

REF: NS/TNC17021315/462

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: SHD 2021K

Policy No. 5068045737-03 09.10.2017

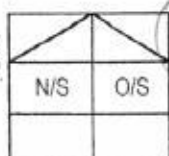
Claims No. MT/0962476-002

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 Report: _____ 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 58004

Yr Regn: 22/11/2012

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

Truck / Trailer or

Make: Chevrolet Epica.

c.c. 1991

Colour: Maroon.

A/C: Insured / Std / NI / NA

Sp. Reading: 671446

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLI LA 69KJJB 136107

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: 205/55 R15

R: _____

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 6/11/2017

D.O.I. 7/11/2017

Survey held at SMT

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

SHB 58004 - NS/TNC16012542/K462

OAH 07/07/16

TAX 11/17/2016

SHD 2021K - CR6/TU16000746/KM392

DHF 12/01/16

LKK.

NTUC.

lump sum \$2750/- (cred: 1903.15 : 40%)

RECEIVED 2-2-2017

Date/Time, File Pass to?

☐ : Preli. Report

1) 22/11 Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

) S + RS, SI

) Photos

) Others

Report Format: TP

Lump Sum / I.B.I: (\$ 2750/-)

TOTAL

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/INC17021315/Stb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-11-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 2021K	Veh. Inspected	SHB 5800U	
Policy No.	5068045737-03	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	07/11/2017	
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	06/11/2017	Inspection Date	07/11/2017	
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. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068045737-03	PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2021K	SHD2021K	09/10/2017	

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

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 lodgment 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	06/11/2017 14:26
Date Of Accident	06/11/2017 08:00
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5800U
Insured/Policyholder	
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	CHEVROLET
Model	EPICA-2.0 (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	NG AIK WEE
NRIC No	S1372744I
Date Of Birth	21/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1979
Driving Experience	38 YEARS AND 4 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 - RELIEF
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface WET

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) 1

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 AIRPORT T3 BOULEVARD TOWARDS CITY, SUDDENLY A VEHICLE SHD2021K (PRIME) WHICH WAS TRAVELLING ON MY RIGHT CUT TOWARDS MY LANE ABRUPTLY AS HE WANTED TO ENTER THE TAXI QUEUE ON THE LEFT, I APPLIED MY BRAKE TO STOP BUT MY TAXI SKIDDED AND HIT ONTO THE LEFT PORTION OF THE VEHICLE.

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 SHD2021K
 Vehicle Make/Model/Colour PRIME TAXI
 Details Of Properties
 Name of Driver TAN SOO SIANG RIC
 NRIC/Passport Number S1827488D
 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 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. 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.

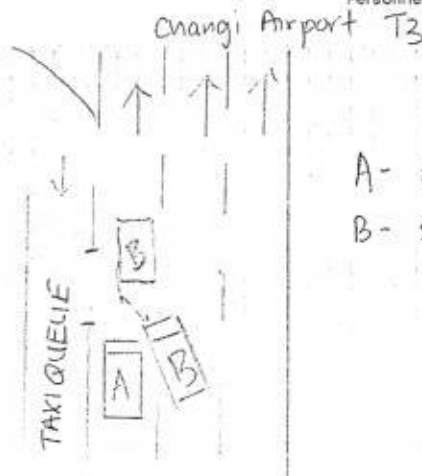


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - SHB 5800U

B - SHD202115 (Pmu)

Describe Circumstances of the Accident

2

7

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

_____ 6/11/17
Driver's Signature (If driver is not the policyholder) / Date & Time

6/11/2017

Witnessed by Reporting Centre Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHB5800U
Vehicle to be Exported	No
Intended De-registration Date	08 Nov 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Maroon
Manufacturing Year	2012
Engine No.	Z20S1464273K
Chassis No.	KL1LA69RJBB136107
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$13,981.00
Original Registration Date	22 Nov 2012
First Registration Date	22 Nov 2012
Transfer Count	0
Actual ARF Paid	\$13,981.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	21 Nov 2020
PARF Rebate Amount	\$10,485.00
Intended COE Rebate Details	
COE Expiry Date	21 Nov 2020
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$54,853.00
COE Rebate Amount	\$20,817.00
Total Rebate Amount	\$31,302.00
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.	

The information contained herein is correct as at 08 Nov 2017

OK

Please read through the [Privacy Statement](#), [Terms of Use](#), and [Disclaimer](#).

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

Best viewed with IE 10 and above, Chrome, Firefox, and Safari.

Copyright 2017 LTA [Privacy Statement](#) [Terms of Use](#) [Disclaimer](#) [Rate the Website](#) [Rate this e-Service](#)

Last updated on 13 Oct 2017 at 07:07 PM



SMRT Automotive Service Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB5800U
Ref. No : TAX/11/17/2026
Reg. Date : 22/11/2012
Vehicle Type : TAXI
Make : CHEVROLET EPICA 2.0 VCDI
Model : EPICA-2.0
Name of Driver : NG AIK WEE
Type of Accident : SIDE SWIPE
Date / Time of Accident : 06/11/2017 08:00:00 AM
Accident Reported Date / Time : 06/11/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : Sebastian
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024092924
Special Instruction to ARC, if any :



SHD2021K (PRIME) - NTUC IDAC 45
BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP: 90036121
LUMPSUM REPAIR
Prepared Date : 06/11/2017 09:58:39 AM

Recording Camera

Radio Antenna

1st witness

Date

2nd witness

Date

10/11/17 11.00 Reject

Frt Bumper Paint Peel

RHF H/Lamp Work Intake

14140 P453

E 1/2 F
KM 621444

Wagon Date In: 7/11/17 Tow Big:
Time In: 1715 Driver: HWA
Wagon Job No: 13697/11
Wagon Date Out: 06/11/17 Towing:
Time Out: 0950 Driver: [Signature]
Inspected by (SMRT): [Signature]

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

Chassis No : KL1LA69RJBB136107

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	400.00
Total Spray Painting Charges	: 936.00	450.00
Total Material Charges	: 1,623.17	2,416.50
Other Charges	: 580.00	-516.50
TOTAL	: 3,984.17	2,750.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 5.00	3.00 <i>4 days</i>
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 06/11/2017 06:53:54 AM	07/11/2017 03:29:31 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 06/11/2017 06:53:17 AM

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

Quotation No : QN-1711-0268

Invoice No :

Quotation Date : 11/11

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 11/6/2017 6:53:45 PM

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH PORTION	845.00	400.00 /
Total Labour	845.00	400.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	200.00 /
TO RESPRAY FRONT FENDER RH	378.00	200.00 /
TO RESPRAY RIM	180.00	50.00 /
Total Spray Painting & Panel Beating	936.00	450.00

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	30.00 /
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60.00 /
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30.00 /
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-666.50
Total Other Costs	580.00	-516.50

5507.97

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
93744489	FRONT	6504592	BUMPER FRT ASSY	1	1,238.00	10.00	1,114.20	Replace	Replace	No <input checked="" type="checkbox"/>
96633984	FRONT		BRACKET FRT BUMPER SIDE RH	1	9.00	10.00	8.10	Replace	Check	No <input checked="" type="checkbox"/>
96636328	RIGHT	6504581	PANEL FRT FENDER RH	1	606.00	10.00	545.40	Replace	Replace	No <input checked="" type="checkbox"/>
96633940	RIGHT	6504585	LINER FENDER FRT RH (PROTECTOR)	1	124.00	10.00	111.60	Replace	Check	No <input checked="" type="checkbox"/>
96644858	FRONT	6504614	LAMP HEAD RH	1	841.00	10.00	756.90	Replace	Replace	No <input checked="" type="checkbox"/>
	COMMO N	6504666	TYRE RIM	1	328.99	100.00	0.00	Replace	Repair	No <input checked="" type="checkbox"/>
TOTAL MATERIALS							2,536.20	2,416.50		
TOTAL MATERIALS(Discounted)							1,623.17	2,416.50		

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									

2416.50 /
+ 400.00 /
+ 600.00 /

3416.50 /
- 202

2733.20 /

US \$2750/- /
@ 4 days

Sebastian.
20/11/2017.

SMRT Accident Vehicle Repair Estimates

NTK

C/A

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

Reg. No : SHB5800U
Ref. No : TAX/11/17/2026
Reg. Date : 22/11/2012
Vehicle Type : TAXI
Make : CHEVROLET EPICA 2.0 VCDI
Model : EPICA-2.0
Name of Driver : NG AIK WEE
Type of Accident : SIDE SWIPE
Date / Time of Accident : 06/11/2017 08:00:00 AM
Accident Reported Date / Time : 06/11/2017 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 : 000024092924
Special Instruction to ARC, if any :
SHD2021K (PRIME)
Prepared Date : 06/11/2017 09:58:39 AM



Sebastian
7/11/2017

- Lump Sum Repair.
- Question Mark Icon Photo.
- Photo After Paint.

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 : KL1LA69RJBB136107

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	0.00
Total Spray Painting Charges	: 936.00	0.00
Total Material Charges	: 2,292.15	2,292.15
Other Charges	: 580.00	0.00
TOTAL	: 4,653.15	0.00
Lum Sum Total	: 4,650.00	0.00
No. of Repair Days	: 5.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 06/11/2017 06:53:54 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 06/11/2017 06:53:17 PM

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 : 11/6/2017 6:53:45 PM

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH PORTION	845.00	0.00 400
Total Labour	845.00	0.00

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 RH	378.00	0.00 200
TO RESPRAY RIM	180.00	0.00 50
Total Spray Painting & Panel Beating	936.00	0.00

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 30
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00 60
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	580.00	0.00

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
93744489	FRONT	6504592	BUMPER FRT ASSY	1	1,238.00	10.00	1,114.20	Replace	Replace ✓	No
96633984	FRONT		BRACKET FRT BUMPER SIDE RH	1	9.00	10.00	8.10	Replace	Replace ?	No
96636328	RIGHT	6504581	PANEL FRT FENDER RH	1	606.00	10.00	545.40	Replace	Replace ✓	No
96633940	RIGHT	6504585	LINER FENDER FRT RH (PROTECTOR)	1	124.00	10.00	111.60	Replace	Replace ?	No
96644858	FRONT	6504614	LAMP HEAD RH	1	841.00	10.00	756.90	Replace	Replace ✓	No
	COMMO N	6504666	TYRE RIM	1	328.99	0.00	328.99	Replace	Replace R	No
TOTAL MATERIALS								2,865.19	2,865.19	
TOTAL MATERIALS(Discounted)							2,292.15	2,292.15		

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									

**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/INC17021315/Stbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 24-11-2017	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 2021K	Veh. Inspected	SHB 5800U	
Policy No.	5068045737-03	Coverage (\$)	0.00	
Claim No.	MT/0968476-002	Excess (\$)	0.00	
Assign From		Assign Date	07/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	CHEVROLET EPICA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KL1LA69RJBB136107	Colour	MAROON	
Odometer	671446	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R15	FALKEN	6 mm	
L/H Front Tyre	205/55 R15	FALKEN	6 mm	
R/H Rear Tyre	205/55 R15	FALKEN	6 mm	
L/H Rear Tyre	205/55 R15	FALKEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/11/2017	Inspection Date	07/11/2017	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



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



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5800U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER FRT ASSY (DISC 10%)	CUT	1,238.00	1,114.20
1	PANEL FRT FENDER RH (DISC 10%)	DENTED	606.00	545.40
1	LAMP HEAD RH (DISC 10%)	CRACKED	841.00	756.90
1	BRACKET FRT BUMPER SIDE RH	NOT NECESSARY	9.00	-
1	LINER FENDER FRT RH (PROTECTOR)	NOT NECESSARY	124.00	-
1	TYRE RIM	TO REPAIR	328.99	-
			3,146.99	2,416.50
<u>LABOUR</u>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			1,165.00	520.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			1,036.00	480.00
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			2,361.00	1,000.00
GRAND TOTAL			5,507.99	3,416.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,750.00

Report Ref No. NS/INC17021315/Stbe2

YEANG WAI KEEN
Automotive Assessor

K.K. LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.