

Summit

REF: NS/INC17021793 / SGB2

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: SJC 6546T
 Policy No. 5087794769-01 30/09/2017
 Claims No. MT/0969598-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 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 2325 Yr Regn: 30/10/2013
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius c.c. 1778
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 424001 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 370KN 364X 05692 68
 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: 195/65 R15
 R: "

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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>5</u> mm
D.O.A. <u>13/11/2017</u>		D.O.I. <u>14/11/2017</u>

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 2325 - X

SJC 6546T - X

TAX/11/17/2091

LEK.

NTUC.

US \$2000, 2 days (check to 1712.90, 46%)

RECEIVED 23 NOV 2017

Date/Time, File Pass to? ☐ : Preli. Report

11/28/16 turnish ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) \$ + RS. \$

) Photos

) Others

)

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$) 2000

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/INC17021793/Sqb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 15-11-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJC 6546T	Veh. Inspected	SHB 232S
Policy No.	5087294769-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/11/2017

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	13/11/2017	Inspection Date	14/11/2017
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.
--

Survey Department Check List (Case Handler)

Reference No.: NS/INC17021793/ Sub
Policy Type: OD / TP / TP RES / TL / EVA

SHB 2325

Case Handler

Typist

Admin (Cath): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Sebastian): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

✓			
✓			

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

--	--	--	--

Check By:

[Signature] 22/11/17

Case Handler

Date

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 28 November, 2017 8:11 AM
To: Denise Tay (LKKAUTO)
Subject: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia
Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, November 27, 2017 5:26 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir,

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Dc
1	MT/0969229-002	SMRT TAXIS PTE LTD	SHB 760J	SKX 6351R	
2	MT/0969598-002	SMRT TAXIS PTE LTD	SHB 232S	SJC 6546T	

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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"/>	5087294769-01	MIDVIEW MOTORS PTE LTD	2016329212	GFT	Third Party	SJC6546T	SJC6546T	30/09/2017	

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	14/11/2017 10:04
Date Of Accident	13/11/2017 12:55
Exact Location Of Accident	RESORT WORLD SENTOSA CASINO BASEMENT DROP OFF POIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB232S
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	GOH SHONG BEE
NRIC No	S1710037H
Date Of Birth	08/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1985
Driving Experience	32 YEARS AND 1 MONTH
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 SIDE SWIPE

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171113/2134 On the 13/11/2017 at around 1300hrs I am driving my vehicle SHB232S at Resort World Sentosa basement dropoff point I had just dropped off a passenger when this vehicle no. SJC6546T overtake me and stopped in front of me taking up both lanes. I then move right wanting to move forward but however the vehicle was in the way. The vehicle suddenly reversed I managed to horn for him to stop but however he continued and hit upon the front left of my vehicle with his rear right. My vehicle left front bumper was damaged and my headlight was cracked due to the accident. The other vehicle suffered scratches on the right rear bumper. The other driver moved his vehicle to the side and then we exchanged particulars and driving license. I took photos of the damage to my and the other vehicle. My car do have a in car camera and managed to take down what happened at the accident point. As my vehicle was still able to drive I wanted to return to SMRT Depot to return my vehicle but however I a numb sensation in my left arm and as such went to see a doctor and got 5 days of MC. This is not the first time that this had happened to me and my last accident was around 1 to 2 years ago. That is all.

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 SJC6546T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver KHO CHIN TIONG

NRIC/Passport Number S7017118Z

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 GOH SHONG BEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB232S

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLANIMPORTANT 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 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.
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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



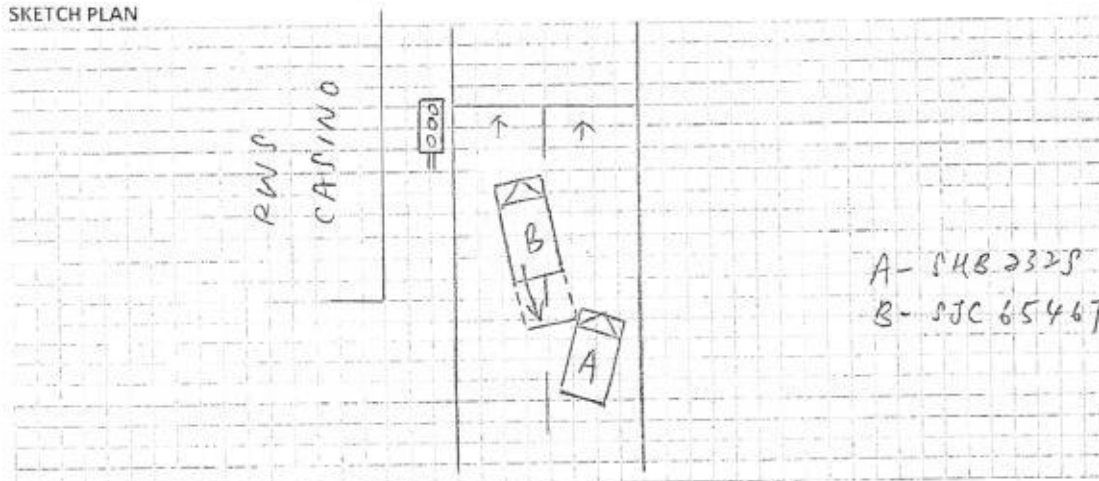
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPORT TO POLICE REPORT - 7/20171113/2134

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

den 12/11/2017



**SINGAPORE
POLICE FORCE**



T/20171113/2134

1 of 3

Report No. T/20171113/2134

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2017 16:40	Vide Report No.:	Station Diary No.: 80
--	------------------	--------------------------

Informant's Particulars

Name of Informant: GOH SHONG BEE			Address: APT BLK 317 SEMBAWANG VISTA #04-215 SINGAPORE 750317	
ID Type / ID No.: NRIC NO / S1710037H			Contact No.: Home/Office:	Mobile: 96317658
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 08/08/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2017 13:00	Type of Location: Car Park
Location: Along Road 1 SENTOSA GATEWAY				
Near to Resort world sentosa Casino Basement 1 Drop off point				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SHB232S	Car				Slightly Damaged	0
SJC6546T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20171113/2134

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20171113/2134

CONTINUATION OF REPORT

Driver			
Name	GOH SHONG BEE		ID No. S1710037H
Related Vehicle	SHB232S (Car)		Contact No. 96317658
Hospital/Clinic	MILLENNIUM MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/11/2017	Date Discharge	13/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KHO CHOIN TIONG		ID No. S7017118Z
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13/11/2017 at around 1300hrs I am driving my vehicle SHB232S at Resort world sentosa basement dropoff point I had just dropped off a passenger when this vehicle no. SJC6546T overtake me and stopped in front of me taking up both lanes. I then move right wanting to move forward but however the vehicle was in the way. The vehicle suddenly reversed I managed to horn for him to stop but however he continued and hit upon the front left of my vehicle with his rear right.

My vehicle left front bumper was damaged and my headlight was cracked due to the accident, The other vehicle suffered scratches on the right rear bumper. The other driver moved his vehicle to the side and then we exchanged particulars and driving license. I took photos of the damage to my and the other vehicle. My car do have a in car camera and managed to take down what happened at the accident point.

As my vehicle was still able to drive I wanted to return to SMRT Depot to return my vehicle. but however I a numb sensation in my left arm and as such went to see a doctor and got 5 days of MC. This is not the first time that this has happened to me and my last accident was around 1 to 2 years ago. That is all.



**SINGAPORE
POLICE FORCE**



T/20171113/2134

3 of 3

Report No. T/20171113/2134

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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 / Sgt 2 NG BOON WEE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI-KASMAWATI-BTE-SAMIAN Contact No.: 65476179
Authentication Stamp NP168 Singapore Police Force

Signature Of Informant:
Date/Time: 13/11/2017 16:40
Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHB232S
Vehicle to be Exported	No
Intended De-registration Date	15 Nov 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Primary Colour	Maroon
Manufacturing Year	2013
Engine No.	2ZR5885543
Chassis No.	JTDKN36UX05692681
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$33,120.00
Original Registration Date	30 Oct 2013
First Registration Date	30 Oct 2013
Transfer Count	0
Actual ARF Paid	\$8,368.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	29 Oct 2021
PARF Rebate Amount	\$6,276.00
Intended COE Rebate Details	
COE Expiry Date	29 Oct 2021
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$61,324.00
COE Rebate Amount	\$30,311.00
Total Rebate Amount	\$36,587.00
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 15 Nov 2017



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Last updated on 13 Oct 2017 at 07:07 PM

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB232S
 Ref. No : TAX/11/17/2091
 Reg. Date : 30/10/2013
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : GOH SHONG BEE
 Type of Accident : OTHERS
 Date / Time of Accident : 13/11/2017 12:56:00 PM
 Accident Reported Date / Time : 14/11/2017 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 : 000024093091
 Special Instruction to ARC, if any :
 DROVE IN/ SJC6546T - NTUC IDAC
 Prepared Date : 14/11/2017 10:28:27 AM



Sebastian.
 14/11/2017
 - hung Sun Repair.
 - Photo After Paint.


 22/11/17

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 : JTDKN36UX0-5692681

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	0.00
Total Spray Painting Charges	: 756.00	0.00
Total Material Charges	: 1,481.66	1,511.90
Other Charges	: 340.00	0.00
TOTAL	: 2,915.66	0.00
Lum Sum Total	: 2,900.00	0.00
No. of Repair Days	: 3.00	0.00
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sign Off Date	: 14/11/2017 03:38:36 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 14/11/2017 03:38:36 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 :

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 REPSRAY FRONT BUMPER	378.00	0.00 200
TO RESPRAY FRONT FENDER LH	378.00	0.00 200
Total Spray Painting & Panel Beating	756.00	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 REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	340.00	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 ✓ CRK	No
52116-47040		6505516	BUMPER SUPPORT F/LH	1	76.40	25.00	57.30	Replace	Replace ✓ N/C	No
81170-47500		6505436	HEAD LAMP LH	1	945.20	10.00	850.68	Replace	Replace ✓ SKR	No
53802-47050		6505558	FENDER FRT/LH	1	723.40	25.00	542.55	Replace	Replace ✓ DT	No
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace	No
TOTAL MATERIALS								1,850.96	1,850.95	
TOTAL MATERIALS(Discounted)								1,481.66	1,511.90	

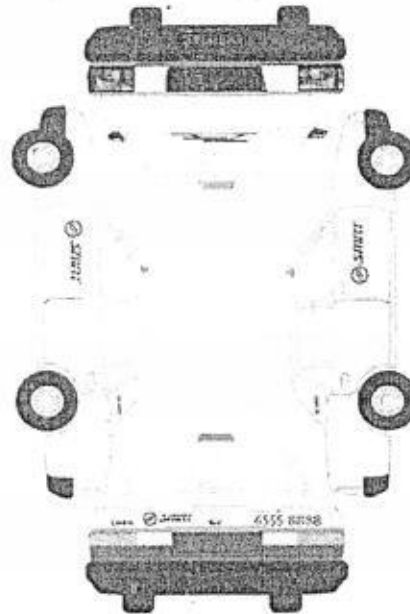
Added Spare Parts / Material Usage After Surveyor Signed off

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

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB232S
Ref. No : TAX/11/17/2091
Reg. Date : 30/10/2013
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : GOH SHONG BEE
Type of Accident : OTHERS
Date / Time of Accident : 13/11/2017 12:56:00 PM
Accident Reported Date / Time : 14/11/2017 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 : 000024093091
Special Instruction to ARC, if any :



96317658 Goh ✓
on me

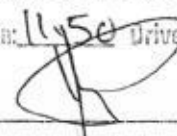
DROVE IN/ SJC6546T - NTUC IDAC
AFTER PAINT PHOTO, LUMPSUM REPAIR, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP:90036121

Prepared Date : 14/11/2017 10:28:27 AM

13:30 16-11-17

14:45 pass.

reject @ frt LH Liner loose paint surface
@ frt LH fender there is flow down

Vehicle sent to Waga Date In:	15/11/17	Towing:	
Time In:	—	Driver:	707
Waga Job No:	13952/11		
Vehicle sent to SMRT Date In:	16-11-2017	Towing:	
Time In:	11:50	Driver:	
Received by (SMRT):			

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

Chassis No : JTDKN36UX0-5692681

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	756.00	400.00
Total Material Charges	1,480.76	1,480.76
Other Charges	340.00	60.00
TOTAL	2,914.76	2,140.76
Lum Sum Total	2,900.00	2,150.00
No. of Repair Days	3.00	2.00
Prepared / Adjusted By		SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	14/11/2017 03:38:36 PM	14/11/2017 04:52:18 PM

P

LKK

Prepared / Adjusted Date

Remarks

Prepared Date : 14/11/2017 03:38:36 PM

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

Quotation No

QN-1711-0442

Invoice No

Quotation Date

18/11

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 REPSRAY FRONT BUMPER ✓	378.00	200.00 /
TO RESPRAY FRONT FENDER LH ✓	378.00	200.00 /
Total Spray Painting & Panel Beating	756.00	400.00

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 REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Total Other Costs	340.00	60.00

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	No
52116-47040		6505516	BUMPER SUPPORT F/LH	✓ 1	76.40	25.00	57.30	Replace	Replace	No
81170-47500		6505436	HEAD LAMP LH	✓ 1	945.20	10.00	850.68	Replace	Replace	No
53802-47050		6505558	FENDER FRT/LH	✓ 1	723.40	25.00	542.55	Replace	Replace	No
75374-47051			NAME PLATE (HYBRID)	✓ 1	51.90	25.00	38.92	Replace	Replace	No
TOTAL MATERIALS							1,850.96	1,850.95		
TOTAL MATERIALS(Discounted)							1,480.76	1,480.76		

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									

1850.95 /
- 20%
1480.76
+ 200.00
+ 460.00

2140.76

L/S \$2150/-

NTUC

1850.95
200.00
+ 460.00

2510.95

- 20%

2008.76

L/S: \$2000

Sebastian
27/11/2017

3712.90

**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/INC17021793/Sqbn2				
73 BRAS BASAH ROAD		Date: 04-12-2017		
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Code: INC4		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJC 6546T	Veh. Inspected	SHB 232S	
Policy No.	5087294769-01	Coverage (\$)	0.00	
Claim No.	MT/0969598-002	Excess (\$)	0.00	
Assign From		Assign Date	14/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTDKN36UX05692681	Colour	MAROON	
Odometer	424001	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 N/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/11/2017	Inspection Date	14/11/2017	
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 232S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER FRT (DISC 25%)	CRACKED	482.00	361.50
1	BUMPER SUPPORT F/LH (DISC 25%)	NECESSARY	76.40	57.30
1	FENDER FRT/LH (DISC 25%)	DENTED	723.40	542.55
1	NAME PLATE (HYBRID)(DISC 25%)	NECESSARY	51.90	38.92
1	HEAD LAMP LH (DISC 10%)	SCRATCHED	945.20	850.68
			2,278.90	1,850.95
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		418.00	230.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		856.00	430.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,434.00	660.00
GRAND TOTAL			3,712.90	2,510.95
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,000.00

Report Ref No. NS/INC17021793/Sqbn2

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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