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SMRT Accident Vehicle Repair Estimates

FAX Num  
Estimator  
Accident R  
Date Gene  
User ID

ADV LHR4

Section A - Accident Details	
Registration Number	SHB1233H
Case Reference Number	TAX/07/23/2074
Registration Date	26/12/19
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	BOBBY TEO KUAN HENG
Type of Accident	Head to Rear
Accident Date and Time	27/7/23 11:35 PM
Accident Reported Date and Time	28/7/23 11:34 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24118987
Special Instruction to ARC, if any	HTR CASE - PLS BUMPER AND AREAS AROUND BUMPER . TP
Prepared Date and Time	28/7/23 1:26 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	\$1,014.00	\$0.00
Total Spray Cost	\$1,856.00	\$0.00
Total Spare Part Cost	\$6,875.75	\$0.00
Total Other Cost	\$896.88	\$0.00
<b>TOTAL COST</b>	<b>\$10,642.63</b>	<b>\$0.00</b>
<b>Lump Sum Total</b>	<b>\$10,650.00</b>	<b>\$0.00</b>
Number of Repair Days	7.0	3 days
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	28/07/2023 1:42 PM	
Signature		
Remarks		

LKK Auto Consultants hereby 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 C - Quotation and Accident Invoice Details			
Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

**SMRT Accident Vehicle Repair Estimates**

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**Section D - Details of Repair Estimates**

**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applic
TO REPAIR REAR PORTION	\$1,014.00 <i>2001</i>	
<b>Total Labour</b>	<b>\$1,014.00</b>	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applic
TO RESPRAY BUMPER BEAM	\$220.00 <i>?</i>	
TO RESPRAY REAR BUMPER	\$378.00 <i>2001</i>	
TO RESPRAY REAR PANEL	\$220.00 <i>?</i>	
TO RESPRAY TAIL GATE	\$378.00 <i>X</i>	
TO RESPRAY TAILGATE OUTSIDE GARNISH	\$220.00 <i>X</i>	
TO RESPRAY REAR SPOILER	\$220.00 <i>X</i>	
TO RESPRAY REAR SPARE TYRE PANEL	\$220.00 <i>X</i>	
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$1,856.00</b>	

**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 <i>X</i>	
TO CHECK WIRING AND SYSTEM FUNCTION	\$120.00 <i>201</i>	
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$200.00 <i>X</i>	
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER (NET)	\$296.88 <i>✓</i>	
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00 <i>301</i>	
TO REPLACE SUNDRY PARTS	\$100.00 <i>X</i>	
<b>Total Other Costs</b>	<b>\$896.88</b>	

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

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor
		81456-47020	LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1.00	\$282.70	10.00	\$254.43	Replace <i>su</i>	<i>X</i>
		81580-47070	LAMP ASSY, REAR, RH	1.00	\$317.80	10.00	\$286.02	Replace <i>su</i>	<i>X</i>
		81590-47070	LAMP ASSY, REAR, LH	1.00	\$317.80	10.00	\$286.02	Replace <i>su</i>	<i>X</i>
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace <i>su</i>	<i>✓</i>
		89997-30100	ANTENNA, ELECTRICAL KEY	1.00	\$78.00	10.00	\$70.20	Replace	<i>?</i>
		58307-47100	END PANEL SUB-ASSY, BODY LOWER BACK	1.00	\$707.10	25.00	\$530.33	Replace <i>su</i>	<i>X</i>
		58311-47130	SPARE TYRE PANEL, PAN, REAR FLOOR	1.00	\$630.30	25.00	\$472.72	Replace <i>su</i>	<i>X</i>
			SEALANT SIKAFLEX	1.00	\$37.00	0.00	\$37.00	Replace <i>su</i>	<i>X</i>
		67005-47530	TAIL GATE PANEL SUB-ASSY, BACK DOOR	1.00	\$1,238.40	25.00	\$928.80	Replace <i>su</i>	<i>X</i>
		67881-47051	TAIL GATE WEATHERSTRIP, BACK DOOR	1.00	\$402.50	25.00	\$301.88	Replace <i>su</i>	<i>X</i>
		76801-47170-A1	TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$992.30	25.00	\$744.22	Replace <i>su</i>	<i>X</i>
		75441-47220	NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace <i>su</i>	<i>X</i>
		75442-47200	NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1.00	\$59.10	25.00	\$44.33	Replace <i>su</i>	<i>X</i>
		76085-47916	SPOILER SUB-ASSY, REAR	1.00	\$1,704.20	25.00	\$1,278.15	Replace <i>su</i>	<i>X</i>



# 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 First Submission	28/07/2023 14:31 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2023 23:35 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	YISHUN AVE 2 / YISHUN RING ROAD TOWARDS CTE
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	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	BOBBY TEO KUAN HENG
NRIC No	SXXXX365J
Date Of Birth	13/11/1974
Occupation	Outdoor

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

**B. 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.

*[Signature]* 28/7/23

Policyholder's Signature / Date & Time

*[Signature]* 28/7/23

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

*[Signature]* 28/7/2023

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

**Sketch Plan**

