Quotation Number Quotation Date Invoice Amount SHB 989 SHB 6177 FAX Number

Estimator Tel

Accident Rep

Date Genera

User ID

	Section A - Accident De	tails	
Registration Number	SHB1233H		
Case Reference Number	TAX/07/23/2024		
Registration Date	26/12/19		
Company Type	Strides Taxi Pte Ltd		
Make	TOYOTA		
Model	PRIUS4FL		
Name of Driver	TEO SENG YEONG		
Type of Accident	Head to Rear		T)
Accident Date and Time	11/7/23 7:45 AM		
Accident Reported Date and Time	11/7/23 10:42 AM		LIKK Auto Consultants hence notify
s Surveyor Required?	No		the Repairer of the following:
Survey by			To resurvey before/after spray painting
/ehicle is Towed Back?	No		To display damaged part(s) during resurvey Parts prices are subject to confirmation
Towed Back Date and Time			Third party survey is on a "Without Prejudice" basi
Replacement Vehicle issued?	No		No illegal modification(s) is allowed
ob Card Number	24118839		Supplementary item(s) must be resurveyed and
special Instruction to ARC,if any	TP/ REAR RIGHT PORTION	-	is subject to final approvar from Insurance Compa
repared Date and Time	11/7/23 2:01 PM		Acknowledged by Repairer
Chassis Number			Signature:
fileage			Date:
Vork Shop			
Repair Completion Date and Time			
	Section B - Summary of Repair	Estimates	
ummary of Repair Estimates			
<u> </u>	Quotation from ARC	Adjuste	d by Surveyor, if applicable

\$0.00 \$676.00 Total Labour Cost \$0.00 Total Spray Cost \$818.00 \$0.00 Total Spare Part Cost \$1,736.37 \$796.88 \$0.00 Total Other Cost \$0.00 TOTAL COST \$4,027.25 \$0.00 Lump Sum Total \$4,050.00 Number of Repair Days 6.0 Prepared / Adjusted By **Boon Chew Tay** ARC / Surveyor Sign Off Date 11/07/2023 2:13 PM Signature × Remarks

Tarfhi 97-975749 W/ 12/7/23 2 6045 2 clays 1/5 Novey off nogol

Section C - Quotation and Accident Invoice Details					
	Invoice Number				
	Invoice Date				
	Prepared Date				

Date Genera

User ID

Part 1 - Labo	ur Works								
Job Scope					from AR	Adjusted by Surveyor, if applica			
TO REPAIR REAR PORTION RH				\$676.00				200	
Total Labour				\$676.00				1 2 -	
Part 2 - Spra	y Painting & I	Panel Beating R	elated Works			-		200	
Joh Scope					from ARC	Adjusted by Surveyor, if applica			
TO RESPRAY	BUMPER BEA	M		\$220.00				× nn	
O RESPRAY	REAR BUMPE	R		\$378.00				200	
O RESPRAY	REAR PANEL	AND THE PERSON NAMED IN		\$220.00		-	-	X nn	
otal Spray P	ainting & Pane	Beating "	- in Raid	\$818.00	7,			200	
art 3 - Othe	r Costs - Acci	dent and Accide	ent Repair Related Exper	ise				200	
ob Scope	1.	WINT.	* Middle x	Quotation 1	rom ARC			Adjusted by Surveyo	r, if applica
O WASH AND	F		Leaving 1	\$60.00				× nn	
		TEM FUNCTION	: : : : : : : : : : : : : : : : : : :	\$120.00		-		× nn × nn	
		ON AFFECTED A	REA	\$100.00				× nn	
		SE SENSOR SYS		\$120.00				70	
O PROVIDE L NET)	ABOUR & MAT	ERIAL FOR ADVE	ERTISEMENT STICKER	\$296.88				ner/	
TO BEDI ACE BUILDING PARTS						X nn			
otal Other Co	sts		181°.	\$100.00 \$796.88		326.88			
art 4 - Spare	Parts / Mater	ial Usage		<u> </u>				320.00	
art Number	Portion	Stock Numbe	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor A
		52023-47030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace #7Xnn	
		52159-47927	COVER, RR BUMPER ASSY	1.00	\$525.40	25.00	\$394.05	Replace Jo	
		52462-47130	PAD, RR BUMPER, RH &	2.00	\$12.00	25.00	\$18.00	Replace NC	-
		52462-47030	PAD, RR BUMPER, RH & LH , 2	2.00	\$4.30	25.00	\$6.45	Replace NU	
		52462-47020	PAD, RR BUMPER, RH &	2.00	\$4.30	25.00	\$6.45	Replace 400	
		52461-47070		3.00	\$12.00	25.00	\$27.00	74	
		52191-47030	SEAL, RR BUMPER	2.00	\$12.30	25.00	\$18.45	Replace WU	
		52599-68030	ARM, RH & LH STOPPER, RR BUMPER,	1.00	\$4.80			Replace nnX	
		52575-47060	RH & LH RETAINER, RR			25.00	\$3.60	Replace nn 🗡	
		1	BUMPER, RH	1.00	\$143.60	25.00	\$107.70	Replace nn: X	
		52591-47080		1.00	\$128.00	25.00	\$96.00	Replacenn X	
		52161-16010	BUMPER	10.00	\$4.80	25.00	\$36.00	Replace / C	
		52453-47900	GUARD, RR BUMPER, LOWER	1.00	\$405.00	25.00	\$303.75	Replace do	
		52169-47070	COVER, GUARD RR BUMPER LOWER	1.00	\$23.90	25.00	\$17.92	5 1	
		81910-47030	DEAD BUILDED	1.00	\$42,20	25.00	\$31.65	Replace Xnn	
		58398-47050		1.00	\$189.20	25.00	\$141.90		
		66259-47010	Carlo	1.00	\$249.10	25.00	\$186.83	× 1111	
		24455 45000	Francisco No. 1 of 112 Control Control Control					Replace nn	
		81457-47020	LENS & BODY, REAR COMBINATION LAMP,	1.00	\$282.70	10.00	\$254.43	Replace X nn	



SMRT Accident Vehicle Repair Estimates

SMRT Auton 60 Woodland

FAX Number

Estimator Tel

Accident Rep

Date Genera

User ID

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace \ ni	1
		89997-30100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace X NI	
			END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace X nn	
Fotal					\$3,368.80		\$2,700.79		

Added Spare Parts / Material Usage After Surveyor Signed off

art Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Ch
otal									

1055.40 25%-791.55

200 200 326.88 791.55 1518.43 I/s\$1200 3 days

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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 WILLIAM

Date of Submission 11/07/2023 14:46 (SGT)

Reported by Actual Driver

Date of Accident 11/07/2023 07:45 (SGT) **Exact Location of Accident**

Seletar North Link, Singapore Additional Location Information SELETAR NORTH LINK TOWARDS ST AEROSPACE

ENGINEERING

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB1233H

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner Strides Taxi Pte Ltd Company Reg No 1XXXXXX369K

Email Address AUTO-SVCS-TARC@SMRT.COM.SG

Mobile Phone No (Phone) +65-6866267

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?

Vehicle Category

Taxi Transmission Auto

CC

INSURANCE COMPANY

Name of Insurance Company

MS First Capital Insurance Ltd Policy Number / Cover Note Number

D-23100854MFSH

DRIVER

Name of Driver NRIC No Date Of Birth

TEO SENG YEONG SXXXX490C 07/09/1963

No - Claiming third party

1800

