1 611717	CHAIN	7 77	N. THE
ASSI	5 + N 3	1.51	N. 1
the second section of	Det # 5 + 5	A STATE OF	4 7 4

	Veh No: SHB SZGIP	2.0	017
From: Date:	Type: M.Car / M.Cycle / Bus / Van /		
Estimated Cost:	Truck / Trailer or	Lorry / Capr Prime Wov	err
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		A Ilchau W	1200
To Inspect Vehicle No:		us Hypens 1800	
at Workshop m/s	Colour matour	2000 V 2000 E000	Std / NI / NA
of	Sp.Reading 18834	T/Radio: Insured /	Std / NI / NA
Insured: TY 8795M	Eng/No:	0	
Policy No. 50 6450 5474-3 040317 -080		u86357267	5
Claims No. MT/09+1621-001	Gen. Cond: Good / Fair / Poor / But		
Sum insured: Excess:	Steering: horder / Jammed / Leake		
(Client's Record)	Brake: horder / Jammed / Leake		
Make of Veh:	Modi : Nil / S/Rim / STD A/Rim	A 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
	Tyre Size: F: (is berk	
(Policy Condition)	R:	**	1.1
Remark: The veh had commenced its N/S O	BS / DUN / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR /	SUMI/
repair at the time of inspection.	TOYO / YOKO OF		
Bal, of Market Value:	Front	Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm	R/Bal. 5	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm	L/Bal. 5	mm
Est. Repairs: days Res.: Yes or No	D.O.A. 2010	D.O.I. 21 11	רו
Lum Sum: % 3 Val.: Yes or No	Survey held at	smer '	
CA / REV / REP. / 24 HRS Vehicle: IN /	Des. of Damages : Frt / Rear / O	IS I NIS I UIC I Rooft Runn	op or
Date: Person Contacted:	The U/C / Chassis frame / B		due to collision.
Date / Time Action / Instruction SHB 5261A - 053 MUG 1601074 FY 8785 M - X	5/Klyb3q2 06A-15	70616 (1)	12/2/26
		7.)	NTIC
4art by Yart \$255691	(Rod: 275592151	/1)	22/6/4
		· . • • • • • • • • • • • • • • • • • •	8785M
BECEIVED 2 S NO	V 2017		
RECEIVED 2 5 1.0		-	
Date/Time, File Pass to? Preli. Report	Days Of Repair:		
DALL CANS : Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?	- []	Тгапэропароп:	160
2) Add	Fee: Site Insp (\$)\$ +R\$\$I	
TVs ··	: Interview (\$) Photos	
Report Format:	: Tech: Invs (\$) Others	35
Lump Sum / I.B.I: (\$ 2556.91)	:Weekend (\$		
		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

NTU	IC INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref: NS/I	NC17022325/	R1tb
		D UNION HOUSESINGAPORE	Date: 22-1 Code: INC	1-2017	
1.		Policy Particulars	:- THIRD PAR	RTY CLAIM	
	Insured Veh.	FY 8785M	Veh. Inspec	ted	SHB 5261A
	Policy No.	5064505474-03	Coverage (\$	5)	0.00
	Claim No.		Excess (\$)		0.00
	Assign From		Assign Date	9	21/11/2017
2.		Vehicle Parti	culars & Con	dition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year of Reg		
	Chassis No.		Colour		
	Odometer	•	Steering		
	Brakes		Modification	n	
	General				
3.		Condit	ions 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.		Descripti	on of Damag	es	A CAN TORNAS
5.		Genera	I Information		
	Accident Date	20/11/2017	Inspection	Date	21/11/2017
	Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE LTD		
		60 WOODLANDS INDUSTRIAL	PARK E4 SING	GAPORE 75770	95
5a.		R	emarks		establis instabilità
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT PREJU	DICE" BASIS. AUTHORISED	REPAIRS.

eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	Change Password	d · Log Out
My Desktop	Poli	cy Query								27
Notice of Lass	Policy !	No.				Date of Ac	cident	20/11	/2017 18:57	
	Vehicle	No.(For Motor)	FY8785M							
					-	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5064505474-03	AB HASAN BIN AHMAD IDRIS	S0248366A	GMC	Third Party	FY8785M	FY8785M	04/03/2017	03/03/2018
					10	Continue				

Denise Tay (LKKAuto)

From:

Sent:

mtreg <mtreg@income.com.sg> Wednesday, 29 November, 2017 12:43 PM Denise Tay (LKKAuto)

To: Subject:

REQUEST CLAIM NUMBER

Hi,

All claims created.

Samsia

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











From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Wednesday, November 29, 2017 10:51 AM

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.	Da
1	MT/0971613-001	SMRT TAXIS PTE LTD	SHB 535T	FBG 907Z	
2	MT/0971616-001	SMRT TAXIS PTE LTD	SHC 4736Z	SJA 2764S	
3	MT/0969589-002	SMRT TAXIS PTE LTD	SHB 736E	FY 4059C	
4	MT/0971621-001	SMRT TAXIS PTE LTD	SHB 5261A	FY 8785M	
5	MT/0965908-003	SMRT TAXIS PTE LTD	SHF 210J	SJQ 586T	

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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

and the second		ACCIDENT STATEMENT	
Date Of Report		21/11/2017 08:59	
Date Of Accident	- 7	20/11/2017 14:50	
Exact Location Of Accident		CLEMENTI ROAD JUNCTION CLEMENTI AVE 2	
Country/State of Loss		SINGAPORE	

基本中原。在新聞新聞的時間	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB5261A	

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

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

Type Of Coverage

D-17087562MFSH

Cover Note Number

Driver

Name of Driver TAN NORMAN NRIC No S0490084G Date Of Birth 07/11/1948 Occupation OUTDOOR Date Of Driving Pass 14/03/1979

Driving Experience

38 YEARS AND 8 MONTHS

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 - CROSS JUNCTION

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TECK GHEE NEIGHBOURHOOD POLICE POST

ROAD: BLK 321 ANG MO KIO STREET 31, POSTCODE: 560321, Police Station Address

YES

NO

3

YES

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4599999 - FAX NO: 64574478

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171120/2120 On 20/11/2017 at about 2.45pm, I was driving (SHB5261A) along Clementi Road (towards Woodlands) and approaching to junction with Clementi Avenue 2. I was driving on the 2nd lane from the right (total 4 lanes). The traffic light was green to my favour and I saw a few vehicles stopping at the opposite direction inside the pocket to wait to turn right. As I was nearing the junction, suddenly a motorcycle FY8785M, from the opposite direction made a right turn and was in my path. As such, I took evasive actions and swerve my car to the left. However, the motorcycle hit my rear right passenger door. Traffic police and ambulance came to the scene, I was then advised by the Traffic Police officer to lodge anaccident report. There is an in-cam footage in my taxi which was handed over to the traffic Police officer. I suffered pain on my neck due to the accident.

Attachment(s)

Are accident photos available for attachment? YES NO

Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FY8785M

NO

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

UNKNOWN RIDER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FY8785M

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TAN NORMAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB5261A

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

SMR7 22 55

Policyholder's Signature Date & Time: Vary.

Driver's Signature (If driver is not the policyholder) Date & Time: de 2/4/27

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

TCH PLAN			
	CLEMENTI RUAD		
			A-548526
	3)		B- FY8785
The House of			
+] <	
+	Am .	<u> </u>	
		75	
CRIBE CIRCUMSTANCI	S OF THE ACCIDENT CLEMENT! AVE >		I shake to
REFER TO P	1116 REPIRT - 7/20171121	12120	
10117	77 17 17 17 17 17 17 17 17 17 17 17 17 1		
	Var		
			
			
			-
HE STATE OF THE ST			- Parks
LABATRON			
	rticulars are true in every respect.		
()	2 24	al.	2/11/2017
011 3	1/2/2/	Qh	
yholder's Signature & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personn Name:	el's Signature
	Date & Time:	NRIC/FIN No.:	





Slice Station Of Origin: Feck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

1 of 3 Report No. T/20171120/2120

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

20/11/2	ne Report 017 17:16	Made:	Vide Report No.: D/20171120/0069	Station Diary No.:
Informa	nt's Partic	ulars	育成・分類 September 11 チェール デュ	20
TAN NO			Address: APT BLK 406B FERNVALE F 792406	ROAD #02-47 SINGAPORE
NRIC N	/ ID No.: D / S04900	84G	Contact No.: Home/Office:	Makila national
National SINGAP	ity: ORE CITIZ	EN EN	Email:	Mobile: 81540218
Sex: Male	Age: 69	Date of Birth: 07/11/1948	Type of Informant:	90
Race: Chinese			Language: English	Institution / School Name:
Occupati Taxi drive			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Amb		Drink Drive: No	Date/Time of Accident: 20/11/2017 14:		Type of Location X-Junction
CLEMENTI A		2				
Weather: Clear	10	Road	Surface:		Road	d Speed Limit:
Traffic Flow: Dual Carriage		Traffic	Control: Light - Wo	rking	Traff	ic Volume:
Type of Collisi						ne conveyed by

Vehicle No.	Type	Make	Model	0.1		CONTRACTOR OF THE SERVE
PRINCIPAL OF THE PARTY OF THE P	Motorcycle	Widne	Model	Color	Condition	No of Passenger
	Wictorcycle			100000000000000000000000000000000000000	Slightly '	0
SHB5261A	Car				Damaged	
CHECKOTA	Cai				Slightly	2
					Damaged	,

THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O
Pedestrian Crossing: NA





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 2 of 3 Report No. T/20171120/2120

Tel No: 1800-4599999

CONTINUATION OF REPORT

Name	Unknown		ID No	1	NIL
Related Vehicle	FY8785M (Motorcycle)		Conta	ct No.	NIL
Hospital/Clinic	NIL	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL .	Date Disc	harge	NIL	
No. of Days gran	nted Medical Leave NIL Degree of		f Injury	Serio	us
Driver	2 (10 m) 2 m) 专业 相 格 m		Corn St	好 河 建	35 甲的咖啡茶茶种
Name	TAN NORMAN		ID No		S0490084G
Related Vehicle	SHB5261A (Car)		Conta	ct No.	81540218
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	finjury	NIL	

Brief Details.

On 20/11/2017 at about 2.45pm, I was driving(SHB5261A) along Clementi Road (towards Woodlands) and approaching to junction with Clementi Avenue 2. I was driving on the 2nd lane from the right (total 4 lanes). The traffic light was green to my favour and I saw a few vehicles stopping at the opposite direction inside the pocket to wait to turn right. As I was nearing the junction, suddenly a motorcycle FY8785M, from the opposite direction made a right turn and was in my path. As such, I took evasive actions and swerve my car to the left. However, the motorcycle hit my rear right passenger door.

Traffic police and ambulance came to the scene. I was then advised by the Traffic Police officer to lodge an accident report. There is an in-cam footage in my taxi which was handed over to the Traffic Police officer. I suffered pain on my neck due to the accident.





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 3 of 3 Report No. T/20171120/2120

Tel No: 1800-4599999

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 F / Sr Staff Sgt NORSHAFIK BIN A	1 .	Signature Of Informant:	
Signature Of Interpreter: Not applicable	J	Date/Time: 20/11/2017 17:16	100
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	(Classification Of Case:	
Authentication Stamp NP168	1000	mature	

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type	Company
Owner ID	
	5369K
Vehicle Details	
/ehicle No.	SHB5261A
Vehicle to be Exported	No
ntended De-registration Date	29 Nov 2017
Vehicle Make	ТОУОТА
Vehicle Model	PRIUS HYBRID 1.8 CVT
Primary Colour	Maroon
Manufacturing Year	2017
Engine No.	2ZRS096813
Chassis No.	JTDKB3FU803572673
Maximum Power Output	90.0 kW (120 bhp)
Open Market Value	\$29,007.00
Original Registration Date	10 Oct 2017
First Registration Date	10 Oct 2017
Transfer Count	0
Actual ARF Paid	\$5,000.00
ntended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	09 Oct 2025
PARF Rebate Amount	\$3,750.00
ntended COE Rebate Details	
COE Expiry Date	09 Oct 2025
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$34,052.00
COE Rebate Amount	\$33,457.00
Total Rebate Amount	\$37,207.00
Message	

The information contained herein is correct as at 29 Nov 2017





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.

SHB5261A

Ref. No

TAX/11/17/2126

Reg. Date

10/10/2017

Vehicle Type

TAXI

Make

TOYOTA PRIUS

Model

PRIUS4

Name of Driver

TAN NORMAN

Type of Accident

HEAD TO SIDE

Date / Time of Accident

20/11/2017 02:50:00 PM

Accident Reported Date / Time :

21/11/2017 12:00:00 AM

Surveyor is Required?

Yes

Survey by

Vehicle is Towed Back?

No

Towed Back Date/Time

Replacement Vehicle issued? :

Accident Repair Job Card No :

000024093196

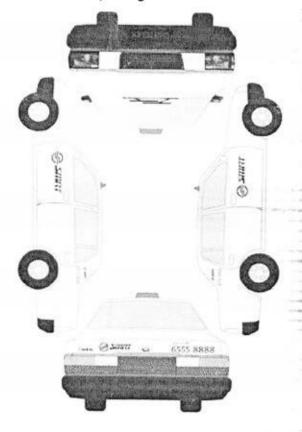
Special Instruction to ARC, if any :

FY8785M

NTM / Resurey 6 4 part

Prepared Date

21/11/2017 09:18:25 AM



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

Chassis No : JTDKB3FU803572673

Mileage

0

Work Shop, :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

845.00

0.00

Total Spray Painting Charges

918.00

0.00

Total Material Charges

2,849.83

2.849.83

Other Charges

700.00

0.00

TOTAL

5,312.83

0.00

Lum Sum Total

0.00

0.00

No. of Repair Days

5.00

Prepared / Adjusted By

0.00 3 days - PP

Arc / Surveyor Sing Off Date

21/11/2017 03:54:29 PM

01/01/1900 12:00:00 AM

Prepared / Adjusted Date

Remarks

Prepared Date :

21/11/2017 03:54:29 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

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

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted	by Surveyor, if applicable
TO RESPRAY REAR DOOR RH	378.00	0.00	ans
TO RESPRAY ROCKER PANEL MOULDING	180.00	0.00	lou
RESPRAY WHEEL CAP	180.00	0.00	X
TO RESPRAY RIM	180.00	0.00	X50
Total Spray Painting & Panel Beating	918.00	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	*
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00	20
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00	多多30
TO REMOVE AND REFIT TYRE	120.00	0.00	50 30
TO REPLACE SUNDRY PARTS	100.00	0.00	20
TO WASH AND VACUUM	60.00	0.00	Y.
TO TRANSFER DOOR MECHANISM	120.00	0.00	X
Total Other Costs	700.00	0.00	

Part 4 - Spare Parts / Material Usage

Part	Pertion	Stock No	Part Name	Qt	/ List Pric	e Discou	int Final Pri	ce ARC	Surveyor	Photo
umber	ronion	Stock NO	Fait Name	Q1	(\$)	(%)		Recommen		
003472			PANEL SUB-ASSY REAR DOOR, RH	,	1 1,243.90	25.00	932.92	Replace	Reptace	V No
			PIXEL STICKER		1 60.00	0.00	60.00	Replace	Replace	No No
850479			MOULDING ASSY, BODY ROCKER		1 576.00	25.00	432.00	Replace	Replace	No.
602471			PANEL , RH CAP SUB-ASSY, WHEEL		1 175.80	25.00	131.85	Replace	Replace	No
611474			WHEEL, DISC		1 1,555.10	25.00	1,166.32	Replace	Replace	Cut/
			TYRE		1 126.74	0.00	126.74	Replace	Replace	t No
		1	OTAL MATERIAL	.S				2,849.84	2,849.83	
		TOTAL	MATERIALS(Disc	ounted)	-11:		2,849.83	2,849.83	
ded Sp	oare Parts	/ Material	Usage After Surve	eyor Sig	ned off			2000-1100-1100		
Part umber	Portion	P	art Name	Qty	ist Price (\$)	Discount (%)	Final Price (\$)	ARC Check S	Surveyor Check	LT Check
- 1	тс	TAL SUPP	LEMENTARY MA	TERIAL					-	- contract design
X/11/1	7/2126								Page:	description 4

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
	TOTA	L SUPPLEMENTARY	MATERIA	ALS					



Accident Reporting Number : 68662672

ccident Vehicle Renair Estimates

110/11.53

		*L[-11-11/16.
Section A - To be complet	ed by claims Advisor/Duty officer at Accident Repo	orting Centre
Reg. No	: SHB5261A	
Ref. No	: TAX/11/17/2126	7,010,3
Reg. Date	: 10/10/2017	
Vehicle Type	TAXI	-
Make UU	: TOYOTA PRIUS	(0)
Model	: PRIUS4	tests .
Name of Driver	: TAN NORMAN	Dames .
Type of Accident	: HEAD TO SIDE	1 8
Date / Time of Accident	: 20/11/2017 02:50:00 PM	
Accident Reported Date / T	ime: 21/11/2017 12:00:00 AM	
Surveyor is Required?	Yes	
Surviey by	Resul	
/ehicle is Towed Back?	: No /	AUTA .
Towed Back Date/Time		
Replacement Vehicle issue	d? : No	9441111 & 6555 8888
Accident Repair Job Card N	No : 000024093196	
Special Instruction to ARC, FY8785M NTVC P Before paint photo , After re 7 HP: 9001 0068. email: ra	epair photo FOR CHECK ITEM and REPLACE ITEM	PLEASE CALL SURVEYOR RAS
Prepared Date	: 21/11/2017 09:18:25 AM 1 889 97	10 - 10 M
	18534	
44 PM	× 200 ×	
Recording Camera		(T
Radio Antenna	Date 21-11-17	- 44
2 nd witness	Date	
	50 AF - 500	
	LEE SHENG AUTO PTE	

Vehicle Return Date: 24/1/12
Vehicle Return Time: 1.5 2

SMRT staff sign: _

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

JTDKB3FU803572673 Chassis No :

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

845.00

150.00

Total Spray Painting Charges

918.00

350.00

Total Material Charges

1,916.91

1,916.91

Other Charges

700.00

140.00

TOTAL

4,379.91

2,556.91

Lum Sum Total

0.00

0.00

No. of Repair Days

5.00

3.00

Prepared / Adjusted By

RASUL (LKK)

: 21/11/2017 03:54:29 PM Arc / Surveyor Sing Off Date

21/11/2017 04:55:26 PM

Prepared / Adjusted Date

Remarks

Prepared Date :

21/11/2017 03:54:29 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:

Part 1 - Labour Works

TAX/11/17/2126

Job Scope .	Quotation from ARC	Adjusted by Surveyor, if applicable	9
TO REPAIR RH PORTION	845.00	150.00	7. 10
Total Labour	845.00	150.00	** P
			. 18 TO 9

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR DOOR RH	378.00	200.00
TO RESPRAY ROCKER PANEL MOULDING	180.00	100.00
RESPRAY WHEEL CAP	180.00 V	0.00 11 1
TO RESPRAY RIM	180.00	50.00
Total Spray Painting & Panel Beating	918.00	350.00

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

Quotation from ARC	Adjusted by Surveyor, if applicable
80.00	0.00 K12
100.00	20.00
120.00	30.00
120.00	30.00
100.00	20.00
60.00	40.00
120.00	0.00 × na
700.00	140.00
	100.00 120.00 120.00 100.00 60.00 120.00

Part 4 - Spare Parts / Material Usage

- Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen d	Surveyor Approved	Photos'
67003472 10			PANEL SUB-ASSY, REAR DOOR, RH	R1	1,243.90	100.00	0.00 🙏	Replace	Repair	No R
	5	200	PIXEL STICKER	VI	60.00	0.00	60.00	Replace	Replace	Nontra
75850479 10			MOULDING ASSY, BODY ROCKER PANEL , RH	V	576.00	25.00	432.00	Replace	Replace	No.
42602471 80			CAP SUB-ASSY, WHEEL	V 1	175.80	25.00	131.85	Replace	Replace	No de
42611474 50	-1		WHEEL, DISC	V	1,555.10	25.00	1,166.32	Replace	Replace	Nort
			TYRE	1	126.74	0.00	126.74	Replace	Replace	Now
		1	TOTAL MATERIALS	er lenter				1,916.92	1,916.91	- u picaumanisti s
TOTAL MATERIALS(Discounted)								1,916.91	1,916.91	

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	Check*
19. 111.53811	TOTA	L SUPPLEMENTARY	MATERIA	ALS					1000

- via referensitionalella



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



NTL	JC INCOME INSUI	RANCE CO-OPERATIVE LTD	Ref:	NS/INC170223	25/R1tbn2	
#05	BRAS BASAH ROA -01 NTUC TRADE 556	AD UNION HOUSESINGAPORE	Date:	04-12-2017 INC4		
1.		Policy Particulars	:- THIR		with the part of the part of the	
8	Insured Veh.	FY 8785M	_	nspected	SHB 5261A	
	Policy No.	5064505474-03	_	age (\$)	0.00	
	Claim No.	MT/0971621-001	Exces		0.00	
	Assign From			n Date	21/11/2017	
2.		Vehicle Parti	culars 8	Condition		
	Make & Model	TOYOTA PRIUS HYBRID 1.8	c.c		1798	
	Engine No. HIDDEN		Year of Reg.		2017	
	Chassis No.	JTDKB3FU803572673	Colour		MAROON	
	Odometer 18834 Steering		ng	IN ORDER		
	Brakes	IN ORDER	Modification		NIL	
	General	FAIR				
3.		Conditi	ons 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.	EN E	Description	COLUMN TO STATE OF THE STATE OF			
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S	REAR	PORTION.		
	DAMAGES SEE D	ETAILS.				
5.		General	Inform	ation		
	Accident Date	20/11/2017	Inspection Date		21/11/2017	
	Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE L	TD		
		60 WOODLANDS INDUSTRIAL	PARK E	SINGAPORE 757	705	
5a.	CONTRACTOR OF	Re	emarks		The seat of the	
	A)THE INSPECTION B)IN ACCORDANCE	ON WAS CONDUCTED ON A"WIT DE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS.	D REPAIRS.	
5b.		Estimate I	Alexandra de la companya	CASCO CONTRACTOR CONTRACTOR	the state of the state of	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		3 Working Days		



National Assessment Centre Services

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5261A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			A-4-
1	MOULDING ASSY, BODY ROCKER PANEL, RH (DISC 25%)	DEFORMED	576.00	432.00
1	CAP SUB-ASSY,WHEEL (DISC 25%)	сит	175.80	131.85
1	WHEEL,DISC (DISC 25%)	CUT	1,555.10	1,166.32
1	PIXEL STICKER (SN)	NECESSARY	60.00	60.00
1	TYRE (SN)	CUT	126.74	126.74
1	PANEL SUB-ASSY, REAR DOOR, RH	TO REPAIR	1,243.90	12.50 M
			3,737.54	1,916.91
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,285.00	210.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,018.00	370.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.		60.00	40.00
			2,463.00	640.00
	GRAND TOTAL		6,200.54	2,556.91

RECOMMENDED COST OF REPAIRS (CONFIRMED)	2,556.91
---	----------

Report Ref No. NS/INC17022325/R1tbn2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

the

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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