

Surveyor: Ram

REF:

NS/INC17027388/R19622

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: SJA 2764S

Policy No. 5092481621 070717 - 30.11.17

Claims No. MT/0977616-001

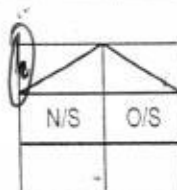
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. of Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR. Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 4736Z Yr Regn: 2015 / NOV

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

Truck / Trailer or

Make: TOYOTA PRIUS C.C. 1798

Colour: MARON A/C: Insured / Std / NI / NA

Sp. Reading: 294857 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3T0KN 36U 70576 7188

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 195/65R15
R: _____

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

TOYO / YOKO or FALKEN

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

N/S FR

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

Date / Time Action / Instruction

SHC 4736Z - CCB / LCR 17012836 / Kizg92

DATA: 290617

11/17/2132

SJA 2764S - CCB / CT 16016320 / Kingst

DATA: 040916

NTUC

Final by \$268.92, 3 days (Red \$1561.38, 67%)

SJA 2764S

RECEIVED 29 NOV 2017

Date/Time, File Pass to?

☐ : Preli. Report

1) 29/11/17

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) \$ + RS \$ _____

) Photos

) Others

Report Format : TP

Lump Sum / I.B.I. (\$) 768.92

TOTAL

199



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/INC17022388/R1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-11-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJA 2764S	Veh. Inspected	SHC 4736Z
Policy No.	5092481621	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.
--

SAC 47362

Policy Type: OD / TP / TP RES / TL / EVA

Typist

(1) Office Assign Form

<u>Y-Date</u>	<u>N-Date</u>
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

(1) Assignment Form

[illegible]

C Damaged Vehicle Photographs Uploaded

--	--

N	ALL Parts condition
---	---------------------

✓	
✓	

C Resurvey photo Uploaded

--	--

--	--

11/17

Date _____

21/05/2014

Denise Tay (LKKAuto)

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

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/11/2017 16:03"/>						
Vehicle No. (For Motor)	<input type="text" value="SJA2764S"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092481621	365 ENTERPRISE	53351462B	GPC	Third Party	SJA2764S	SJA2764S	07/07/2017	30/11/2017
<input type="button" value="Continue"/>									

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 15:13
Date Of Accident	21/11/2017 07:35
Exact Location Of Accident	JURONG ISLAND HIGHWAY TOWARDS AYER MERBAU JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4736Z
-----------------------------	----------

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	LOH BEE KHOON
NRIC No	S1674136A
Date Of Birth	15/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG JURONG ISLAND HIGHWAY AT THE SECOND RIGHT LANE WITH A PASSENGER ON BOARD WHEN THE VEHICLE SJA2764S SUDDENLY CUT INTO MY LANE FROM THE LEFT LANE AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE TOO LARGE
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJA2764S
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver BALAKRISHNAN S/O SHUMUGAN
 NRIC/Passport Number S2628898C
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg. 1

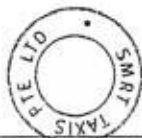
SKETCH PLAN

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.



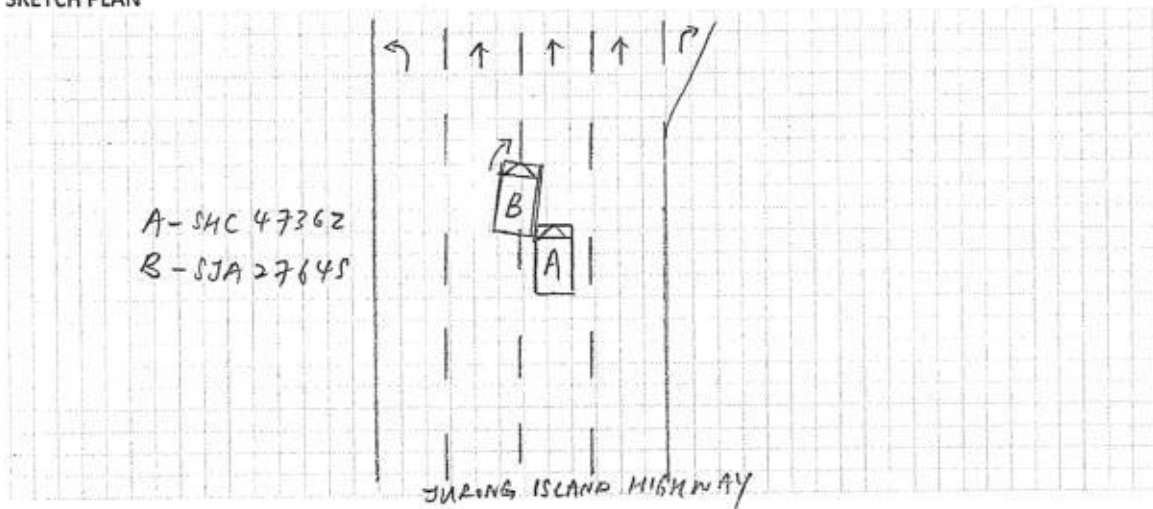
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/11/17

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature _____
Date & Time: _____

are true in every resp

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/11/17

aku 21/11/2017

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

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	20 Nov 2017		29 Nov 2017 11:43 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CHEAH EU GENE , ID: S2768347I, Tel: +6594870103, Email: CHEAH.E@GMAIL.COM		
Main Claimant:	CHAN YI WEI , ID: S8308374C		
Vehicle Reg. No.:	SLJ2058B	Date of Loss:	18/11/2017 15:00 - :59
Claim Type:	TP / 537323	Policy/Cover Note No.:	A28714045AVW (Comprehensive) Coverage: 29/03/2017 - 28/03/2018
Vehicle Reg. No. (Insured):	SLB1584Y	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	Fastech Auto Pte Ltd (HQ) 1 Kaki Bukit Ave 6, #01-46/48/50 Autobay, 417883 Kaki Bukit - Tel: 67465405		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Imm.Advice due 30/11/2017]		
Driver/Custodian (Insured):	CHEAH EU GENE (49 / Male), NRIC: S2768347I, Tel: +6594870103		
Adj Asq. Remarks:	ON WP		

ASSOCIATED MAIL RECEIVED

[View All](#)

Compose Case Mail

There are no mail for this case.



ALL ASSOCIATED TASKS

[View All](#)

Search Tasks

Create New Task

Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
----------	----------	------	------------	---------	---------	-------------	--------------	------------	-------

No results.

Veron Chen (LKKAUTO)

From: Margaret Loh <margaret_loh@sg.msig-asia.com>
Sent: Wednesday, 29 November, 2017 11:45 AM
To: Veron Chen (LKKAUTO)
Cc: SUR; KKLau; Accounts (LKKAUTO); Christopher Chionh; Jasmine Lok Kheng Kwei
Subject: RE: DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA: 18/11/2017, SLJ 2058B (TP VEHICLE), SLB 1584Y (OI VEHICLE)

Our Ref : 537323

Dear Veron,

Please upload your report in Merimen.

Thank you.

Best Regards

Margaret Loh
Admin Officer, Claims Services (Motor)
Direct line +65 6594 2553 | Direct fax +65 6225 7402 | margaret_loh@sg.msig-asia.com



MSIG



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Tuesday, 21 November, 2017 8:43 AM
To: Margaret Loh <margaret_loh@sg.msig-asia.com>
Cc: SUR <sur@lkkauto.com>; KKLau <kklau@lkkauto.com>; Accounts (LKKAUTO) <account@lkkauto.com>; Christopher Chionh <christopher_chionh@sg.msig-asia.com>
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA: 18/11/2017, SLJ 2058B (TP VEHICLE), SLB 1584Y (OI VEHICLE)

Dear Margaret,

Please be informed that we had inspected the vehicle SLJ 2058B at M/s: FASTECH AUTO PTE LTD, 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883

Enclosed herewith a copy of TP's GIA report. The estimated cost of repair will forward to you shortly.

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

Best Regards,

Veron Chen | 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, #02-25 | S(408933)

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHC4736Z
 Ref. No : TAX/11/17/2132
 Reg. Date : 20/11/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : LOH BEE KHOON
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 21/11/2017 07:35:00 AM
 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? : No
 Accident Repair Job Card No : 000024093219
 Special Instruction to ARC, if any :
 SJA2764S / N The / Repair after repair
 Prepared Date : 21/11/2017 03:29:31 PM



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

Chassis No : JTDKN36U705767188

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	507.00	0.00
Total Spray Painting Charges	756.00	0.00
Total Material Charges	38.92	942.97
Other Charges	260.00	0.00
TOTAL	1,561.92	0.00
Lum Sum Total	0.00	0.00
No. of Repair Days	4.00	0.00 3 days - p/p
Prepared / Adjusted By		
Arc / Surveyor Sign Off Date	21/11/2017 07:00:55 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 21/11/2017 07:00:55 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 8:19:51 AM

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 D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH FRONT PORTION	507.00	0.00 200 250
Total Labour	507.00	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 APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 20
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
Total Other Costs	260.00	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	Repair	Replace <i>Repair</i>	No
53802-47050		6505558	FENDER FRT/LH	1	723.40	25.00	542.55	Replace	Replace <i>Repair</i>	No
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace <i>new</i>	No
TOTAL MATERIALS								581.48	942.97	
TOTAL MATERIALS(Discounted)								581.47	942.97	

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									



TAT

25/11

25-11-17 / 11:59
25-11-17 / 15:59

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

22-11-17 / 15:59

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

Reg. No : SHC4736Z
 Ref. No : TAX/11/17/2132
 Reg. Date : 20/11/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : LOH BEE KHOON
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 21/11/2017 07:35:00 AM
 Accident Reported Date / Time : 21/11/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Rasul
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093219
 Special Instruction to ARC, if any :

SJA2764S NTAC P/P

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 03:29:31 PM



Recording Camera

☐

Radio Antenna

☒

1st witness

Date

22-11-17

2nd witness

Date

Re 23/11/17 15.00 Reject

RHT Bumper Paint + PCC

24/11/17 10.48 P955

Vehicle to Wega Date In: 22/11 Towing:

Time In: 1730 Driver: TAT Sur

Wega Job No: 13960/11

Vehicle sent to SMRT Date In: 23/11

Time In: 15:00 Driver:

Received by (SMRT):

Chassis No : JTDKN36U705767188

Mileage

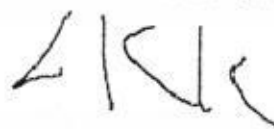
0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	507.00	250.00
Total Spray Painting Charges	756.00	400.00
Total Material Charges	38.92	38.92
Other Charges	260.00	80.00
TOTAL	1,561.92	768.92
Lum Sum Total	0.00	0.00
No. of Repair Days	4.00	3.00
Prepared / Adjusted By		RASUL (LKK)
Arc / Surveyor Sign Off Date	21/11/2017 07:00:55 PM	22/11/2017 03:59:19 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 21/11/2017 07:00:55 PM

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

Quotation No

QN-1711-0641

Invoice No

Quotation Date

27/11

Invoice Date

Invoice Amount

0.00

Prepared Date

11/22/2017 8:19:51 AM

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH FRONT PORTION	507.00 ✓	250.00
Total Labour	507.00	250.00

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 APPLY RUST-PROOFING ON AFFECTED AREA	100.00	20.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
Total Other Costs	260.00	80.00

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photo Attached
52119-47930		6505517	BUMPER FRT	R 1	482.00	100.00	0.00	Repair	Repair	No
53802-47050		6505558	FENDER FRT/LH	R 1	723.40	100.00	0.00	Replace	Repair	No
75374-47051			NAME PLATE (HYBRID)	✓ 1	51.90	25.00	38.92	Replace	Replace	No
TOTAL MATERIALS							38.92	38.92		
TOTAL MATERIALS(Discounted)							38.92	38.92		

Added Spare Parts / Material Usage After Surveyor Signed off

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

2780-30

38.92
 + 250.00
 + 480.00

 768.92

2330-30

**National Assessment Centre Services**


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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Thatcham describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC17022388/R1qbe2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 13-12-2017	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJA 2764S	Veh. Inspected	SHC 4736Z
Policy No.	5092481621	Coverage (\$)	0.00
Claim No.	MT/0971616-001	Excess (\$)	0.00
Assign From		Assign Date	22/11/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JTDKN36U705767188	Colour	MAROON
Odometer	294857	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	5 mm
L/H Front Tyre	195/65 R15	FALKEN	5 mm
R/H Rear Tyre	195/65 R15	FALKEN	5 mm
L/H Rear Tyre	195/65 R15	FALKEN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4736Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	NAME PLATE (HYBRID) (DISC 25%)	NECESSARY	51.90	38.92
1	BUMPER FRT	TO REPAIR SEE LABOUR	482.00	-
1	FENDER FRT / LH	TO REPAIR SEE LABOUR	723.40	-
			1,257.30	38.92
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		507.00	250.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		856.00	420.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.		60.00	40.00
			1,523.00	730.00
GRAND TOTAL			2,780.30	768.92
RECOMMENDED COST OF REPAIRS (CONFIRMED)				768.92

Report Ref No. NS/INC17022388/R1qbe2

MOHAMMED RASUL BIN MOHD YUNUS

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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