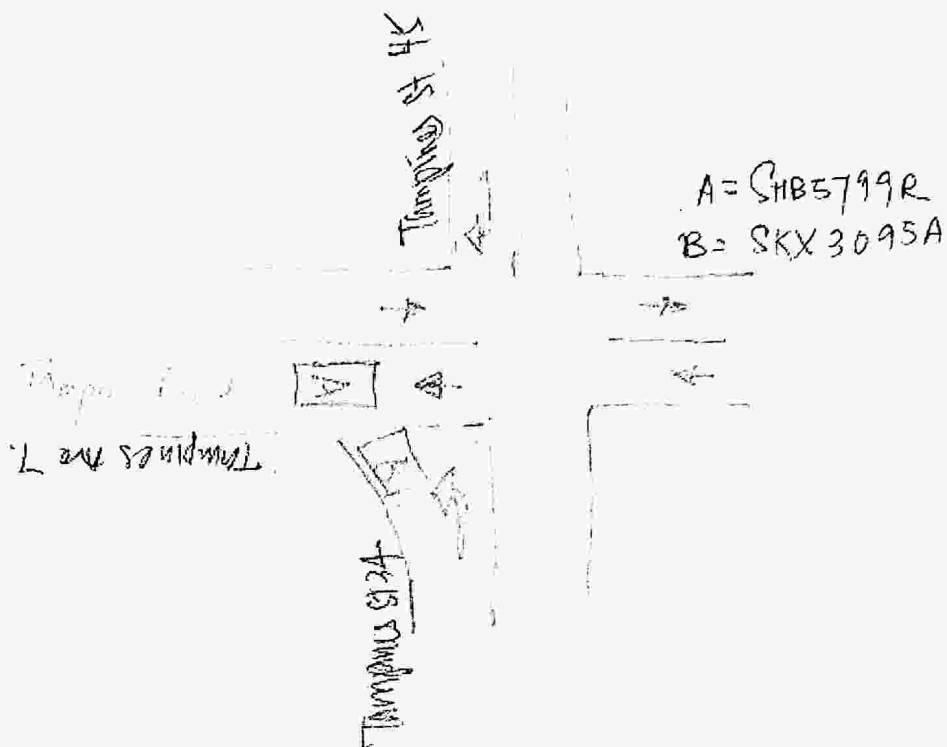
Reasons for not uploading a video of the accident

FILE TOO BIG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX3095A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

Describe Circumstance of the Accident



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time

Zulke

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

Witnessed by Reporting Centre Personnel  
(Name as in NRICID card)



**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

*Signature*

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

*Signature*

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

**Sketch Plan**

Area for sketching the accident scene.