

INC

20/9 Dec.

Veh No: SHB 53628 Yr Regn: 20/9 Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Taxi~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798

Colour *M. 0.0007* A/G: Insured / Std / NI / NA

Sp. Reading 246225 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDK B3F4 703 088 946.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder/ Jammed / Leaked / Burnt or

Brake: Inorder/ Jammed / Leaked / Burnt or

Modl: NIT / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 7 7

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO/YOKO of *39/60*

Front Rear

R/Bal.	min	R/Bal.	min
1	10	1	10
2	10	2	10
3	10	3	10
4	10	4	10
5	10	5	10
6	10	6	10
7	10	7	10
8	10	8	10
9	10	9	10
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99	10	99	10
100	10	100	10

L/Bal. (mm L/Bal. (mm

D.O.A. D.O.I. 3/7/23

Survey held at SURKET WL

Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop or

ref. Grant:

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]

☐: Prell. Report

i) : Final Report

Date/Time, File Return to?

2)

Report Format :

Lamp Sun / L.B.H. (7)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ : Interview (\$

Tech. Invs (\$)

Weekend (\$

Survey Fee:

Transportation:

$$S + RS \rightarrow SI$$

Photos

Others

31

1	TOTAL	100
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[illegible]

SMRT Accident Vehicle Repair Estimates

Income

43

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Estimator
Accident R

Date Gene
User ID

Section A - Accident Details

Registration Number	SHB5362S
Case Reference Number	TAX/07/23/2073
Registration Date	17/12/19
Company Type	Strides Taxi Pte Ltd
Make	TOYOTA
Model	PRIUS4FL
Name of Driver	LEE CHIH WEN (LI JIWEN)
Type of Accident	Side Swipe
Accident Date and Time	27/7/23 10:30 AM
Accident Reported Date and Time	27/7/23 11:58 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24119000
Special Instruction to ARC, if any	RIGHT FRONT
Prepared Date and Time	31/7/23 10:34 AM
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	\$845.00	\$0.00
Total Spray Cost	\$1,416.00	\$0.00
Total Spare Part Cost	\$6,843.73	\$0.00
Total Other Cost	\$620.00	\$0.00
TOTAL COST	\$9,724.73	\$0.00
Lump Sum Total	\$9,700.00	\$0.00
Number of Repair Days	7.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	31/07/2023 10:47 AM	
Signature		
Remarks		Tanpin 97495749 WP 31/7/23 2pm Tanpin P / Manpower

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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 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 applica
TO REPAIR FRONT RH PORTION	\$845.00	300
Total Labour	\$845.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applica
TO RESPRAY FRONT BUMPER	\$378.00	200
TO RESPRAY FRONT FENDER RH	\$378.00	200
TO RESPRAY ROCKER PANEL MOULDING	\$220.00	X
TO RESPRAY VIEW MIRROR	\$220.00	60
TO RESPRAY RIM	\$220.00	80
Total Spray Painting & Panel Beating	\$1,416.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applica
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	30
TO DO WHEEL ALIGNMENT / TYRE BALANCING	\$120.00	80
TO REMOVE AND REFIT TYRE	\$120.00	X
TO REPLACE SUNDRY PARTS	\$100.00	X
Total Other Costs	\$620.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor
		52119-47980	COVER, FR BUMPER	1.00	\$565.60	25.00	\$424.20	Replace	
		52115-47050	SUPPORT, FR BUMPER RH	1.00	\$86.20	25.00	\$64.65	Replace	Rp
		52161-16010	CLIPS PIECE, FRT & RR BUMPER	10.00	\$4.80	25.00	\$36.00	Replace	X
		52712-47040	MOULDING, FRONT BUMPER SIDE, RH	1.00	\$103.70	25.00	\$77.78	Replace	X
		81145-47890	UNIT, HEADLAMP, RH	1.00	\$2,852.40	10.00	\$2,567.16	Replace	X
		53801-47080	FENDER SUB-ASSY, FR, RH	1.00	\$1,060.70	25.00	\$795.53	Replace	X
		75374-47140	EMBLEM, SIDE PANEL (HYBRID)	1.00	\$59.10	25.00	\$44.33	Replace	BA
		53875-47120	LINER, FR FENDER, RH	1.00	\$219.10	25.00	\$164.33	Replace	re
		53857-12010	RETAINER, FR WHEEL RH	1.00	\$3.50	25.00	\$2.63	Replace	X
		53827-47050	PROTECTOR, FR FENDER RH	1.00	\$101.80	25.00	\$76.35	Replace	X
		42611-47450	WHEEL, DISC FRONT	1.00	\$2,036.30	25.00	\$1,527.23	Replace	X
			TYRE	1.00	\$126.74	0.00	\$126.74	Replace	Rp
		43550-47020	HUB & BEARING ASSY, RH & LH	1.00	\$722.10	25.00	\$541.58	Replace	X
		48068-47060	LOWER ARM SUB-ASSY, FRONT RH	1.00	\$823.20	25.00	\$617.40	Replace	X
		87910-47450	MIRROR ASSY, OUTER REAR VIEW, RH	1.00	\$1,556.00	10.00	\$1,400.40	Replace	X
		87915-47070-A1	COVER, OUTER MIRROR, RH	1.00	\$117.80	25.00	\$88.35	Replace	X
		75850-47910	MOULDING ASSY, BODY ROCKER PANEL, RH	1.00	\$649.10	25.00	\$486.83	Replace	Rp
Total					\$11,088.14		\$9,041.49		Rp



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	27/07/2023 13:05 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2023 10:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE BEFORE TAMPINES AVE 7 EXIT TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5362S
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	LEE CHIH WEN
NRIC No	SXXXX374B
Date Of Birth	24/09/1976
Occupation	Outdoor



Date Of Driving Pass	23/10/1999
Driving experience	23 YEARS AND 9 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)	2
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	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

ON 27/7/23 AT ABOUT 1030HRS. I WAS TRAVELLING ALONG TPE WITH A PASSENGER. SUDDENLY A VAN (PD3133U) CUT INTO MY LANE AND HIT ONTO RIGHT FRONT PORTION OF MY TAXI.

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

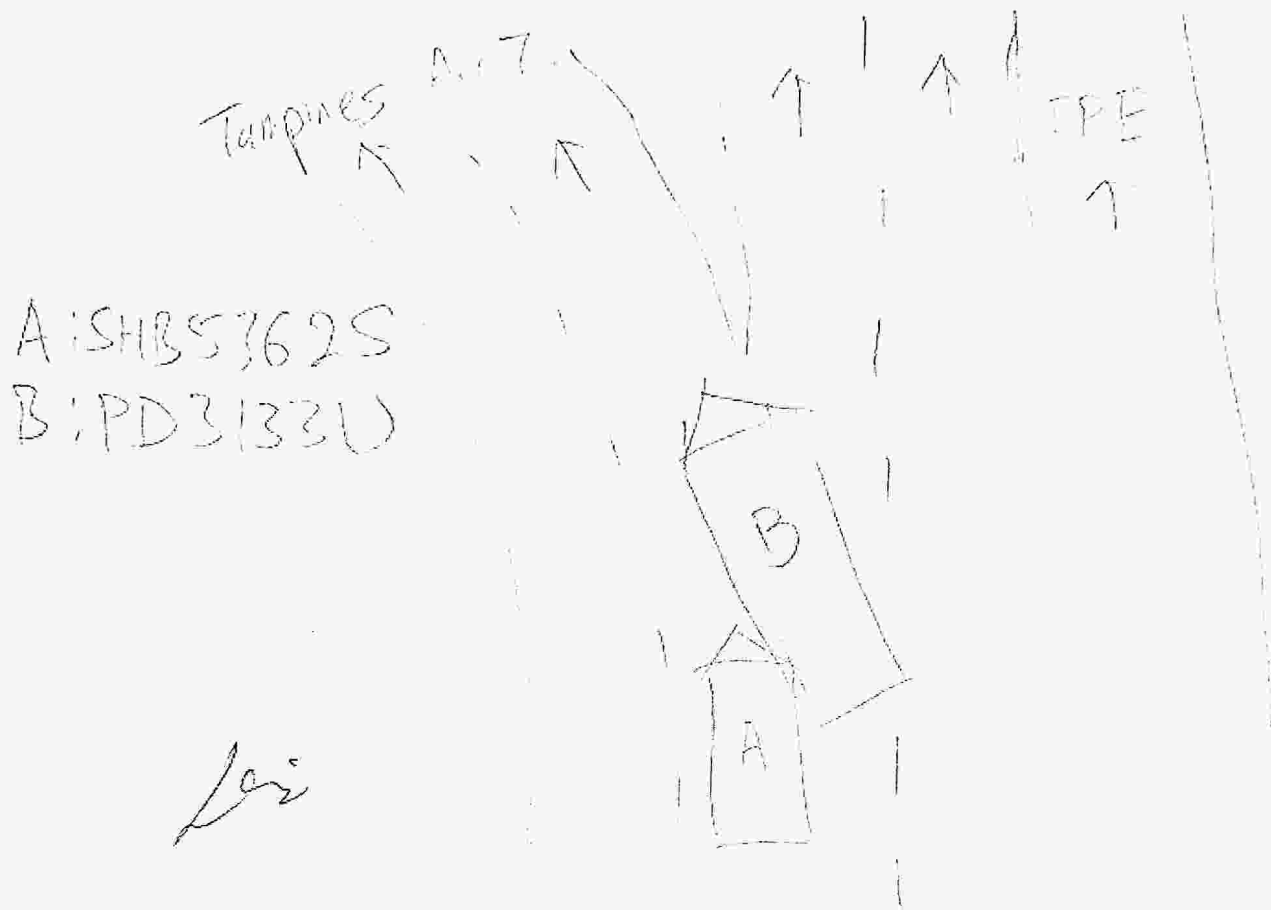
DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	PD3133U
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)	-

SKETCH PLAN

Describe Circumstance of the Accident



Declaration

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



Policyholder's Signature / Date & Time

Lor

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

A

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID 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 willful 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.
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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