

REF: NS/INC1702777 / 8602

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJC 8130X

Policy No. 5092724354 170717 - 38018

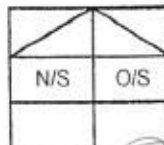
Claims No. MT/0971757 - 002

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: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB55630

Yr Regn: 11/3/2015

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

Truck / Trailer or _____

Make: Toyota Prius.

C.C. 1798

Colour: Maroon.

A/C: Insured / Std / NI / NA

Sp. Reading 347438

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN364105756266.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 11

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 27/11/2017.

D.O.I. 29/11/2017.

Survey held at SMRT.

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

SHB 55630 - 003 / KR1702584 / K1W33

DFA: 230617 TAX/11/17/2170

SJC 8130X - x

CHK.

11/12/17 4s \$1600 CRed: 1167.40, 42%.

NTWC.

RECEIVED 12 DEC 2017

RECEIVED 0 DEC 2017

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format :

Lump Sum / I.B.I. (\$) 1600

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$

Survey Fee: 160

Transportation: \$ + RS. \$

Photos 35

Others

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17022777/Sgb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 30-11-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJC 8130X	Veh. Inspected	SHB 5563D	
Policy No.	5092724354	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	29/11/2017	
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	27/11/2017	Inspection Date	29/11/2017	
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.				

TP Claims against NTUC Income: Follow-Through Survey

Date : 12/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0973279-001	SMRT TAXI PTE LTD	SHB 463S	SJJ3624J	1/12/2017	23:15	\$ 8,264.22
2	MT/0971757-002	SMRT TAXI PTE LTD	SHB 5563D	SJC 8130X	27/11/2017	22:15	\$ 2,539.53
3	MT/0972130-002	COMFORT TRANSPORTATION PTE LTD	SH 8264K	SKG 779U	3/12/2017	16:10	\$ 1,436.18
4	MT/0972199-002	COMFORT TRANSPORTATION PTE LTD	SH 8500D	SHB8931E	3/12/2017	17:20	\$ 3,338.00

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092724354	1 NEMESIS PTE LTD	201719407H	GPC	drive CLASSIC	SJC8130X	SJC8130X	17/07/2017	28/02/2018

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB5563D
 Ref. No : TAX/11/17/2170
 Reg. Date : 11/03/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : TAN MENG KUAN
 STANISLAUS
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 27/11/2017 10:13:00 PM
 Accident Reported Date / Time : 28/11/2017 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 : 000024093337
 Special Instruction to ARC, if any :
 SJC8130X
 Prepared Date : 28/11/2017 11:02:02 AM



Sebastian.
 29/11/2017.
 - Lump Sum Repair.
 - Question mark Item Photo
 - Photo After Paint.

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 : JTDKN36U105756266

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 :	558.00	0.00
Total Material Charges :	1,283.53	1,283.53
Other Charges :	360.00	0.00
TOTAL :	2,539.53	0.00
Lum Sum Total :	0.00	0.00
No. of Repair Days :	3.00	0.00
Prepared / Adjusted By :		2 days
Arc / Surveyor Sing Off Date :	28/11/2017 02:42:32 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 28/11/2017 02:42:02 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 : 11/28/2017 2:42:40 PM

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH 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
TO RESPRAY BUMPER BEAM	180.00 ?	0.00
Total Spray Painting & Panel Beating	558.00	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 REFIT SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	360.00	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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>Def</i>	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No
52591-47021			BUMPER SEAL, RR RH	1	65.70	25.00	49.27	Replace	Replace	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace	No
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace <i>Def</i>	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace <i>Def</i>	No
TOTAL MATERIALS								1,283.55	1,283.53	
TOTAL MATERIALS(Discounted)							1,283.53	1,283.53		

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									

2767.40

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHB5563D
Vehicle to be Exported	No
Intended De-registration Date	30 Nov 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Primary Colour	Maroon
Manufacturing Year	2014
Engine No.	2ZR6271326
Chassis No.	JTDKN36U105756266
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$32,920.00
Original Registration Date	11 Mar 2015
First Registration Date	11 Mar 2015
Transfer Count	0
Actual ARF Paid	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	10 Mar 2023
PARF Rebate Amount	\$6,066.00
Intended COE Rebate Details	
COE Expiry Date	10 Mar 2023
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$51,092.00
COE Rebate Amount	\$33,700.00
Total Rebate Amount	\$39,766.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 30 Nov 2017

OK

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Last updated on 19 Nov 2017 at 12:12 AM

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	28/11/2017 10:41
Date Of Accident	27/11/2017 22:15
Exact Location Of Accident	NICOLL HIGHWAY TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5563D
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	NO
Policy Number	D-17087562MFSH
Cover Note Number	

Driver

Name of Driver	TAN MENG KUAN STANISLAUS
NRIC No	S1547306A
Date Of Birth	15/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1982
Driving Experience	35 YEARS AND 9 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? 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) 1

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 ALONG NICOLL HIGHWAY AT THE SECOND LEFT LANE AND HAD STOPPED DUE TO THE FRONT VEHICLE STOPPING AS THERE WAS A HEAVY VEHICLE STOPPED AT THE LEFT MOST LANE WITH QUARTER OF THE VEHICLE ENCROACHED INTO OUR TRAVEL PATH. AFTER WHICH, I FELT AN IMPACT FROM BEHIND, THE VEHICLE SJC8130X FROM BEHIND HAD COLLIDED ONTO THE REAR 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 SJC8130X
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver KHAIRUL SHAFIQ BIN MOHAMED
 NRIC/Passport Number S7439936C
 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

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

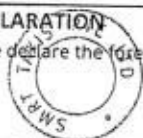
A-SHB 55630
B-SJC 8130X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.: _____

1-12-17 / 10:43
1-12-17 / 14:43

SMRT Accident Vehicle Repair Estimates

24-11-17 / 14:43

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

Reg. No : SHB5563D
Ref. No : TAX/11/17/2170
Reg. Date : 11/03/2015
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : TAN MENG KUAN STANISLAUS
Type of Accident : HEAD TO REAR
Date / Time of Accident : 27/11/2017 10:13:00 PM
Accident Reported Date / Time : 28/11/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : Sebastian
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093337
Special Instruction to ARC, if any :
SJC8130X - NTUC IDAC 45
BEFORE PAINT PHOTO AND AFTER PAINT PHOTO ,FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email :sebastianyeang @lkkauto.com HP:90036121
Prepared Date : 28/11/2017 11:02:02 AM



QC 11/12/17 13:20 PMS

Recording Camera

☐ ☒

Radio Antenna

☐ ☒

1st witness 22

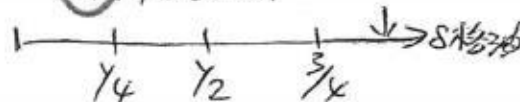
Date 24-11-17

2nd witness

Date

347504

347436km



Supplementary

to Refer to the Supplementary part 11/17

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 01/12/2017

Vehicle Return Time: 11:18

SMRT staff sign: _____

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

Chassis No : JTDKN36U105756266

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	300.00
Total Spray Painting Charges	: 936.00	400.00
Total Material Charges	: 1,283.54	1,234.26
Other Charges	: 360.00	-334.26
TOTAL	: 2,917.54	1,600.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	3.00 /
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 28/11/2017 02:42:32 AM	29/11/2017 02:43:23 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 28/11/2017 02:42:02 AM

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

Quotation No : QN-1712-0053

Invoice No :

Quotation Date : 2/12

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 11/28/2017 2:42:40 PM

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH REAR PORTION	338.00	300.00 /
Total Labour	338.00	300.00

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 /
TO RESPRAY BUMPER BEAM	180.00	0.00
TO RESPRAY REAR FENDER RH	378.00	200.00 /
Total Spray Painting & Panel Beating	936.00	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
TO TEST AND REFIT SENSOR SYSTEM	120.00	30.00 /
TO REPLACE SUNDRY PARTS	100.00	20.00 /
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-384.26
Total Other Costs	360.00	-334.26

3205 b0

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	No /
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace S	No /
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace S	No /
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace S	No /
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No /
52591-47021			BUMPER SEAL, RR RH	1	65.70	25.00	49.28	Replace	Check	No ✓
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace S	No /
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace	No /
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace	No /
TOTAL MATERIALS							1,283.55	1,234.27		
TOTAL MATERIALS(Discounted)							1,283.54	1,234.26		

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									

$$\begin{array}{r}
 1234.26 / \\
 + 300.00 / \\
 + 450.00 / \\
 \hline
 1984.26 / \\
 - 202 \\
 \hline
 1587.41 /
 \end{array}$$

US \$1600/-

Sebastian
11/12/2017.

**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/INC17022777/Sgbe2				
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.	SJC 8130X	Veh. Inspected	SHB 5563D	
Policy No.	5092724354	Coverage (\$)	0.00	
Claim No.	MT/0971757-002	Excess (\$)	0.00	
Assign From		Assign Date	29/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JTDKN36U105756266	Colour	MAROON	
Odometer	347438	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	6 mm	
L/H Front Tyre	195/65 R15	FALKEN	6 mm	
R/H Rear Tyre	195/65 R15	FALKEN	6 mm	
L/H Rear Tyre	195/65 R15	FALKEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/11/2017	Inspection Date	29/11/2017	
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. SHB 5563D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	DENTED	205.70	154.28
1	ARM SUB-ASSY, RR BUMPER RH (DISC 25%)	BENT	139.60	104.70
1	BUMPER SIDE RETAINER RR/RH (DISC 25%)	CRACKED	94.80	71.10
1	BUMPER LIP COVER RR/RH (DISC 25%)	DEFORMED	118.10	88.57
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.67
1	SENSOR REVERSE (SN)	DAMAGED	180.00	180.00
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER SEAL, RR RH	NOT NECESSARY	65.70	-
			1,611.40	1,234.27
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		538.00	330.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		936.00	400.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,634.00	750.00
	GRAND TOTAL		3,245.40	1,984.27
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,600.00

Report Ref No. NS/INC17022777/Sgbe2

YEANG WAI KEEN

Automotive Assessor

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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