

## 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: SFZ 1755R

Policy No. 5074317271-02 08-10-17 - 07-10-18

Claims No. MT/0965695-002

Sum Insured:

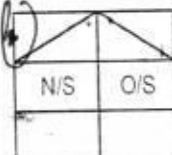
Excess:

(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: 3 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHB 5143H

Yr Regn: 2017 / OCT

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

Truck / Trailer or

Make:

TOYOTA PRIMS 4

C.C 1798

Colour:

MARON

A/C: Insured / Std / NI / NA

Sp. Reading

2154

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 003573039

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

15/10/17

D.O.I.

17/10/17

Survey held at

SMRT

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

N/S Frt

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

Date / Time Action / Instruction

SHB 5143H - NS/INC16020788/Klgms

DOA: 01-11-16

16/12/2016

SFZ 1755R - x

27/11

Confirmed final Sig &amp; 1, 241.29 with Poh Sean.

NMC

CRed: 5926.91, 837.7.

SFZ 1755R

RECEIVED 01 FEB 2017

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

) S.R.S. SI

) Photos

) Others

TOTAL

Report Format: TP

Lump Sum / (B): (\$ 1241.29

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/INC17020029/R1gb

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.	SFZ 1755R	Veh. Inspected	SHB 5143H
Policy No.	5074317271-02	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

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### 5. General Information

Accident Date	15/10/2017	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.
--

**Celine Fong (LKKAUTO)**

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**From:** Celine Fong (LKKAUTO)  
**Sent:** Monday, 27 November, 2017 6:01 PM  
**To:** 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)'  
**Cc:** Rasul (LKKAUTO); Ai Phing (LKKAUTO)  
**Subject:** RE: SHB5143H

Dear Poh Suan,

Confirmed part by part \$1,241.29, 3 days.

Best Regards,  
Celine Fong  
LKK Auto Consultants Pte Ltd  
phone: 6256-3561 | email: celinefong@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1,  
#02-25 | S(408933)

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) [mailto:YeoPohsuan@smrt.com.sg]  
Sent: Thursday, 26 October, 2017 2:00 PM  
To: Rasul (LKKAUTO) <Rasul@lkkauto.com>  
Cc: Celine Fong (LKKAUTO) <celinefong@lkkauto.com>  
Subject: SHB5143H

Hi Rasul,

Attached herewith the repair estimate of SHB 5143H having Case No: TAX/10/17/2091.

There is no change to the approved amount of \$1,241.29 @ 3 working days under part by part repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards  
Poh Suan

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)  
Sent: 26 October 2017 10:41  
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)  
Subject: Scan Data from FX-D421D6

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0965695-002	SMRT TAXIS PL	SHB 5143H	SFZ 1755R	15/10/2017	20:30	\$ 6,381.74	\$ 1,241.29
2	MT/0965885-003	SMRT TAXIS PL	SHF 353E	SIN 231H	16/10/2017	14:20	\$ 4,716.34	\$ 2,250.00

Claim received from LKK Auto

eBaoTech

General Claim

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="15/10/2017 15:44"/>						
Vehicle No. (For Motor)	<input type="text" value="SFZ1755R"/>								
<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"/>	5074317271-02	KHALID BIN SA'AT	S90227451	GPC	Third Party, Fire & Theft	SFZ1755R	SFZ1755R	08/10/2017	07/10/2018
<input type="button" value="Continue"/>									

## 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 16:07
Date Of Accident	15/10/2017 20:30
Exact Location Of Accident	CLEMENTI WEST STREET 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5143H
<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-80000000

### 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	ANUAR BIN MOHAMED
NRIC No	S6800037H
Date Of Birth	01/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	26/06/1995
Driving Experience	22 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 - CHANGE/CROSS LANE  
 Weather Conditions CLEAR  
 Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 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? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

I WAS TRAVELLING ALONG CLEMENTI AVE 2 WITH A PASSENGER ON BOARD TOWARDS CLEMENTI WEST STREET 2. WHILE I WAS ENTERING CLEMENTI WEST STREET 2 AT THE RIGHT LANE, SUDDENLY THE VEHICLE SFZ1755R FROM BEHIND AT MY LEFT LANE SPED UP AND CUT INTO MY LANE. AS A RESULT IT'S RIGHT REAR PORTION COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI. AFTER THE COLLISION, IMMEDIATELY I STOPPED MY TAXI AND THE VEHICLE SFZ1755R STOPPED IN FRONT OF ME.

### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFZ1755R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver SA'AT BIN ABDULLAH  
 NRIC/Passport Number S0476885Z  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

### Details of Witness

Name  
 Phone Number  
 Email Address



## 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.



*16/10/17*

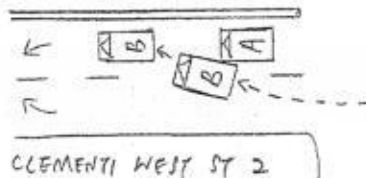
*16/10/217*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



CLEMENTI AVE 2

CLEMENTI WEST ST 2

WEST CORNER

A - SHB51434

B - SP2 1755R



## Describe Circumstances of the Accident

[illegible]

### 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

16/10/17

Witnessed by Reporting Centre  
Personnel

## Enquire Transfer Fee

Vehicle Details	
Vehicle No.	SHB5143H
Vehicle Type	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1	Air-Con (Taxi)
Vehicle Scheme	Taxi (Company)
Vehicle Make	TOYOTA
Vehicle Model	PRIUS HYBRID 1.8 CVT
Chassis No.	JTDKB3FU003573039
Propellant	Petrol-Electric
Engine No.	2ZRS098673
Motor No.	1NMS098673
Engine Capacity	1798 cc
Power Rating	53.0 kW
Maximum Power Output	90.0 kW ( 120 bhp )
Maximum Laden Weight	1790 kg
Unladen Weight	1375 kg
Year Of Manufacture	2017
Original Registration Date	12 Oct 2017
Lifespan Expiry Date	11 Oct 2025
COE Category	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid	\$34,052.00
COE Expiry Date	11 Oct 2025
Road Tax Expiry Date	11 Apr 2018
PARF Eligibility Expiry Date	11 Oct 2025
Inspection Due Date	11 Apr 2018
Intended Transfer Date	04 Dec 2017
CO2 Emission	87.00 (g/km)
CEVS Rebate Utilised Amount	\$27,610.00
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use <a href="#">Enquire Road Tax Payable</a> for fee (s) payable.	
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.	

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB5143H  
 Ref. No : TAX/10/17/2091  
 Reg. Date : 12/10/2017  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS4  
 Name of Driver : ANUAR BIN MOHAMED  
 Type of Accident : SIDE SWIPE  
 Date / Time of Accident : 15/10/2017 08:30:00 PM  
 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 : 000024092579  
 Special Instruction to ARC, if any :  
 SFZ1755R *1 more / Rem b4 paint*  
 Prepared Date : 16/10/2017 04:39:09 PM



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 : JTDKB3FU003573039

Mileage : 0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates****Quotation from ARC****Adjusted by Surveyor, if applicable**

Total Labour Charges : 845.00  
Total Spray Painting Charges : 756.00  
Total Material Charges : 4,440.74  
Other Charges : 340.00  
**TOTAL : 6,381.74**  
**Lum Sum Total : 0.00**  
No. of Repair Days : 6.00  
Prepared / Adjusted By :  
Arc / Surveyor Sign Off Date : 17/10/2017 11:42:17 AM

0.00

0.00

4,440.74


0.00

0.00

0.00

0.00

01/01/1900 12:00:00 AM

  
17/10/17 @ 1225

Prepared / Adjusted Date :

Remarks :

Prepared Date : 17/10/2017 11:40:50 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 : 0.00

Prepared Date : 10/17/2017 11:41:01 AM

## Section D - Details of Repair Estimates

### Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH FRONT PORTION	845.00	0.00 300
<b>Total Labour</b>	<b>845.00</b>	<b>0.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	0.00 200
TO RESPRAY FRONT FENDER LH	378.00	0.00 200
<b>Total Spray Painting &amp; Panel Beating</b>	<b>756.00</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 30
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 40
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
<b>Total Other Costs</b>	<b>340.00</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
5211947962			COVER, FR BUMPER	1	495.50	25.00	371.62	Replace	Replace <i>sc</i>	No
5211647050			SUPPORT, FR BUMPER LH	1	82.30	25.00	61.72	Replace	Replace?	No
8122047020			LAMP ASSY, FOG, LH	1	910.20	10.00	819.18	Replace	Replace?	No
8118547691			UNIT, HEADLAMP, LH	1	2,558.90	10.00	2,303.01	Replace	Replace?	No
5380247100			FENDER SUB-ASSY, FR, LH	1	933.10	25.00	699.82	Replace	Replace <i>Repair</i>	No
5387647110			LINER, FR FENDER, LH	1	194.30	25.00	145.72	Replace	Replace <i>X</i>	No
7537447140			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	25.00	39.67	Replace	Replace <i>na</i>	No
<b>TOTAL MATERIALS</b>								<b>4,440.77</b>	<b>4,440.74</b>	
<b>TOTAL MATERIALS(Discounted)</b>								<b>4,440.74</b>	<b>4,440.74</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>									

*7/16/20*

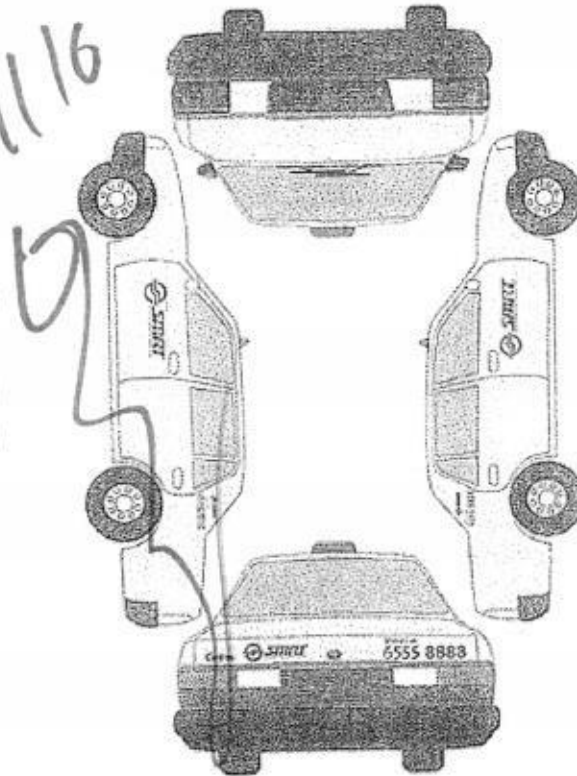
21-10-17 / 11:41  
21-10-17 / 15:41

# SMRT Accident Vehicle Repair Estimates

17-10-17 / 15:41

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

Reg. No : SHB5143H  
Ref. No : TAX/10/17/2091  
Reg. Date : 12/10/2017  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS4  
Name of Driver : ANUAR BIN MOHAMED  
Type of Accident : SIDE SWIPE  
Date / Time of Accident : 15/10/2017 08:30:00 PM  
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 : 000024092579  
Special Instruction to ARC, if any :  
SFZ1755R - Nkul. 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 04:39:09 PM



21/10/17 9.34 Reject LHF Pender 2153 KM 13.30 P9S

Recording Camera

☐


Radio Antenna

☐

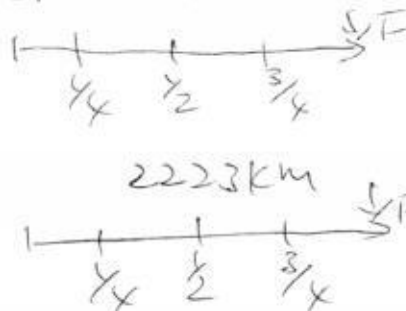

1st witness

Date

17-10-17

2nd witness

Date



LEE SHENG AUTO PTE LTD

Vehicle Return Date: 20/10/2017

Vehicle Return Time: 15:45

SMRT staff sign:



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

Chassis No : JTDKB3FU003573039

Mileage :

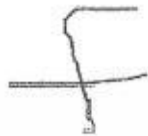
0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**


	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	300.00
Total Spray Painting Charges	: 756.00	400.00
Total Material Charges	: 3,595.20	411.29
Other Charges	: 340.00	130.00
<b>TOTAL</b>	<b>: 5,536.20</b>	<b>1,241.29</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 6.00	3.00
Prepared / Adjusted By	:	RASUL (LKK)
Arc / Surveyor Sign Off Date	: 17/10/2017 11:42:17 AM	17/10/2017 03:41:08 PM



Prepared / Adjusted Date :

Remarks :


Prepared Date : 17/10/2017 11:40:50 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 : 0.00 

Prepared Date : 10/17/2017 11:41:01 AM

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH FRONT PORTION	845.00 ✓	300.00
<b>Total Labour</b>	<b>845.00</b>	<b>300.00</b>

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

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TO REPSRAY FRONT BUMPER	378.00 ✓	200.00
TO RESPRAY FRONT FENDER LH	378.00 ✓	200.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>756.00</b>	<b>400.00</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	30.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
<b>Total Other Costs</b>	<b>340.00</b>	<b>130.00</b>

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# 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
5211947962			COVER, FR BUMPER	✓ 1	495.50	25.00	371.62	Replace	Replace	No <u>SR</u> ✓
5211647050			SUPPORT, FR BUMPER LH	✗ 1	82.30	25.00	61.73	Replace	Check	No ✗ <u>SVC</u>
8122047020			LAMP ASSY, FOG, LH	✗ 1	910.20	10.00	819.18	Replace	Check	No ✗ <u>SVC</u>
8118547691			UNIT, HEADLAMP, LH	✗ 1	2,558.90	10.00	2,303.01	Replace	Check	No ✗ <u>SVC</u>
5380247100			FENDER SUB-ASSY, FR, LH	✗ 1	933.10	100.00	0.00	Replace	Repair	No <u>R</u>
5387647110			LINER, FR FENDER, LH	✗ 0	194.30	25.00	0.00	Replace	Not given	No ✗ <u>SVC</u>
7537447140			EMBLEM, SIDE PANEL (HYBRID)	✓ 1	52.90	25.00	39.67	Replace	Replace	No <u>REC</u> ✓
TOTAL MATERIALS							3,595.22	411.29		
TOTAL MATERIALS(Discounted)							3,595.20	411.29		

## 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									

411.29  
200  
+ 430  


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1241.29

7/16/20

**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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17020029/R1gbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 04-12-2017



Code: INC4

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

Insured Veh.	SFZ 1755R	Veh. Inspected	SHB 5143H
Policy No.	5074317271-02	Coverage (\$)	0.00
Claim No.	MT/0965695-002	Excess (\$)	0.00
Assign From		Assign Date	17/10/2017

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS 4	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003573039	Colour	MAROON
Odometer	2154	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	YOKOHAMA	5 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	5 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm

**4. Description of Damages**

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

Accident Date	15/10/2017	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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5143H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	COVER,FR BUMPER (DISC 25%)	SCRATCHED	495.50	371.62
1	EMBLEM,SIDE PANEL (HYBRID)(DISC 25%)	NECESSARY	52.90	39.67
1	SUPPORT,FR BUMPER LH	SERVICEABLE	82.30	-
1	LAMP ASSY,FOG,LH	SERVICEABLE	910.20	-
1	UNIT,HEADLAMP,LH	SERVICEABLE	2,558.90	-
1	LINER,FR FENDER,LH	SERVICEABLE	194.30	-
1	FENDER SUB-ASSY,FR,LH	TO REPAIR	933.10	-
			5,227.20	411.29
<b>LABOUR</b>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			925.00	330.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			856.00	440.00
TO REPLACE SUNDRY PARTS.			100.00	20.00
TO WASH AND VACUUM.			60.00	40.00
			1,941.00	830.00
<b>GRAND TOTAL</b>			<b>7,168.20</b>	<b>1,241.29</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,241.29</b>

Report Ref No. NS/INC17020029/R1gbn2

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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