

Surveyor *P. Rame*

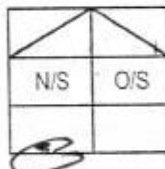
REF: NS/NCI 70 20027 / RTH22

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SLQ 3128P  
 Policy No. 5092481970 10-07-17 - 300918  
 Claims No. MT/0970438-001  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHB 5851Y Yr Regn: 2016 / Jan  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /  
 - Truck / Trailer or  
 Make: TOYOTA PRUUS C.C. 1798  
 Colour: MARON A/C: Insured / Std / NI / NA  
 Sp. Reading: 309921 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTDKN364 905766897  
 Gen. Cond: Good / ☒ Fair / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / ☒ S/Rim / STD A/Rim or  
 Tyre Size: F: 195/65R15  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or FAIR

Front	Rear
R/Bal. <u>S</u> mm	R/Bal. <u>S</u> mm
L/Bal. <u>S</u> mm	L/Bal. <u>S</u> mm
D.O.A. <u>14/10/17</u>	D.O.I. <u>17/10/17</u>

Survey held at SMR  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear N/S

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

Date / Time	Action / Instruction
	SHB 5851Y - 003/LCR17008062/King392 DCA: 210417 10/17/2015
	SLQ 3128P - X
	part by part \$1535.62 (Red: 2148.16 : 58%)
	RECEIVED 22 NOV 2017

Date/Time, File Pass to?

1) 22/11 Typist

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I: (\$) 1535.62

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Invs (\$) ☐ Weekend (\$)

Others

TOTAL

160
35
195



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17020027/R1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-10-2017

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLQ 3128P	Veh. Inspected	SHB 5851Y
Policy No.	5092481970	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/10/2017

## 2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

--

## 5. General Information

Accident Date	14/10/2017	Inspection Date	17/10/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/10/2017 15:44"/>						
Vehicle No. (For Motor)	<input type="text" value="SLQ3128P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092481970	DANDELION ED PTE LTD	201314301M	GPC	drive CLASSIC	SLQ3128P	SLQ3128P	10/07/2017	30/09/2018
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0967919-002	SMRT TAXIS PTE LTD	SHF 472U	GBF 6529Y
2	MT/0962029-002	SMRT BUSES LTD	SMB 1572U	SKX 6335M
3	MT/0968532-003	SMRT TAXIS PTE LTD	SHB 1953M	SDB 6808P
4	MT/0969143-002	SMRT TAXIS PTE LTD	SHD 6476E	SJK 7469J
5	MT/0912702-002	SMRT BUSES LTD	SMB 1630K	FQ 8465D
6	MT/0970438-001	SMRT TAXIS PTE LTD	SHB5851Y	SLQ 3128P
7	MT/0970441-001	SMRT TAXIS PTE LTD	SHB 1960S	SKM 5998P
8	MT/0959634-002	SMRT BUSES LTD	SMB 1580X	SLD 9017E
9	MT/0968476-002	SMRT TAXIS PTE LTD	SHB 5800U	SHD 2021K
10	MT/0953202-003	SMRT TAXIS PTE LTD	SHC 4540X	WC3406E

## Enquire Transfer Fee

Vehicle Details	
Vehicle No.	SHB5851Y
Vehicle Type	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1	Air-Con (Taxi)
Vehicle Scheme	Taxi (Company)
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Chassis No.	JTDKN36U905766897
Propellant	Petrol-Electric
Engine No.	2ZR6560060
Motor No.	3JM6560060
Engine Capacity	1798 cc
Power Rating	60.0 kW
Maximum Power Output	100.0 kW ( 134 bhp )
Maximum Laden Weight	1805 kg
Unladen Weight	1370 kg
Year Of Manufacture	2015
Original Registration Date	22 Jan 2016
Lifespan Expiry Date	21 Jan 2024
COE Category	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid	\$45,307.00
COE Expiry Date	21 Jan 2024
Road Tax Expiry Date	21 Jan 2018
PARF Eligibility Expiry Date	21 Jan 2024
Inspection Due Date	21 Jul 2018
Intended Transfer Date	30 Nov 2017
CO2 Emission	92.00 (g/km)
CEVS Rebate Utilised Amount	\$28,312.00
<p>The current road tax expiry is 21 Jan 2018. You may renew the road tax from 22 Oct 2017 with all pre-requisite (s) fulfilled. If the road tax is renewed after 21 Jan 2018, late renewal fee(s) will be imposed. Please use <a href="#">Enquire Road Tax Payable</a> to check on the late fee(s) payable.</p>	
<p>Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when</p>	

its ownership is being transferred.

**Amount Payable (From 22 Jan 2018 to 21 Jul 2018)**

	<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
Transfer Fee	11.00	-	11.00
<b>Sub Total</b>			<b>11.00</b>
Nett Road Tax Amount (After Offsetting Over Payment)	510.00	-	510.00
<b>Total Amount Payable</b>			<b>521.00</b>

**Message**

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK

Print



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Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

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Last updated on 19 Nov 2017 at 12:12 AM

## 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 Authorised 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 ability.
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 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 Report	16/10/2017 10:37
Date Of Accident	14/10/2017 04:40
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5851Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-800000000

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17087562MFSH
Cover Note Number	

### Driver

Name of Driver	SOH KENG BOON (SU QINGWEN)
NRIC No	S7317021D
Date Of Birth	18/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### 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 this accident? NO  
 Was any body injured in the Accident? YES  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name PUNGGOL N.P.C  
 Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171014/2092 On the above date, time and location, I was driving my vehicle, SHB5851Y, and my vehicle was stopped along lane 2 as the traffic light was red. Out of a sudden, I felt an impact from the rear and realised that a BMW, SLQ3128P, had collided into my rear. I then got out of my car to make a check and the other driver did the same. I asked for his particulars however he told me to take his license plate number only. I then took some photographs of the accident, including the other party's license number, and left thereafter. On the same day at about 0800hrs, I felt some pain in my neck and decided to seek medical attention. I went to Sin Ming Clinic @ 221 Upper Thomson Road and was given 07 days (14/10/2017 - 20/10/2017) MC.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: FILE TOO LARGE  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ3128P  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name



Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

SOH KENG BOON (SU QINGWEN)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB5851Y

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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 Authorised 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.
5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.



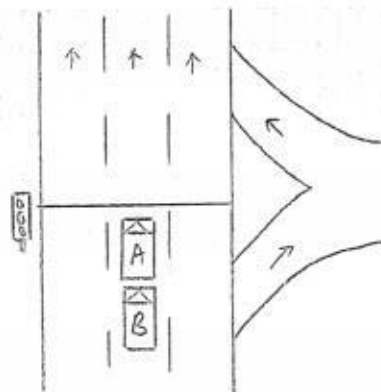
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

A- SHG 5851Y  
B- SLO 3128P



Describe Circumstances of the Accident

REFER TO POLICE REPORT - 7/26/17/11/14/2092

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

sh 16/10/2017



**SINGAPORE  
POLICE FORCE**



T/20171014/2092

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171014/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2017 15:12		Vide Report No.:		Station Diary No.: 55	
<b>Informant's Particulars</b>					
Name of Informant: SOH KENG BOON			Address: APT BLK 604A PUNGGOL ROAD #16-764 SINGAPORE 821604		
ID Type / ID No.: NRIC NO / S7317021D			Contact No.: Home/Office: Mobile: 94873993		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 18/05/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2017 04:40	Type of Collision: Straight Road
Location: BUKIT TIMAH ROAD CLEMENTI ROAD Traffic light along Bukit Timah Road towards Clementi Road after Wilby Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5851Y	Car				Slightly Damaged	1
SLQ3128P	Car				Slightly Damaged	2



SINGAPORE  
POLICE FORCE



T/20171014/2092

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171014/2092

CONTINUATION OF REPORT

Event Details.

On the above date, time and location, I was driving my vehicle, SHB5851Y, and my vehicle was stopped along lane 2 as the traffic light was red. Out of a sudden, I felt an impact from the rear and realised that a BMW, SLQ3128P, had collided into my rear.

I then got out of my car to make a check and the other driver did the same. I asked for his particulars however he told me to take his license plate number only. I then took some photographs of the accident, including the other party's license number, and left thereafter.

On the same day at about 0800hrs, I felt some pain in my neck and decided to seek medical attention. I went to Sin Ming Clinic @ 221 Upper Thomson Road and was given 07 days (14/10/2017 - 20/10/2017) MC.



**SINGAPORE  
POLICE FORCE**



T/20171014/2092

3 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171014/2092

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt KOH SHIZENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2017 15:12
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:  * FUTURE
Authentication Stamp NP168 	



SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

21-10-17 / 11:39

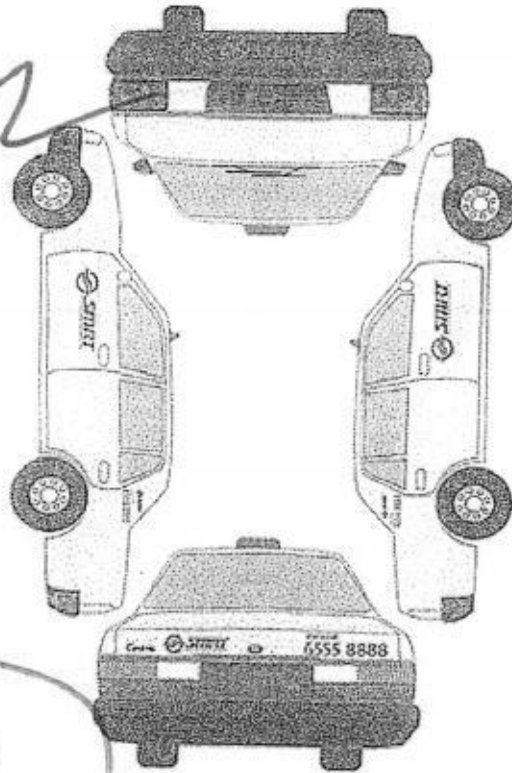
21-10-17 / 15:39

**SMRT Accident Vehicle Repair Estimates**

17-10-17 / 15:39

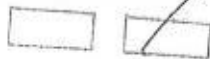
Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHB5851Y  
Ref. No : TAX/10/17/2085  
Reg. Date : 22/01/2016  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : SOH KENG BOON (SU QINGWEN)  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 14/10/2017 04:40:00 AM  
Accident Reported Date / Time : 16/10/2017 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by : Rasul  
Vehicle is Towed Back? : No  
Towed Back Date/Time :  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024092564  
Special Instruction to ARC, if any :  
SLQ3128P - NTUC IDAC P/P  
Before paint photo, After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL  
/ HP : 9001 0068. email: rasul@lkkauto.com  
Prepared Date : 16/10/2017 10:59:12 AM

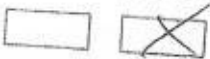


17-40 23/10/17 Pass

Recording Camera



Radio Antenna



1st witness

Date

17-10-17

2nd witness

Date

23/10/17

309990 KM

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 23/10/17

Vehicle Return Time: 14.30 P.M.

SMRT staff sign: \_\_\_\_\_

Supplementary  
+ Refer to the Supplementary part 1st ✓

1 - 1/4 1/2 3/4 7/4



**Section B - To be Completed by Service Advisor, Accident Repair Centre**

Chassis No : JTDKN36U905766897

Mileage :

0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 676.00	300.00
Total Spray Painting Charges	: 558.00	300.00
Total Material Charges	: 1,179.29	815.62
Other Charges	: 460.00	120.00
<b>TOTAL</b>	<b>: 2,873.29</b>	<b>1,535.62</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 4.00	3.00
Prepared / Adjusted By	:	RASUL (LKK)
Arc / Surveyor Sign Off Date	: 17/10/2017 09:07:55 AM	17/10/2017 03:39:03 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 17/10/2017 09:07:55 AM

**Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair**

Quotation No :

QN-1710-0359

Invoice No :

Quotation Date :

24/10

Invoice Date :

Invoice Amount :

Prepared Date :



# Section D - Details of Repair Estimates

## Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	676.00	300.00
<b>Total Labour</b>	<b>676.00</b>	<b>300.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	200.00
TO RESPRAY REAR PANEL	180.00	100.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>558.00</b>	<b>300.00</b>

## Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	80.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
<b>Total Other Costs</b>	<b>460.00</b>	<b>120.00</b>

4125.40

# Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No <i>RC</i>
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Check	No <i>X7</i>
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Check	No <i>X</i> <i>su</i>
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Check	No <i>X</i> <i>su</i>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	No <i>su</i>
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	0	94.80	25.00	0.00	Replace	Not given	No <i>X</i> <i>su</i>
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	0	94.80	25.00	0.00	Replace	Not given	No <i>X</i> <i>su</i>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <i>su</i>
76088-47020		6505617	BUMPER LIP COVER RR/LH	0	72.20	25.00	0.00	Replace	Not given	No <i>X</i> <i>su</i>
76087-47020		6505618	BUMPER LIP COVER RR/RH	0	118.10	25.00	0.00	Replace	Not given	No <i>X</i> <i>su</i>
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace	No <i>at</i>
58307-47060		6505522	END PANEL	1	602.10	100.00	0.00	Replace	Repair	No <i>R</i>
	COMMO N	4006314	SEALANT SIKAFLEX	0	37.00	0.00	0.00	Replace	Not given	No <i>X</i> <i>nn</i>
TOTAL MATERIALS							1,179.30	815.62		
TOTAL MATERIALS(Discounted)							1,179.29	815.62		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

815.62  
300  
+ 420  


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1535.62  
3 days  
1/1

## SMRT Accident Vehicle Repair Estimates

### Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHB5851Y  
Ref. No : TAX/10/17/2085  
Reg. Date : 22/01/2016  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : SOH KENG BOON (SU QINGWEN)  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 14/10/2017 04:40:00 AM  
Accident Reported Date / Time : 16/10/2017 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by :  
Vehicle is Towed Back? : No  
Towed Back Date/Time :  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024092564  
Special Instruction to ARC, if any :  
SLQ3128P - NTUC IDAC / Reg by pnt  
Prepared Date : 16/10/2017 10:59:12 AM



**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 - To be Completed by Service Advisor, Accident Repair Centre**

Chassis No : JTDKN36U905766897

Mileage :


0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	676.00	0.00
Total Spray Painting Charges :	558.00	0.00
Total Material Charges :	1,989.78	1,989.78
Other Charges :	460.00	0.00
<b>TOTAL :</b>	<b>3,683.78</b>	<b>0.00</b>
<b>Lum Sum Total :</b>	<b>0.00</b>	<b>0.00</b>
No. of Repair Days :	4.00	0.00
Prepared / Adjusted By :		
Arc / Surveyor Sign Off Date :	17/10/2017 09:07:55 AM	01/01/1900 12:00:00 AM

  
12/10/17 e  
1230

Prepared / Adjusted Date :

Remarks :

Prepared Date : 17/10/2017 09:07:55 AM

**Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair**

Quotation No :

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount :

Prepared Date :

## Section D - Details of Repair Estimates

## Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	676.00	0.00 300
<b>Total Labour</b>	<b>676.00</b>	<b>0.00</b>

## Part 2 - Spray Painting &amp; Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	0.00 200
TO RESPRAY REAR PANEL	180.00	0.00 100
<b>Total Spray Painting &amp; Panel Beating</b>	<b>558.00</b>	<b>0.00</b>

## Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 <del>80</del> X
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 60
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
<b>Total Other Costs</b>	<b>460.00</b>	<b>0.00</b>

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

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>OK</i>	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace <i>OK</i>	No
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace <i>OK</i>	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace <i>OK</i>	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace <i>OK</i>	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace <i>X</i>	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace <i>X</i>	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <i>OK</i>	No
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Replace <i>X</i>	No
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace <i>X</i>	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace <i>OK</i>	No
58307-47060		6505522	END PANEL	1	602.10	25.00	451.57	Replace	Replace <i>Repair</i>	No
	COMMO N	4006314	SEALANT SIKAFLEX	2	37.00	0.00	74.00	Replace	Replace <i>X</i>	No
<b>TOTAL MATERIALS</b>							<b>1,989.80</b>	<b>1,989.78</b>		
<b>TOTAL MATERIALS(Discounted)</b>							<b>1,989.78</b>	<b>1,989.78</b>		

**Added Spare Parts / Material Usage After Surveyor Signed off**

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									



**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Thatcham describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17020027/R1tbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 30-11-2017

189556



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	SLQ 3128P	Veh. Inspected	SHB 5851Y
Policy No.	5092481970	Coverage (\$)	0.00
Claim No.	MT/0970438-001	Excess (\$)	0.00
Assign From		Assign Date	17/10/2017

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKN36U905766897	Colour	MAROON
Odometer	309921	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	195/65 R15	FALKEN	5 mm
L/H Front Tyre	195/65 R15	FALKEN	5 mm
R/H Rear Tyre	195/65 R15	FALKEN	5 mm
L/H Rear Tyre	195/65 R15	FALKEN	5 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	14/10/2017	Inspection Date	17/10/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

**5a. Remarks**

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5851Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER LIP REAR (DISC 25%)	CUT	228.90	171.67
1	SENSOR REVERSE (SN)	NOT WORKING	180.00	180.00
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER REINFORCEMENT REAR	SERVICEABLE	205.70	-
1	ARM SUB-ASSY, RR BUMPER LH	SERVICEABLE	139.60	-
1	ARM SUB-ASSY, RR BUMPER RH	SERVICEABLE	139.60	-
1	BUMPER SIDE RETAINER RR/LH	SERVICEABLE	94.80	-
1	BUMPER SIDE RETAINER RR/RH	SERVICEABLE	94.80	-
1	BUMPER LIP COVER RR/LH	SERVICEABLE	72.20	-
1	BUMPER LIP COVER RR/RH	SERVICEABLE	118.10	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
1	END PANEL	TO REPAIR	602.10	-
			2,491.40	815.62
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		876.00	360.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		658.00	300.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.		60.00	40.00
			1,694.00	720.00
<b>GRAND TOTAL</b>			<b>4,185.40</b>	<b>1,535.62</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,535.62</b>

Report Ref No. NS/INC17020027/R1tbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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