

Signature

John

REF:

NS/2NC17022484/R1H6e2

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: *SV 9264L*

Policy No. *5094491723* *260917 - 250918*

Claims No. *mt/0970758-002*

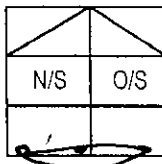
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SHC 4517P* Yr Regn: *2015 / PCB*

Type: M.Car / M.Cycle / Bus / Van / Lorry / *7* / Prime Mover /

Truck / Trailer or

Make: *TOYOTA PRIUS* c.c. *1797*

Colour: *maroon* A/C: Insured / Std / NI / NA

Sp. Reading: *318500* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *370KN 36UX0 575 7934*

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

Steering: *In order* / Jammed / Leaked / Burnt or

Brake: *In order* / Jammed / Leaked / Burnt or

Modi: *NH* / S/Rim / STD A/Rim or

Tyre Size: F: *195/65R15*

R: *1"*

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. *23/11/17*

Survey held at *SMART*

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

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

Date / Time	Action / Instruction
	<i>SHC 4517P - x</i>
	<i>SV 9264L - x</i>
	<i>Confirm L/S \$ 900, 2 days</i>
	<i>Red: \$1359.50, 60%.</i>
	<i>RECEIVED</i>

11/17/2139

NTWC

SV 9264L

Date/Time, File Pass to?

☐

: Preli. Report

1) *typist*

☒

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: *2*

Resurvey No. of Trip: *1*

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) \$ + RS, \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format: *TP*

Lump Sum / I.B.H: (\$ *900*)

TOTAL

<i>160</i>
<i>35</i>
<i>195</i>

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0973107-002	COMFORT TRANSPORTATION PTE LTD	SHA 6067T	SLU 3728L	09/12/2017	1:10	\$ 2,355.88	\$ 1,050.00
2	MT/0973333-002	COMFORT TRANSPORTATION PTE LTD	SHA 5334D	PA 7506S	10/12/2017	1:40	\$ 2,914.06	\$ 802.48
3	MT/0973648-002	COMFORT TRANSPORTATION PTE LTD	SHD 6887C	SIK 8561T	13/12/2017	16:10	\$ 2,461.58	\$ 850.00
4	MT/0973601-002	COMFORT TRANSPORTATION PTE LTD	SHD 8837J	SIN 6258S	13/12/2017	12:40	\$ 1,250.48	\$ 280.00
5	MT/0973067-002	COMFORT TRANSPORTATION PTE LTD	SH 7284J	G8D 4397	10/12/2017	17:10	\$ 5,365.04	\$ 2,450.00
6	MT/0970758-002	SMRT AUTOMOTIVE	SHC 4517P	SIV 9264L	21/11/2017	9:00	\$ 2,259.50	\$ 900.00
7	MT/0969123-002	SMRT AUTOMOTIVE	SMB 1394S	PC 3639H	09/11/2017	12:20	\$ 10,893.80	\$ 5,500.00

Claim received from LKK



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/INC17022484/R1rb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 25-11-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJV 9264L	Veh. Inspected	SHC 4517P	
Policy No.	5094491723	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	23/11/2017	
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	23/11/2017	
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.				

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)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094491723	MOHAMMAD FARHAN BIN KAMARUDIN	S84030921	GPC	driva CLASSIC	SJV9264L	SJV9264L	26/09/2017	25/09/2018

[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	22/11/2017 15:21
Date Of Accident	21/11/2017 21:00
Exact Location Of Accident	UPPER SERANGOON ROAD TOWARDS HOUGANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4517P
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	YEO KIAN SENG
NRIC No	S7703870A
Date Of Birth	08/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	29/02/2000
Driving Experience	17 YEARS AND 8 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 COLLISION - HEAD TO REAR

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) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NPP

Police Station Address ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171122/2051 On the 21/11/2017 at about 2100hrs, I was driving along Upper Serangoon Road towards Hougang on my taxi bearing the registration number SHC4517P with one passenger on board. I was driving on the second lane at that point of time. Subsequently I stopped my vehicle at a red traffic light. About few minutes later, suddenly I felt a strong impact coming from the rear. I made a check and noticed that one vehicle bearing the registration number SJV9264L had collided with me from the rear. No one was injured at that point of time. Both drivers exchanged particulars and proceeded with our respective journeys. Both cars suffered some scratches and dents due to the impact. I have a forward facing car camera only. I then suffered some pain on my neck and back thus I went to seek medical treatment and were given 5 days MC.

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 SJV9264L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver JURADY

NRIC/Passport Number S8335434H

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 YEO KIAN SENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC4517P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

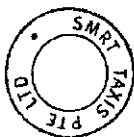
SKETCH PLAN

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:

[Signature]

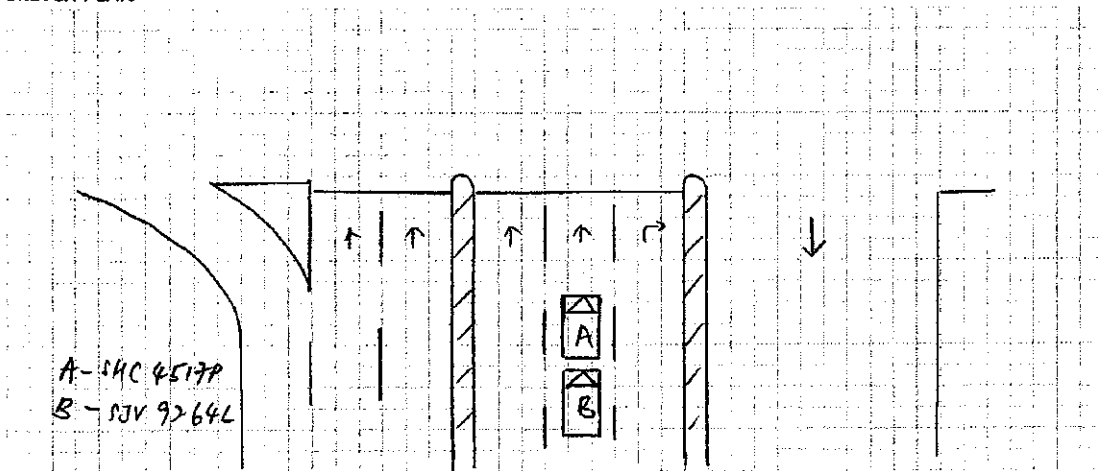
Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/11/17 3:25PM

[Signature] 22/11/2017

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/20171122/2051

DECLARATION
I/We declare the foregoing to be true and correct.

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: 12/1/17 3:25pm

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



**SINGAPORE
POLICE FORCE**



T/20171122/2051

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20171122/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 12:36	Vide Report No.:	Station Diary No.: 11
--------------------------------------------	------------------	--------------------------

Informants Particulars

Name of Informant: YEO KIAN SENG			Address: APT BLK 296A COMPASSVALE CRESCENT #05-289 SINGAPORE 541296		
ID Type / ID No.: NRIC NO / S7703870A			Contact No.: Home/Office: Mobile: 94248388		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 08/01/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2017 21:00	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD TOWARDS HOUGANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
SHC4517P	Car				Slightly Damaged	1
SJV9264L	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171122/2051

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20171122/2051

CONTINUATION OF REPORT

Driver			
Name	YEO KIAN SENG	ID No.	S7703870A
Related Vehicle	SHC4517P (Car)	Contact No.	94248388
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/11/2017	Date Discharge	22/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 21/11/2017 at about 2100hrs, I was driving along Upper Serangoon Road towards hougang in my taxi bearing the registration number SHC4517P with one passengers on board. I was driving on the second lane at that point of time.

Subsequently I stopped my vehicle at a red traffic light. About few minutes later, suddenly I felt a strong impact coming from the rear. I made a check and noticed that one vehicle bearing the registration number SJV9264L had collided with me from the rear.

No one was injured at that point of time. Both drivers exchanged particulars and proceeded with our respective journeys. Both cars suffered some scratches and dents due to the impact. I have a forward facing car camera only.

I then suffered some pain on my neck and back thus I went to seek medical treatment and were given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20171122/2051

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20171122/2051

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: G / Sgt 2 MOHAMAD IZWAN BIN MOHAMAD ISHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2017 12:36
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: SN 162
Authentication Stamp NP168	Signature: Singapore Police Force

Accident Photo

TOYOTA MOTOR CORPORATION

JTDKN36UX05757934

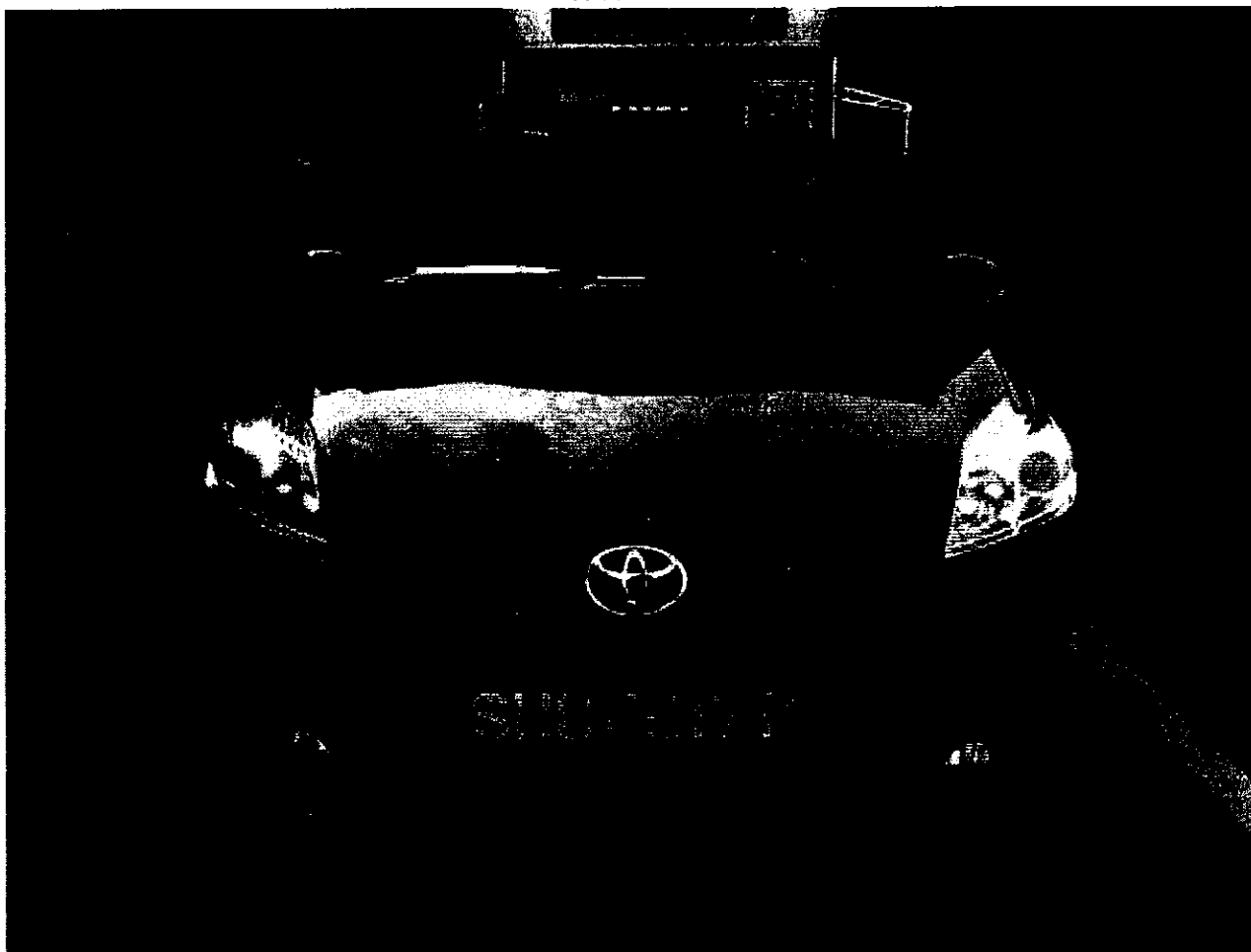
1805 kg
1805 kg
1-1020kg
2- 980kg

C/TR
3R9 /FA20
A/TM
-01A/P410
PLANTC25

MODEL ZVW30R-AHXEBW

711 7

Accident Photo



Accident Photo



Accident Photo



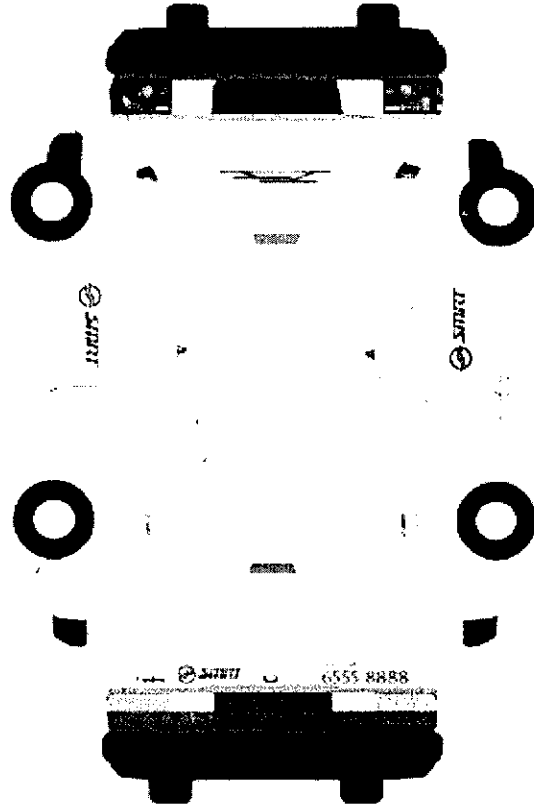
Accident Photo



SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHC4517P
Ref. No : TAX/11/17/2139
Reg. Date : 11/02/2015
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : YEO KIAN SENG
Type of Accident : HEAD TO REAR
Date / Time of Accident : 21/11/2017 09:00:00 PM
Accident Reported Date / Time : 22/11/2017 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 : 000024093236
Special Instruction to ARC, if any :
SJV9264L / None / Repair after repair
Prepared Date : 22/11/2017 04:01:37 PM



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 : JTDKN36UX05757934

Mileage

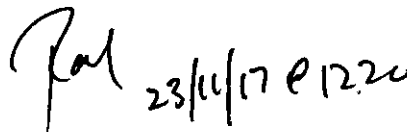
0

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	: 378.00	0.00
Total Material Charges	: 1,007.62 1123.50	1,007.62
Other Charges	: 360.00	0.00
TOTAL	: 2,083.62 2259.50	0.00
Lum Sum Total	: 2,100.00	0.00
No. of Repair Days	: 3.00	0.00 2 days - Lumpsum
Prepared / Adjusted By	:	
Arc / Surveyor Sign Off Date	: 23/11/2017 10:14:53 AM	01/01/1900 12:00:00 AM


23/11/17 @ 12.20

Prepared / Adjusted Date :

Remarks :

Prepared Date : 23/11/2017 10:14:53 AM

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

Quotation No :	Invoice No :
Quotation Date :	Invoice Date :
Invoice Amount :	Prepared Date :

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR 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 REAR BUMPER	378.00	0.00 200
Total Spray Painting & Panel Beating	378.00	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 TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 60
TO REPLACE SUNDRY PARTS	100.00	0.00 70
TO WASH AND VACUUM	60.00	0.00 40
Total Other Costs	360.00	0.00

2419.50

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>DE</i>	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27 <i>BT</i>	Replace	Replace <i>9</i>	No
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace <i>9</i>	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace <i>9</i>	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace <i>9</i>	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <i>9</i>	No
TOTAL MATERIALS							1,007.63	1,007.62		
TOTAL MATERIALS(Discounted)							1,007.62	1,007.62		

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									



price

SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

25-11-17 / 10:04
25-11-17 / 14:04

FAX Number : 63685592

Estimator Telephone Number : 68662623

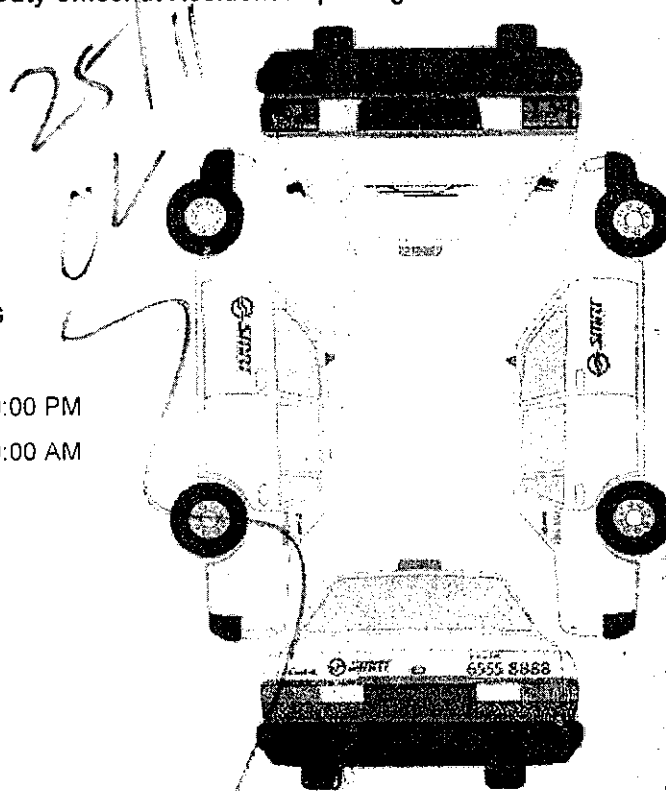
Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

25-11-17 / 14:04

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

Reg. No : SHC4517P
Ref. No : TAX/11/17/2139
Reg. Date : 11/02/2015
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : YEO KIAN SENG
Type of Accident : HEAD TO REAR
Date / Time of Accident : 21/11/2017 09:00:00 PM
Accident Reported Date / Time : 22/11/2017 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 : 000024093236
Special Instruction to ARC, if any :
SJV9264L NTAC 45
Before paint photo, After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL
/ HP : 9001 0068, email: rasul@ikkauto.com
LUMPSUM REPAIR
Prepared Date : 22/11/2017 04:01:37 PM



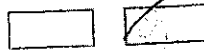
QC 24/11/17 16.30 P455

318499KM

Recording Camera



Radio Antenna



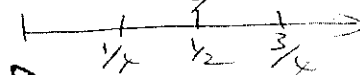
1st witness

Date

25-11-17

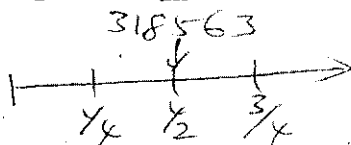
2nd witness

Date



Supplementary

to Refer to the Supplementary photo



LEE SHENG AUTO PTE LTD

Vehicle Return Date: 24/11/2015

Vehicle Turn Time: 15-16

Staff sign: [Signature]

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

Chassis No : JTDKN36UX05757934

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	:	378.00	200.00
Total Material Charges	:	1,007.62	618.22
Other Charges	:	420.00	-118.22
TOTAL	:	2,143.62	900.00

Lum Sum Total	:	0.00	0.00
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No. of Repair Days	:	3.00	2.00
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Prepared / Adjusted By	:		RASUL (LKK)
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Arc / Surveyor Sign Off Date	:	23/11/2017 10:14:53 AM	23/11/2017 02:09:37 AM
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Prepared / Adjusted Date :

Remarks :

Prepared Date : 23/11/2017 10:14:53 AM

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

Quotation No : QN-1711-0619

Invoice No :

Quotation Date : 25/11

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 REAR 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 REAR BUMPER	378.00	200.00
Total Spray Painting & Panel Beating	378.00	200.00

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 <i>Yan</i>
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	60.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
Lump Sum Adjustment by Surveyor	60.00	-238.22
Total Other Costs	420.00	-118.22

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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>DR</i>	No <i>✓</i>
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace <i>PA</i>	No <i>✓</i>
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Check	No <i>✓</i>
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Check	No <i>✓</i>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Check	No <i>✓</i>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <i>✓</i>
TOTAL MATERIALS								1,007.63	618.23	
TOTAL MATERIALS(Discounted)								1,007.62	618.22	

Added Spare Parts / Material Usage After Surveyor Signed off

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

$$\begin{array}{r}
 618.22 \\
 + 200.00 \\
 + 320.00 \\
 \hline
 1138.22 \\
 - 207 \\
 \hline
 910.58 \\
 \hline
 45900/- \\
 \hline
 2 \text{ days}
 \end{array}$$



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/INC17022484/R1rbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-01-2018	
Code: INC4				
1. Policy Particulars - THIRD PARTY CLAIM				
Insured Veh.	SJV 9264L	Veh. Inspected	SHC 4517P	
Policy No.	5094491723	Coverage (\$)	0.00	
Claim No.	MT/0970758-002	Excess (\$)	0.00	
Assign From		Assign Date	23/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JTDKN36UX05757934	Colour	MAROON	
Odometer	318500	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 REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/11/2017	Inspection Date	23/11/2017	
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		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4517P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	ARM SUB-ASSY, RR BUMPER LH	SERVICEABLE	139.60	-
1	ARM SUB-ASSY, RR BUMPER RH	SERVICEABLE	139.60	-
1	SENSOR REVERSE	SERVICEABLE	180.00	-
			1,243.50	618.23
LABOUR				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			538.00	260.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			378.00	200.00
TO REPLACE SUNDRY PARTS.			100.00	20.00
TO WASH AND VACUUM.			60.00	40.00
			1,076.00	520.00
GRAND TOTAL			2,319.50	1,138.23

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			900.00
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Report Ref No. NS/INC17022484/R1rbe2

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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