



## 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	07/07/2023 13:31 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 07:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BUKIT TIMAH ROAD TOWARDS KK HOSPITAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5718A
-----------------------------	----------

#### 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	KELVIN LIONG KIN CHUNG
NRIC No	SXXXX417C
Date Of Birth	09/12/1973
Occupation	Outdoor



Date Of Driving Pass	01/03/2002
Driving experience	21 YEARS AND 4 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	Hirer
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	Male

#### 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

WHILE I WAS DRIVING STRAIGHT ALONG BUKIT TIMAH ROAD TOWARDS KKH HOSPITAL A VEHICLE GBF1393D CUT IN AND COLLIDED ONTO MY VEHICLE. I HAVE 2 PAX MOTHER AND SON.

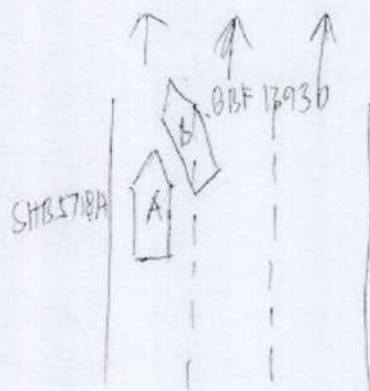
#### ATTACHMENT(S)

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	GBF1393D
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)	-

Describe Circumstance of the Accident



Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD 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 insurers) 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 making 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

accs2022

31

# SMRT Accident Vehicle Repair Estimates


SMRT Auton  
60 Woodland  
FAX Number  
Estimator Tel  
Accident Rep

Date Genera

User ID

ADV - R1

Section A - Accident Details	
Registration Number	SHB5718A
Case Reference Number	TAX/07/23/2014
Registration Date	1/12/20
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	KELVIN LIONG KIN CHUNG (KELVIN LIANG JIANCONG)
Type of Accident	Head To Side
Accident Date and Time	6/7/23 7:30 AM
Accident Reported Date and Time	6/7/23 12:01 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118862
Special Instruction to ARC, if any	front right portion damaged/ right side mirror damaged ( pls chk)
Prepared Date and Time	14/7/23 1:01 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	\$7,141.51	\$0.00
Total Other Cost	\$1,114.44	\$0.00
<b>TOTAL COST</b>	<b>\$10,516.95</b>	<b>\$0.00</b>
<b>Lump Sum Total</b>	<b>\$10,500.00</b>	<b>\$0.00</b>
Number of Repair Days	6.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	14/07/2023 1:13 PM	
Signature		<input checked="" type="checkbox"/> Resue - Up 80010068 5 days / L/S 14/07/23 Resue after repair
Remarks		

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



## SMRT Accident Vehicle Repair Estimates

SMRT Auton  
60 Woodland  
FAX Number  
Estimator Tel  
Accident Rep

Date Genera

User ID

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicabl
TO REPAIR FRONT RH PORTION	\$845.00	<del>750</del> 400
<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 applicabl
TO RESPRAY FRONT BUMPER	\$378.00	200
TO RESPRAY FRONT FENDER RH	\$378.00	200
TO RESPRAY VIEW MIRROR	\$220.00	750
RESPRAY WHEEL CAP	\$220.00	X n
TO RESPRAY RIM	\$220.00	X n 450
<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 applicabl
TO WASH AND VACUUM	\$56.00	X n
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	X n
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	40
TO DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00	60
TO REMOVE AND REFIT TYRE	\$120.00	X n
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER (NET)	\$148.44	148.44
TO REMOVE AND REFIX UNDERCARRIAGE	\$350.00	X n
TO REPLACE SUNDRY PARTS	\$100.00	X n
<b>Total Other Costs</b>	<b>\$1,114.44</b>	248.44

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

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Ap
		52119-47980	COVER, FR BUMPER	1.00	\$565.80	25.00	\$424.20	Replace	sc
		52115-47050	SUPPORT, FR BUMPER RH	1.00	\$86.20	25.00	\$64.65	Replace	X n
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	ne
		52712-47040	MOULDING, FRONT BUMPER SIDE, RH	1.00	\$103.70	25.00	\$77.78	Replace	X n
		81145-47890	UNIT, HEADLAMP, RH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	X n
		53801-47080	FENDER SUB-ASSY, FR, RH	1.00	\$1,060.70	25.00	\$795.53	Replace	bl
		75374-47140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	ne
		53875-47120	LINER, FR FENDER, RH	1.00	\$219.10	25.00	\$164.33	Replace	X n
		53857-12010	RETAINER, FR WHEEL RH	1.00	\$3.50	25.00	\$2.63	Replace	X n
		53827-47050	PROTECTOR, FR FENDER RH	1.00	\$101.80	25.00	\$76.35	Replace	X n
		53851-47061	PAD, FR WHEEL RH	1.00	\$65.00	25.00	\$48.75	Replace	X n
		42611-47450	WHEEL, DISC FRONT	1.00	\$2,036.30	25.00	\$1,527.23	Replace	X n
		42602-47251	CAP SUB-ASSY, WHEEL	1.00	\$229.00	25.00	\$171.75	Replace	se
			TYRE	1.00	\$126.74	0.00	\$126.74	Replace	X n
		43550-47020	HUB & BEARING ASSY, RH & LH	1.00	\$722.10	25.00	\$541.58	Replace	X n
		45046-49255	END SET, TIE ROD, RH	1.00	\$202.30	25.00	\$151.73	Replace	X n
		48068-47060	LOWER ARM SUB-ASSY, FRONT RH	1.00	\$823.20	25.00	\$617.40	Replace	X n



## 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
		87910-47450	MIRROR ASSY, OUTER REAR VIEW, RH	1.00	\$1,556.00	10.00	\$1,400.40	Replace	X n n
		87915-47070-A1	COVER, OUTER MIRROR, RH	1.00	\$117.80	25.00	\$88.35	Replace	Repair
Total					\$10,935.34		\$8,926.89		

### 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 Ch
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:

**STRIDES Accident Vehicle Repair Estimates**

STRIDES Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63655562
Estimator Telephone Number : 65662623
Accident Reporting Number : 68662672



Date Generated : 01/08/2023

User ID : PohSuan

**Section A - Accident Details**

Registration Number	SHB5718A
Case Reference Number	TAX/07/23/2014
Registration Date	1/Dec/2020
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	KELVIN LIONG KIN CHUNG (KELVIN LIANG JIANCONG)
Type of Accident	Head To Side
Accident Date and Time	6/Jul/2023 7:30 AM
Accident Reported Date and Time	6/Jul/2023 12:01 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118862
Special Instruction to ARC, if any	front right portion damaged/ right side mirror damaged ( pls chk)
Prepared Date and Time	14/Jul/2023 1:01 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	\$400.00
Total Spray Cost	\$1,416.00	\$450.00
Total Spare Part Cost	\$8,926.89	\$1,471.81
Total Other Cost	\$1,114.44	(\$271.81)
<b>TOTAL COST</b>	<b>\$12,302.33</b>	<b>\$2,050.00</b>
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	6.0	5.0
Prepared / Adjusted By	Boon Chew Tay	Rasul (LKK)
ARC / Surveyor Sign Off Date	17/07/2023 8:43 AM	14/07/2023 5:32 PM
Signature		
Remarks	LUMPSUM REPAIR / AFTER PAINT PHOTO , FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR Rasul (LKK) / HP : 9001 0068 & Email : mrasulmyunus@gmail.com	



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

Quotation Number	QN-2307-0274	Invoice Number	
Quotation Date	26.07.2023	Invoice Date	
Invoice Amount		Prepared Date	

**Section D - Details of Repair Estimates**
**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR FRONT RH PORTION	\$845.00	\$400.00
<b>Total Labour</b>	<b>\$845.00</b>	<b>\$400.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT BUMPER	\$378.00	\$200.00
TO RESPRAY FRONT FENDER RH	\$378.00	\$200.00
TO RESPRAY VIEW MIRROR	\$220.00	\$50.00
RESPRAY WHEEL CAP	\$220.00	\$0.00
TO RESPRAY RIM	\$220.00	\$0.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$1,416.00</b>	<b>\$450.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Lump Sum Adjustment by Surveyor	\$0.00	(\$520.25)
TO WASH AND VACUUM	\$56.00	\$0.00
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	\$0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$40.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00	\$60.00
TO REMOVE AND REFIT TYRE	\$120.00	\$0.00
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	\$148.44	\$148.44
TO REMOVE AND REFIX UNDERCARRIAGE	\$350.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
<b>Total Other Costs</b>	<b>\$1,114.44</b>	<b>(\$271.81)</b>

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

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved	
		53801-47080	FENDER SUB-ASSY, FR, RH	1.00	\$1,060.70	25.00	\$795.53	Replace	Replace	✓
		53875-47120	LINER, FR FENDER, RH	0.00	\$219.10	0.00	\$0.00	Replace	Not Given	X
		53857-12010	RETAINER, FR WHEEL RH	0.00	\$3.50	0.00	\$0.00	Replace	Not Given	X
		53827-47050	PROTECTOR, FR FENDER RH	0.00	\$101.80	0.00	\$0.00	Replace	Not Given	X
		53851-47061	PAD, FR WHEEL RH	0.00	\$65.00	0.00	\$0.00	Replace	Not Given	X
		42611-47450	WHEEL, DISC FRONT	0.00	\$2,036.30	0.00	\$0.00	Replace	Not Given	X
		42602-47251	CAP SUB-ASSY, WHEEL	1.00	\$229.00	25.00	\$171.75	Replace	Replace	✓

**STRIDES Accident Vehicle Repair Estimates**

STRIDES Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685502
Estimator Telephone Number : 69662623
Accident Reporting Number : 68662672

Date Generated : 01/08/2023

User ID : PohSuan

			TYRE	0.00	\$126.74	0.00	\$0.00	Replace	Not Given	X
		43550-47020	HUB & BEARING ASSY, RH & LH	0.00	\$722.10	0.00	\$0.00	Replace	Not Given	X
		45046-49255	END SET, TIE ROD, RH	0.00	\$202.30	0.00	\$0.00	Replace	Not Given	X
		48068-47060	LOWER ARM SUB-ASSY, FRONT RH	0.00	\$823.20	0.00	\$0.00	Replace	Not Given	X
		87910-47450	MIRROR ASSY, OUTER REAR VIEW, RH	0.00	\$1,556.00	0.00	\$0.00	Replace	Not Given	X
		87915-47070-A1	COVER, OUTER MIRROR, RH	1.00	\$117.80	100.00	\$0.00	Replace	Repair	R
		75374-47140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	Replace	✓
		81145-47890	UNIT, HEADLAMP, RH	0.00	\$2,852.40	0.00	\$0.00	Replace	Not Given	X
		52712-47040	MOULDING, FRONT BUMPER SIDE, RH	0.00	\$103.70	0.00	\$0.00	Replace	Not Given	X
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	Replace	✓
		52115-47050	SUPPORT, FR BUMPER RH	0.00	\$86.20	0.00	\$0.00	Replace	Check	X
		52119-47980	COVER, FR BUMPER	1.00	\$565.60	25.00	\$424.20	Replace	Replace	✓
Total					\$10,935.34		\$1,471.81			

**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									

	1,471.81	
+	400.00	L/S \$2,050/-
+	698.44	
	2,570.25	
	-20%	
	2,056.20	