

SMRT Accident Vehicle Repair Estimates

SMRT Aut
60 Woodla
FAX Numt
Estimator
Accident R

Date Gene

User ID

Section A - Accident Details

Registration Number	SHD6403R
Case Reference Number	TAX/07/23/2061
Registration Date	28/11/17
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	LIEW WOON KHIN
Type of Accident	Head to Rear
Accident Date and Time	21/7/23 1:00 PM
Accident Reported Date and Time	21/7/23 3:25 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118940
Special Instruction to ARC, if any	TP/REAR PORTION
Prepared Date and Time	24/7/23 1:02 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 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:

Section B - Summary of Repair Estimates
Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$676.00	\$0.00
Total Spray Cost	\$1,038.00	\$0.00
Total Spare Part Cost	\$2,215.09	\$0.00
Total Other Cost	\$796.88	\$0.00
TOTAL COST	\$4,725.97	\$0.00
Lump Sum Total	\$4,750.00	\$0.00
Number of Repair Days	6.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	24/07/2023 1:14 PM	
Signature		
Remarks		

Tay Tay
9749549
WP 24/7/23
C345
4/5 Repair
after repair.
3 days

Section C - Quotation and Accident Invoice Details

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

SMRT Accident Vehicle Repair Estimates

60 Woodla

FAX Numt

Estimator

Accident R

Date Gene

User ID

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applic
TO REPAIR REAR PORTION	\$676.00	200
Total Labour	\$676.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applic
TO RESPRAY REAR BUMPER	\$378.00	200
TO RESPRAY FILLER RR BUMPER LH	\$220.00	60
TO RESPRAY REAR PANEL	\$220.00	X
TO RESPRAY BUMPER BEAM	\$220.00	X
Total Spray Painting & Panel Beating	\$1,038.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applic
TO WASH AND VACUUM	\$60.00	X
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00	X
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	30
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER (NET)	\$296.88	44
TO REPLACE SUNDRY PARTS	\$100.00	X
Total Other Costs	\$796.88	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor
		5246247020	PAD, RR BUMPER, RH & LH, 2	2.00	\$4.30	25.00	\$6.45	Replace	ne
		5246247030	PAD, RR BUMPER, RH & LH, 1	2.00	\$4.30	25.00	\$6.45	Replace	ne
		5202347030	REAR BUMPER REINFORCEMENT	1.00	\$360.10	25.00	\$270.08	Replace	?
		5215947913	COVER, RR BUMPER ASSY	1.00	\$478.90	25.00	\$359.17	Replace	de
		5830747090	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace	XR.
		6625947010	COVER, REAR FLOOR UNDER CENTER	1.00	\$249.10	25.00	\$186.83	Replace	?
		5839947030	COVER, REAR FLOOR UNDER, LH	1.00	\$261.60	25.00	\$196.20	Replace	?
		8159147010	LENS & BODY ASSY, RR BUMPER, LH	1.00	\$544.40	10.00	\$489.96	Replace	X
		9018906029	REAR BUMPER GROMMET SCREW	1.00	\$2.20	25.00	\$1.65	Replace	ne
		8999730100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace	X
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	?
		5216947020	COVER, GUARD RR BUMPER LOWER	1.00	\$16.70	25.00	\$12.52	Replace	d
		5256647900	FILLER, RR BUMPER, LH	1.00	\$168.60	25.00	\$126.45	Replace	?
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$623.50	25.00	\$467.63	Replace	?
		5216116010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	ne
		5259247040	SEAL, RR BUMPER, LH	1.00	\$95.50	25.00	\$71.63	Replace	X
		5259147050	SEAL, RR BUMPER, RH	1.00	\$95.50	25.00	\$71.63	Replace	X
		5257647040	RETAINER, RR BUMPER, LH	1.00	\$127.40	25.00	\$95.55	Replace	X

SMRT Accident Vehicle Repair Estimates

SMRT Aut
60 Woodla
FAX Numt
Estimator
Accident R

Date Gene

User ID

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor
		5257547040	RETAINER, RR BUMPER, RH	1.00	\$127.40	25.00	\$95.55	Replace X	
		5259968030	STOPPER, RR BUMPER, RH & LH	1.00	\$4.80	25.00	\$3.60	Replace X	
		5219147030	SEAL, RR BUMPER ARM, RH & LH	1.00	\$12.30	25.00	\$9.23	Replace X	
		5246147010	PAD, RR BUMPER, CTR	3.00	\$2.50	25.00	\$5.63	Replace wgy	
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$4.30	25.00	\$6.45	Replace wgy	
Total					\$4,153.30		\$3,299.19		

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
Total									

* 7608547916 SPOILER SUB-ASSY, REAR
\$1704.2 25% \$1278.15 Replace RY
* TO RESPRAY REAR SPOILER \$180.00 \$100

0
00
00
1011

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	22/07/2023 11:07 (SGT)
Reported by	Actual Driver
Date of Accident	21/07/2023 13:00 (SGT)
Exact Location of Accident	Choa Chu Kang Way, Singapore
Additional Location Information	CHOA CHU KANG WAY TOWARDS KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6403R
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	LIEW WOON KHIN
NRIC No	SXXXX359A
Date Of Birth	07/07/1962
Occupation	Outdoor

Date Of Driving Pass	11/01/1989
Driving experience	34 YEARS AND 6 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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20230721/2050

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YM5995G
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)	-

INJURED PERSONS DETAILS**INJURED 1**

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6403R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 of 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

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

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

Sketch Plan

Choa Chu Kang Way

A-SHP6403R
B-YM5995G

v1.0 2022

Describe Circumstance of the Accident

(This area contains horizontal lines for describing the accident circumstances. No text is present in this section.)

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 NRIC/ID card)

vJun2022



**SINGAPORE
POLICE FORCE**



T/20230721/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No: T/20230721/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 14:36	Vide Report No.:	Station Diary No.: 66
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIEW WOON KHIN			Address: APT BLK 684B CHOA CHU KANG CRESCENT #13-330 SINGAPORE 682684		
ID Type / ID No.: NRIC NO / S1556359A			Contact No.: Home/Office: Mobile: 88911635		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 07/07/1962	Type of informant: Driver		
Race: Chinese			Language:		
Occupation: Taxi driver			Driving Licence Information: Class: 3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2023 13:00	Type of Location: Straight Road
Location: CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6403R	Car				Slightly Damaged	2
YM5995G	Lorry				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20230721/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20230721/2050

CONTINUATION OF REPORT

Brief Details.

On the 21/07/2023 at around 1305hrs I pick up 2 passengers from Limbang Shopping Centre on my company Strides's taxi (SHD6403R). I was traveling along Choa Chu kang way heading towards KJE to deliver my passengers to their destination. While on Choa Chu kang Way I stop my vehicle in front of a red traffic light. All the sudden, I felt an impact from the rear of my taxi. I alighted and made a check and discovered that a lorry with plate number YM5595G had collided with the rear of my taxi.

Subsequently, I made a check on both of my passengers and one of my passengers and informed me that she felt some pain in her neck thus, she will be heading down to see a personal doctor. The damage on my taxi are some dent and scratches on the rear bumper. There were no visible damage on the lorry.

I tried to exchange particular with the lorry driver, but he refuses and informed me that he would be lodging police report regarding this matter too.

No police or ambulance had attended to the incident.

My passenger had informed Grab of the incident and received a ticker number (#45189256)