

Signature: Ram

REF: CC3/MSG17022387/Rlgbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (P) WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SFW 106L
 Policy No. _____
 Claims No. _____
 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. of Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 18.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 5193M Yr Regn: 2017 / OCT
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /
 Truck / Trailer or
 Make: TOYOTA PRIUS cc 1798
 Colour: MAROON A/C: Insured / Std / NI / NA
 Sp. Reading: 18267 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 3TDKB3FWX03572335
 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: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOYO or
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 21/11/17 D.O.I. 22/11/17
 Survey held at SMRT
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
b/s Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	
	SHB 5193M - CC3 / AL614007918 / Klpb392	Dur: 210414
	SFW 106L - X	11/17/2134
20/11/17	email GIA & est to Catherine.	MSLH
18/12/17	P/P \$ 1713.26 (red: 6058.84, 7891).	SFW/106L

RECEIVED 18

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$) ☐ : S + RS (\$)
☐ : Interview (\$) ☐ : Photos
☐ : Tech. Invs (\$) ☐ : Others
☐ : Weekend (\$)

Report Format: TP

Lump Sum / (B): \$ 1713.26

TOTAL

200
10
210



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CC3/MSG17022387/R1gb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 23-11-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFW 106L	Veh. Inspected	SHB 5193M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/11/2017

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	21/11/2017	Inspection Date	22/11/2017
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.
--

Ai Phing (LKKAUTO)

From: Ai Phing (LKKAUTO)
Sent: Friday, 24 November, 2017 11:05 AM
To: cheehwee_lee@sg.msg-asia.com; 'Catherine Thia'
Cc: Christopher Chionh; KKLau; Accounts (LKKAUTO); SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - SMRT (TP VEHICLE: SHB 5193M, INSURED VEHICLE: SFW 106L, DOA: 21-11-2017)
Attachments: GIA.pdf; POLICE REPORT.pdf; ESTIMATE.pdf

Dear Catherine,

Please be informed that we had inspected the vehicle SHB 5193M at M/s: SMRT.

Enclosed herewith a copy of TP's GIA report and the Estimate.

Meanwhile, kindly provide us the claim reference number for our necessary action.

Best Regards,

Ai Phing | Case Handler

LKK Auto Consultants Pte Ltd

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

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

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	21/11/2017 16:31
Date Of Accident	21/11/2017 00:05
Exact Location Of Accident	CAR PARK IN FRONT BLK 114 BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5193M
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-800000000

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	HAN HOW ENG
NRIC No	S0192673Z
Date Of Birth	31/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1976
Driving Experience	41 YEARS AND 2 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 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) 4

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name THOMSON NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171121/2110 On 21/11/2017 at about 12.05 am, I was driving my taxi inside the car park vicinity of Blk 114 Bedok Reservoir Rd. I had 3 passengers with me. As I pass by Blk 114, there is car (SFW106L) had just turned in. As the car turn in, the said car hit onto the front right tyre of my car. The said vehicle then reverse and go forward again. This time round it hit onto the rear right door of my taxi. I then alight my taxi and make a check and discovered that my front right tyre and my right door is damaged. I then exchange particulars with the other driver and took photo of the accident. After which I carry on with my own journey. Later after the accident, I felt unwell. As such I went to Sin Ming Clinic and was given 5 days medical leave.

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 SFW106L
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver MOHAMMED SHEHZAD S/O MOHAMMED RAFFIK
 NRIC/Passport Number S9114728I
 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

HAN HOW ENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB5193M

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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.



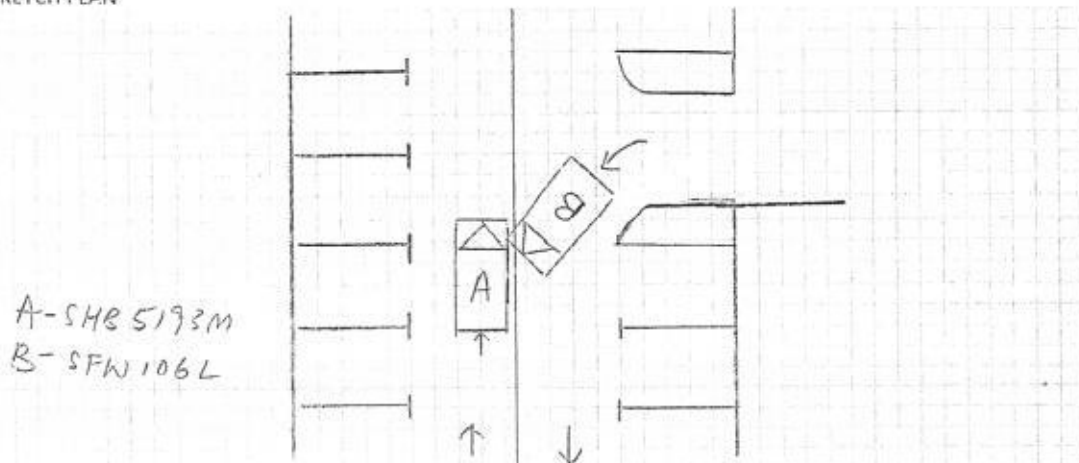
Policyholder's Signature
Date & Time:

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

REFER TO POLICE REPORT - 7/21/17 1121/2110

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.: _____



**SINGAPORE
POLICE FORCE**



T/20171121/2110

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20171121/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2017 15:51		Vide Report No.:		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: HAN HOW ENG			Address: APT BLK 24 CHAI CHEE ROAD #05-570 SINGAPORE 460024		
ID Type / ID No.: NRIC NO / S0192673Z			Contact No.: Home/Office: Mobile: 81392380		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 31/05/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2017 00:05	Type of Location: Car Park
Location: Along Road 1 BEDOK RESERVOIR ROAD at the carpark in front of 114 Bedok Reservoir				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SFW106L	Car				Slightly Damaged	0
SHB5193M	Taxi				Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171121/2110

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20171121/2110

CONTINUATION OF REPORT

Driver			
Name	Mohammed Shehzad S/O Mohammed Raffik	ID No.	S9114728I
Related Vehicle	SFW106L (Car)	Contact No.	91397609
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
Driver			
Name	HAN HOW ENG	ID No.	S0192673Z
Related Vehicle	SHB5193M (Taxi)	Contact No.	81392380
Hospital/Clinic	SIN MING CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/11/2017	Date Discharge	21/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 21/11/2017 at about 12.05 am, I was driving my taxi inside the car park vicinity of 114 Bedok Reservoir Rd. I had 3 passengers with me. As I pass by Blk 114, there is car (SFW106L) had just turned in. As the car turn in, the said car hit onto the front right tyre of my car. The said vehicle then reverses and go forward again. This time round it hit onto the rear right door of my taxi.

I then alight my taxi and make a check and discovered that my front right tyre and my right door is damaged. I then exchange particulars with the other driver and took photo of the accident. After which I carry on with my own journey.

Later after the accident, I felt unwell. As such I went to Sin Ming Clinic and was given 5 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20171121/2110

3 of 3

Report No. T/20171121/2110

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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:
E /
Sgt 2 MUHAMMAD RIDZUAN BIN ABDUL
RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/11/2017 15:51

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB5193M
 Ref. No : TAX/11/17/2134
 Reg. Date : 10/10/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : HAN HOW ENG
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 21/11/2017 12:05:00 AM
 Accident Reported Date / Time : 21/11/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by :
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 21/11/2017
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093223
 Special Instruction to ARC, if any :
 TOWED \$40 / SFW106L / MS14 / Repairing 64 paint
 Prepared Date : 21/11/2017 05:01:28 PM



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

Chassis No : JTDKB3FUX03572335

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	1,494.00	0.00
Total Material Charges	3,617.82	3,617.82
Other Charges	660.00	0.00
TOTAL	6,616.82	0.00
Lum Sum Total	0.00	0.00
No. of Repair Days	5.00	0.00
Prepared / Adjusted By		
Arc / Surveyor Sing Off Date	22/11/2017 01:24:12 PM	01/01/1900 12:00:00 AM

 22/11/17
@ 1520

4 days - p/p

Prepared / Adjusted Date

Remarks

Prepared Date : 22/11/2017 01:22:09 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 : 11/22/2017 1:22:48 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	0.00 300
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 X
RESPRAY WHEEL CAP	180.00	0.00 X
TO RESPRAY FRONT DOOR RH	378.00	0.00 X
Total Spray Painting & Panel Beating	1,494.00	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 40
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00 60
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
TOWING CHARGE	80.00	0.00 ?
Total Other Costs	660.00	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
52119479 62			COVER, FR BUMPER	1	495.50	25.00	371.62	Replace	Replace <i>Repair</i>	No
52115470 50			SUPPORT, FR BUMPER RH	1	76.90	25.00	57.67	Replace	Replace <i>X</i>	No
53801470 80			FENDER SUB-ASSY, FR, RH	1	933.10	25.00	699.82	Replace	Replace <i>DT</i>	No
75374471 40			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	25.00	39.67	Replace	Replace <i>Ne</i>	No
42602471 80			CAP SUB-ASSY, WHEEL	1	175.80	25.00	131.85	Replace	Replace <i>SOB</i>	No
42611474 50			WHEEL, DISC	1	1,555.10	25.00	1,166.32	Replace	Replace <i>X</i>	No
67001471 52			PANEL SUB-ASSY, FRONT DOOR RH	1	1,249.60	25.00	937.20	Replace	Replace <i>X</i>	No
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace <i>X</i>	No
68730121 20			HINGE ASSY, FRONT DOOR, LOWER RH	1	92.10	0.00	92.10	Replace	Replace <i>X</i>	No
68710121 51			HINGE ASSY, FRONT DOOR, UPPER RH	1	82.10	25.00	61.57	Replace	Replace <i>X</i>	No
TOTAL MATERIALS								3,617.85	3,617.82	
TOTAL MATERIALS(Discounted)							3,617.82	3,617.82		

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									

7742.10



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 : SHB5193M
Ref. No : TAX/11/17/2134
Reg. Date : 10/10/2017
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS4
Name of Driver : HAN HOW ENG
Type of Accident : SIDE SWIPE
Date / Time of Accident : 21/11/2017 12:05:00 AM
Accident Reported Date / Time : 21/11/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : Rasul
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 21/11/2017
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093223
Special Instruction to ARC, if any :
TOWED \$40 / SFW106L
Before paint photo, After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL
/ HP : 9001 0068, email: rasul@lkkauto.com
Prepared Date : 21/11/2017 05:01:28 PM



18333 - KM

Recording Camera

☐ ☒

Radio Antenna

☐ ☒

1st witness

Date 22-11-17

2nd witness

Date

1 — 1/4 — 1/2 — 3/4 — 3/4

cc 27/11/17/11:57
PASS

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 29/11/17

Vehicle Return Time: 10:40 A.M

SMRT staff sign: _____

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

Chassis No : JTDKB3FUX03572335

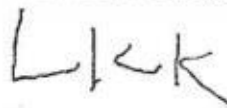
Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	845.00	300.00
Total Spray Painting Charges :	1,494.00	400.00
Total Material Charges :	813.26	813.26
Other Charges :	660.00	200.00
TOTAL :	3,812.26	1,713.26
Lum Sum Total :	0.00	0.00
No. of Repair Days :	5.00	4.00
Prepared / Adjusted By :		RASUL (LKK)
Arc / Surveyor Sing Off Date :	22/11/2017 01:24:12 AM	22/11/2017 04:34:47 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 22/11/2017 01:22:09 AM

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

Quotation No : QN-1711-0703

Invoice No :

Quotation Date : 28/11

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 11/22/2017 1:22:48 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	300.00
Total Labour	845.00	300.00

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	0.00 X
RESPRAY WHEEL CAP	180.00	0.00 X
TO RESPRAY FRONT DOOR RH	378.00	0.00 X
Total Spray Painting & Panel Beating	1,494.00	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	0.00 X
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
TOWING CHARGE	80.00	40.00
Total Other Costs	660.00	200.00

7772.00

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
52119479 62			COVER, FR BUMPER	1	495.50	100.00	0.00	Replace	Repair	No <i>R</i>
52115470 50			SUPPORT, FR BUMPER RH	0	76.90	30.00	0.00	Replace	Not given	No <i>X</i> <i>SVC</i>
53801470 80			FENDER SUB-ASSY, FR, RH	1	933.10	30.00	653.17	Replace	Replace	No <i>BT</i>
75374471 40			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	30.00	37.03	Replace	Replace	No <i>NOC</i>
42602471 80			CAP SUB-ASSY, WHEEL	1	175.80	30.00	123.06	Replace	Replace	No <i>SCR</i>
42611474 50			WHEEL, DISC	0	1,555.10	30.00	0.00	Replace	Not given	No <i>X</i> <i>SVC</i>
67001471 52			PANEL SUB-ASSY, FRONT DOOR RH	0	1,249.60	30.00	0.00	Replace	Not given	No <i>X</i> <i>SVC</i>
			STICKER DECAL SMRT (DOOR)	0	60.00	0.00	0.00	Replace	Not given	No <i>X</i> <i>nn</i>
68730121 20			HINGE ASSY, FRONT DOOR, LOWER RH	0	92.10	0.00	0.00	Replace	Not given	No <i>X</i> <i>SVC</i>
68710121 51			HINGE ASSY, FRONT DOOR, UPPER RH	0	82.10	30.00	0.00	Replace	Not given	No <i>X</i> <i>SVC</i>
TOTAL MATERIALS							813.26	813.26		
TOTAL MATERIALS(Discounted)							813.26	813.26		

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									

813.26

300.00

600.00

1713.26

4 days

LKK Auto Consultants Pte Ltd (Co.Reg No:199607198R)
 51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
 Singapore 408933
 Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/MSG17022387/R1GBN2
Date: 20/12/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	P27860335DMA
Claimant Vehicle No :	SHB5193M	Insured Vehicle No :	SFW106L
Date of Loss:	20/11/2017	Nature of Claim:	TP
		Claim No:	538267

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB5193M	Engine No:	2ZRS095360
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FUX03572335
Reg. Date:	10/10/2017 (Man. Year: 2017)	Odometer:	18267 km
Colour:	Maroon		
Engine Capacity:	1798 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Yokohama 5 mm	Rear Left Side:	Yokohama 5 mm
Front Right Side:	Yokohama 5 mm	Rear Right Side:	Yokohama 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,773.10	813.26	3,959.84	82.96
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,999.00	900.00	2,099.00	69.99
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	7,772.10	1,713.26	6,058.84	77.96

INSPECTION

Date of Assignment:	24/11/2017	
Date Inspected:	22/11/2017	Inspected At:
		SMRT Automotive Services Pte Ltd (Woodlands) 60 Woodlands Industrial Park E4 Singapore 757705
Estimated Period of Repair:	4.0 days	

Adjuster: MOHD RASUL

Manager: LOW AI PHING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 20 Dec 2017)
Parts:	144	TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB5193M)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FENDER SUB-ASSY,FR RH (DISC 30%)	Bent	933.10 F	*653.17 F
2	1		*EMBLEM,SIDE PANEL (HYBRID) (DISC 30%)	Necessary	52.90 F	*37.03 F
3	1		*CAP SUB-ASSY,WHEEL (DISC 30%)	Scratched	175.80 F	*123.06 F
4	1		*SUPPORT,FR BUMPER RH	Serviceable	76.90 F	*- F
5	1		*WHEEL,DISC	Serviceable	1,555.10 F	*- F
6	1		*PANEL SUB-ASSY,FRONT DOOR RH	Serviceable	1,249.60 F	*- F
7	1		*HINGE ASSY,FRONT DOOR,LOWER RH	Serviceable	92.10 F	*- F
8	1		*HINGE ASSY,FRONT DOOR,UPPER RH	Serviceable	82.10 F	*- F
9	1		*COVER,FR BUMPER	Repair	495.50 F	*- F
10	1		*STICKER DECAL SMRT (DOOR)	Not Necessary	60.00 F	*- F
					Total Parts (S\$)	4,773.10 813.26

F=Franchise part.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING & BODY WORK	New	845.00	300.00
2	SPRAY PAINT	New	1,494.00	400.00
3	TO CHECK WIRING AND SYSTEM FUNCTION	New	80.00	-
4	TO APPLY RUST-PROOFING ON AFFECTED AREA	New	100.00	40.00
5	TO DO WHEEL ALIGNMENT/TYRE BALANCING	New	120.00	60.00
6	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	New	120.00	-
7	TO REPLACE SUNDRY PARTS	New	100.00	20.00
8	TO WASH AND VACUUM	New	60.00	40.00
9	TOWING CHARGE	New	80.00	40.00
Gross Labour Cost (S\$)			2,999.00	900.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >