

Surveyor

REF:

NS/INC17021317/84602

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: SKM 5998P

Policy No. 5066689237-03 11.08.17-10.08.18

Claims No. MT/09-10441-001

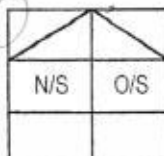
Sum Insured: Excess:

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHB 19605

Yr Regn: 3/9/2014

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

Truck / Trailer or

Make: Toyota Prius.

c.c 1798

Colour Maroon.

A/C: Insured / Std / NI / NA

Sp.Reading 411444

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN76680574898

Gen. Cond: Good / Fair / Poor / 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: 11

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 SMART

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

Frt N/S

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

Date / Time Action / Instruction

SHB 19605 - NS/INC16017299/KH602

EXA: 11.09.16

TAX/11/17/2032

SKM 5998P - NS/INC14030907/KIGBK3

DUP: 03-1114

Lkr.

NTuc

Lump Sum \$1600

(Red 1158.91 (69%))

RECEIVED 2-2 NOV 2017

Date/Time, File Pass to?

☐ : Preli. Report

1) 21/11 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

) \$ + RS. SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format:

Lump Sum / I.B.I: (\$ 600)

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/INC17021317/Stb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-11-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKM 5998P	Veh. Inspected	SHB 1960S
Policy No.	5065689237-03	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.

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

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"/>	5065689237-03	ARROW LIMOUSINE SERVICE	53162012C	GPC	drive CLASSIC	SKM5998P	SKM5998P	11/08/2017	10/08/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHB1960S
Vehicle to be Exported	No
Intended De-registration Date	08 Nov 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Primary Colour	Maroon
Manufacturing Year	2014
Engine No.	2ZR6116460
Chassis No.	JTDKN36U805748018
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$32,920.00
Original Registration Date	03 Sep 2014
First Registration Date	03 Sep 2014
Transfer Count	0
Actual ARF Paid	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	02 Sep 2022
PARF Rebate Amount	\$6,066.00
Intended COE Rebate Details	
COE Expiry Date	02 Sep 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$50,704.00
COE Rebate Amount	\$30,532.00
Total Rebate Amount	\$36,598.00
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



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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.

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

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Last updated on 13 Oct 2017 at 07:07 PM

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	06/11/2017 12:00
Date Of Accident	06/11/2017 10:55
Exact Location Of Accident	MARINA COASTAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1960S
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	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	HO KIM KUAN
NRIC No	S1425935Z
Date Of Birth	29/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	37 YEARS AND 7 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) 3

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 STRAIGHT ALONG MARINA COASTAL DRIVE AT THE RIGHT MOST LANE WITH TWO PASSENGERS ON BOARD WHEN THE VEHICLE SKM5998P FROM MY LEFT SUDDENLY CUT INTO MY LANE AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

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 SKM5998P
 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

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.

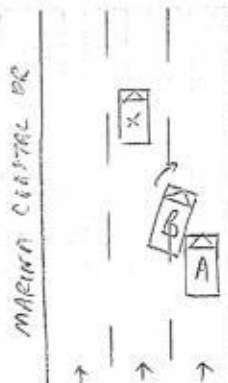


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SHB1960S
B - SKM 5998P

Describe Circumstances of the Accident

Describe Circumstances of the Absence:

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



11/17

TAT

9-11-17 / 12:01
9-11-17 / 16:01

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63665592

Estimator Telephone Number : 68662623

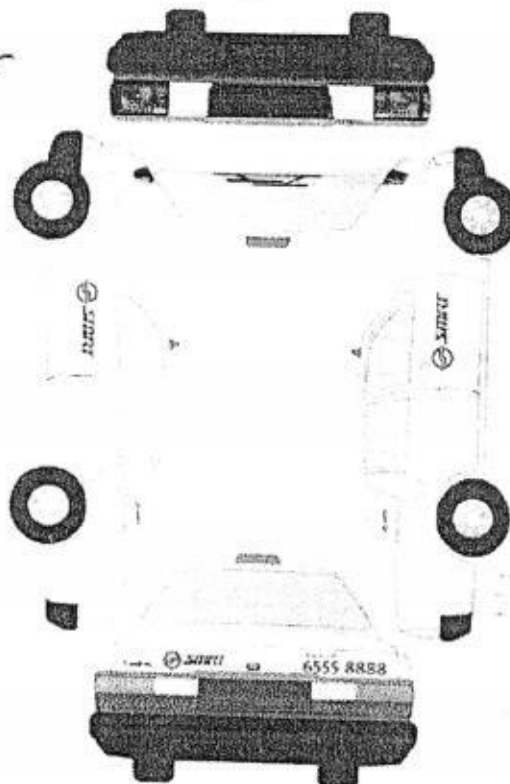
Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

7-11-17 / 16:01

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

Reg. No : SHB1960S
 Ref. No : TAX/11/17/2032
 Reg. Date : 03/09/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : HO KIM KUAN
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 06/11/2017 10:55:00 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 : 000024092930
 Special Instruction to ARC, if any :



SKM5998P - NTUC IDAC US
 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 12:17:25 PM

9022 8715 Ho. 1307 V

Recording Camera

☐

Radio Antenna

☒

1st witness

Date

9-11-17

2nd witness

Date

E (1/2) F
KM 411442

GL 9/11/17 11.24 Reject
 RIF- Bumper Lower paint peel
 12.00 pass

7/11/17 Towing:
 Time In: — Driver: TAT
 Work Job No:
 Date In: 9/11 Towing:
 Time In: 10:30 Driver:
 Insured by (SMRT):

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

Chassis No : JTDKN36U805748018

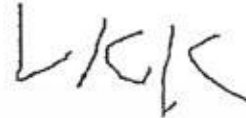
Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 338.00	200.00
Total Spray Painting Charges	: 936.00	450.00
Total Material Charges	: 24.91	38.92
Other Charges	: 460.00	-88.92
TOTAL	: 1,758.91	600.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 4.00	2.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 07/11/2017 10:58:11 AM	07/11/2017 04:01:46 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 07/11/2017 10:58:11 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 LH FRONT PORTION	338.00	200.00 /
Total Labour	338.00	200.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT FENDER LH	378.00	200.00 /
TO REPSRAY FRONT BUMPER	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	0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30.00 /
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	30.00 /
TO REPLACE SUNDRY PARTS	100.00	20.00 /
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-168.92
Total Other Costs	460.00	-88.92

4476.50

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
52119-47930		6505517	BUMPER FRT	1	482.00	100.00	0.00	Replace	Repair	No <i>R</i>
53802-47050		6505558	FENDER FRT/LH	1	723.40	100.00	0.00	Replace	Repair	No <i>R</i>
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace	No <i>✓</i>
42611-47140 (Frt)		6505658	WHEEL DISC. FRONT	1	1,484.20	100.00	0.00	Replace	Repair	No <i>R</i>
TOTAL MATERIALS								38.93	38.92	
TOTAL MATERIALS(Discounted)								24.91	38.92	

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									

$$\begin{array}{r}
 38.92 / \\
 + 200.00 / \\
 + 530.00 / \\
 \hline
 \end{array}$$

$$768.92 /$$

$$- 207$$

$$615.14 /$$

$$45 \$600/-$$

Sebastian
20/11/2019.

SMRT Accident Vehicle Repair Estimates

NTUC

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

Reg. No : SHB1960S
Ref. No : TAX/11/17/2032
Reg. Date : 03/09/2014
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : HO KIM KUAN
Type of Accident : SIDE SWIPE
Date / Time of Accident : 06/11/2017 10:55:00 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 : 000024092930
Special Instruction to ARC, if any :
SKM5998P
Prepared Date : 06/11/2017 12:17:25 PM



Sebastian.
7/4/2017.
- Lump Sum Repair.
- Question Mark Item
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 : JTDKN36U805748018

Mileage

0

Work Shop :

Repair Completed Date / Time :

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

Total Labour Charges	:	507.00	0.00
Total Spray Painting Charges	:	936.00	0.00
Total Material Charges	:	2,535.42	2,535.42
Other Charges	:	460.00	0.00
TOTAL	:	4,438.42	0.00
Lum Sum Total	:	4,450.00	0.00
No. of Repair Days	:	4.00	0.00
Prepared / Adjusted By	:		2 days
Arc / Surveyor Sign Off Date	:	07/11/2017 10:58:11 AM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 07/11/2017 10:58:11 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 LH FRONT PORTION	338.00	0.00 200
Total Labour	338.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT FENDER LH	378.00	0.00 200
TO REPSRAY FRONT BUMPER	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 X
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 30
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	460.00	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
52119-47930		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace <i>R</i>	No
53802-47050		6505558	FENDER FRT/LH	1	723.40	25.00	542.55	Replace	Replace <i>R</i>	No
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace <i>✓NEC</i>	No
42611--47140 (Frt)		6505658	WHEEL DISC. FRONT	1	1,484.20	25.00	1,113.15	Replace	Replace <i>R</i>	No
TOTAL MATERIALS							2,056.13	2,056.12		
TOTAL MATERIALS(Discounted)							2,535.42	2,535.42		

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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17021317/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.	SKM 5998P	Veh. Inspected	SHB 1960S	
Policy No.	5065689237-03	Coverage (\$)	0.00	
Claim No.	MT/0970441-001	Excess (\$)	0.00	
Assign From		Assign Date	07/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JTDKN36U805748018	Colour	MAROON	
Odometer	411444	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	6 mm	
L/H Front Tyre	195/65 R15	FALKEN	6 mm	
R/H Rear Tyre	195/65 R15	FALKEN	6 mm	
L/H Rear Tyre	195/65 R15	FALKEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. 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:		2 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 1960S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	NAME PLATE (HYBRID) (DISC 25%)	NECESSARY	51.90	38.92
1	BUMPER FRT	TO REPAIR	482.00	-
1	FENDER FRT / LH	TO REPAIR	723.40	-
1	WHEEL DISC FRONT	TO REPAIR	1,484.20	-
			2,741.50	38.92
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		538.00	230.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,036.00	480.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,734.00	730.00
GRAND TOTAL			4,475.50	768.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				600.00

Report Ref No. NS/INC17021317/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

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