

Signature

REF:

NS/TNC17033061/Svb2

ASSIGNMENT

From:

Date:

Veh No:

SHB 268P

Yr Regn:

9/7/2014

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Toyota Prius.

cc 1798

at Workshop m/s

Colour

Maroon.

A/C: Insured / Std / NI / NA

of

Sp. Reading

496/406

T/Radio: Insured / Std / NI / NA

Insured:

FT 9299 U

Eng/No:

Policy No.

5093226624 050817 - 040818

C/No:

JTDKN3CUX05746853

Claims No.

MT/0973267-001

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

N/S	O/S

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

Tyre Size:

F: 195/65R15

R: "

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

TOYO / YOKO or

Palkun

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6 mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6 mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

1/12/2017.

D.O.I.

4/12/2017.

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SmRt

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

SHB 268P - NS/MSG17010711/Kivbe2

Def: 240517 TAX/12/17/2001

FT 9299 U - NS/BXA10035930/Dmc3g2

Def: 201210

Lic.

NTUC.

11/12/17 Sebastian confirm LS \$1100 (Red 3241.40, 7419)

RECEIVED 1-DEC-2017

RECEIVED 2-DEC-2017

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

2

1)

☐

: Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

Survey Fee:

160

2) 12/12-typist

Add Fee:

☐

: Site Insp (\$

) \$+RS. \$1

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.B.I: (\$

1100/2

TOTAL

195

## Survey Department Check List (Case Handler)

Reference No.: **NS/INC 17023061/Svb**  
 Policy Type: OD-/ TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all Information created by the assignment team are ACCURATE.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer: (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

### (2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

### (3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

### (4) System - (Views/Merimen)

C	Resurvey photo Uploaded				
---	-------------------------	--	--	--	--

Check By: **VERON** **12/12/17**  
 Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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/INC17023061/Svb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 05-12-2017



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FT 9299U	Veh. Inspected	SHB 268P
Policy No.	5093226624	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

## 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	01/12/2017	Inspection Date	04/12/2017
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

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0971003-002	SMRT TAXIS PTE LTD	SHB 5289X	SLL 2472C	20/11/2017	14:40	\$24,786.78	\$10,550.00
2	MT/0973267-001	SMRT TAXIS PTE LTD	SHB 268P	FT 9299U	1/12/2017	9:05	\$4,341.40	\$1,100.00
3	MT/0972092-002	SMRT TAXIS PTE LTD	SHF 179S	SGS 4228B	3/12/2017	3:10	\$4,339.88	\$1,700.00
4	MT/0973271-001	SMRT TAXIS PTE LTD	SHB 5239R	FE 1205Y	5/12/2017	9:50	\$389.50	\$80.00
5	MT/0971608-002	SMRT TAXIS PTE LTD	SHB 5288Z	PC 5447G	28/11/2017	13:15	\$10,285.60	\$1,600.00
6	MT/0972214-003	COMFORT TRANSPORTATION PTE LTD	SHC 3205X	SJE 2792P	4/12/2017	8:35	\$5,053.62	\$2,900.00

Claim received from LKK

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 type="radio"/>	5093226624	SOH CHEONG SENG (SU CHANGSHENG)	S9139867B	GMC	Third Party	FT9299U	FT9299U	05/08/2017	04/08/2018

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Company
Owner ID	5369K
<b>Vehicle Details</b>	
Vehicle No.	SHB268P
Vehicle to be Exported	Yes
Intended De-registration Date	05 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Primary Colour	Maroon
Manufacturing Year	2014
Engine No.	2ZR6092270
Chassis No.	JTDKN36UX05746853
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$32,920.00
Original Registration Date	09 Jul 2014
First Registration Date	09 Jul 2014
Transfer Count	0
Actual ARF Paid	\$8,088.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	08 Jul 2022
PARF Rebate Amount	\$6,066.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	08 Jul 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$53,269.00
COE Rebate Amount	\$30,572.00
<b>Total Rebate Amount</b>	<b>\$36,638.00</b>
<b>Message</b>	
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 05 Dec 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	01/12/2017 13:12
Date Of Accident	01/12/2017 09:05
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB268P
<b>Insured/Policyholder</b>	
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	LOO KIM HER
NRIC No	S1630443C
Date Of Birth	13/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail 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 - 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) 3

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TRAFFIC POLICE DIVISION HQ  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171201/2031 ON 1/12/2017 AT 0905 HRS AT AYE (MCE), I WAS TRAVELLING ALONG AYE (MCE) ON THE 2ND OF 4 LANES FROM RIGHT WHEN I SUDDENLY FELT AN IMPACT FROM REAR AND STOPPED. I THEN SAW THE MOTORCYCLE (FT9299U) FELL BEHIND AND ASSISTED AND REALISED THERE IS SCRATCHES ON MY REAR BUMPER. HE WAS CONVEYED TO THE HOSPITAL.

#### 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 FT9299U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver SOH CHEONG SENG  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

SOH CHEONG SENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FT9299U

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

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.



*[Handwritten Signature]*

*[Handwritten Signature]* 1/1/2014

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

↑   ↑   ↑   ↑

AYE → CITY

A

9  
T  
0

A-SHG268P  
B-P79299U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 1/2017/201/2031

**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/20171201/2031

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20171201/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/12/2017 11:17		Vide Report No.: D/20171201/0046		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOO KIM HER			Address: 158 JLN TECK WHYE #04-103 HDB-CHOA CHU KANG SINGAPORE 680158		
ID Type / ID No.: NRIC NO / S1630443C			Contact No.: Home/Office: Mobile: 92701346		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 13/10/1964	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2017 09:05	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY ALONG AYE(MCE) 111KM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT9299U	Motorcycle	SUZUKI	GSR400 M	Silver	Slightly Damaged	0
SHB268P	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171201/2031

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

2 of 4

Report No. T/20171201/2031

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SOH CHEONG SENG		ID No. S9138867B
Related Vehicle	FT9299U (Motorcycle)		Contact No. 83517864
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 Slight
<b>Driver</b>			
Name	LOO KIM HER		ID No. S1630443C
Related Vehicle	SHB268P (Car)		Contact No. 92701346
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
<b>Passenger</b>			
Name	SUSUN PEONG		ID No. S2020212B
Related Vehicle	SHB268P (Car)		Contact No. 94359005
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
<b>Passenger</b>			
Name	JEFFERY CHENG		ID No. S0229094D
Related Vehicle	SHB268P (Car)		Contact No. 91936701
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



**SINGAPORE  
POLICE FORCE**



T/20171201/2031

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20171201/2031

**CONTINUATION OF REPORT**

**Brief Details.**

ON 1/12/2017 AT 0905 HRS AT AYE (MCE),  
I WAS TRAVELLING ALONG AYE(MCE) ON THE 2ND OF 4 LANES FROM RIGHT WHEN I  
SUDDENLY FELT AN IMPACT FROM REAR AND STOPPED. I THEN SAW THE  
MOTORCYCLE(FT9299U) FELL BEHIND AND ASSITED AND REALISED THERE IS SCRATCHES ON  
MY REAR BUMPER. HE WAS CONVEYED TO THE HOSPITAL.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20171201/2031

3 of 4

Report No. T/20171201/2031

**CONTINUATION OF REPORT**

**Brief Details.**

ON 1/12/2017 AT 0905 HRS AT AYE (MCE),  
I WAS TRAVELLING ALONG AYE(MCE) ON THE 2ND OF 4 LANES FROM RIGHT WHEN I  
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**SINGAPORE  
POLICE FORCE**



T/20171201/2031

4 of 4

Report No. T/20171201/2031

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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:  
TP /  
MUHAMAD NUR SAM FASLI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/12/2017 11:17

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

## SMRT Accident Vehicle Repair Estimates

NTUC

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

Reg. No : SHB268P  
 Ref. No : TAX/12/17/2001  
 Reg. Date : 09/07/2014  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS  
 Name of Driver : LOO KIM HER  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 01/12/2017 09:05:00 AM  
 Accident Reported Date / Time : 01/12/2017 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 : 000024093411  
 Special Instruction to ARC, if any :  
 TOS / FT9299U - NTUC IDAC  
 Prepared Date : 04/12/2017 09:50:27 AM



Sebastian:  
 4/12/2017.  
 - Long Sun Repair.  
 - Question Mark Iron  
 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:

  
 6/12/17.

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

Chassis No : JTDKN36UX05746853

Mileage :

0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 676.00	0.00
Total Spray Painting Charges	: 738.00	0.00
Total Material Charges	: 1,440.06	1,440.06
Other Charges	: 480.00	0.00
<b>TOTAL</b>	<b>: 3,334.06</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 3,350.00</b>	<b>0.00</b>
No. of Repair Days	: 5.00	0.00
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sing Off Date	: 04/12/2017 02:46:32 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 04/12/2017 02:46:32 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 : 12/4/2017 2:46:56 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	676.00	0.00 300
<b>Total Labour</b>	<b>676.00</b>	<b>0.00</b>

**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 REAR PANEL	180.00 ?	0.00
TO RESPRAY BUMPER BEAM	180.00 ?	0.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>738.00</b>	<b>0.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0.00 X
<b>Total Other Costs</b>	<b>480.00</b>	<b>0.00</b>

**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>ckh</i>	No
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace ✓ <i>NEC</i>	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace ?	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace ?	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace ✓ <i>Defect</i>	No
58308-47011			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	25.00	385.87	Replace	Replace ?	No
58307-47060		6505522	END PANEL	1	602.10	25.00	451.57	Replace	Replace ?	No
	COMMO N	4006314	SEALANT SIKAFLEX	1	37.00	0.00	37.00	Replace	Replace ?	No
90467-07211			BUMPER CLIPS	10	2.10	25.00	15.75	Replace	Replace ✓ <i>NEC</i>	No
<b>TOTAL MATERIALS</b>								<b>1,800.10</b>	<b>1,800.08</b>	
<b>TOTAL MATERIALS(Discounted)</b>								<b>1,440.06</b>	<b>1,440.06</b>	

**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
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									

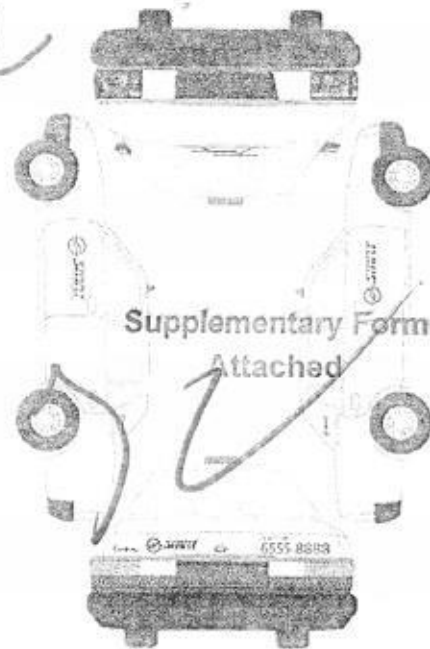
V  
6-12-17 / 12-38  
6.12.17 / 16.38

## SMRT Accident Vehicle Repair Estimates

4.12.17 / 16.38

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

Reg. No : SHB268P  
Ref. No : TAX/12/17/2001  
Reg. Date : 09/07/2014  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : LOO KIM HER  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 01/12/2017 09:05:00 AM  
Accident Reported Date / Time : 01/12/2017 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 : 000024093411  
Special Instruction to ARC, if any :  
TOS / FT9299U - NTUC IDAC  
AFTER PAINT PHOTO, LUMP SUM REPAIR, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL  
SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP: 90036121  
Prepared Date : 04/12/2017 09:50:27 AM



Vehicle to Wega Date In: 5/12	Towing: _____
Time In: 10:56	Driver: TAT. SMRT
Wega Job No: 13993/12	
Vehicle sent to SMRT Date In: 6-12-2017	Towing: _____
Time In: 1-20	Driver: _____
Received by (SMRT): _____	

E 1/2 F  
KM 496406

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

Chassis No : JTDKN36UX05746853

Mileage :

0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates****Quotation from ARC****Adjusted by Surveyor, if applicable**

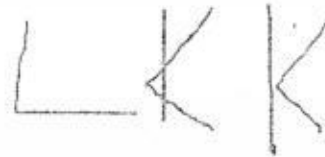
Total Labour Charges	:	676.00	300.00
Total Spray Painting Charges	:	738.00	200.00
Total Material Charges	:	1,904.79	850.34
Other Charges	:	480.00	-250.34
<b>TOTAL</b>	:	<b>3,798.79</b>	<b>1,100.00</b>

Lum Sum Total	:	0.00	<b>4341.40</b>	0.00
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No. of Repair Days	:	5.00	2.00
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Prepared / Adjusted By	:		SEBASTIAN (LKK)
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Arc / Surveyor Sign Off Date	:	04/12/2017 02:46:32 AM	04/12/2017 04:38:18 AM
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Prepared / Adjusted Date :

Remarks :

Prepared Date : 04/12/2017 02:46:32 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 : 0.00	Prepared Date : 12/4/2017 2:46:56 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	676.00	300.00 /
<b>Total Labour</b>	<b>676.00</b>	<b>300.00</b>

**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 REAR PANEL	180.00	0.00
TO RESPRAY BUMPER BEAM	180.00	0.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>738.00</b>	<b>200.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-280.34
<b>Total Other Costs</b>	<b>480.00</b>	<b>-250.34</b>

6441.40



# 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
2159-17905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No <i>CRK</i>
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace	No <i>N</i>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Check	No <i>X</i>
2023-2240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace <i>S</i>	No <i>BT</i>
6891-7020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace	No <i>Def.</i>
8308-7011			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	25.00	385.88	Replace	Check	No <i>X</i>
8307-7060		6505522	END PANEL	1	602.10	25.00	451.58	Replace	Check	No <i>X</i>
	COMMO N	4006314	SEALANT SIKAFLEX	1	37.00	0.00	37.00	Replace	Check	No <i>X</i>
0467-7211			BUMPER CLIPS	10	2.10	25.00	15.75	Replace	Replace	No <i>Nec</i>
2015-7050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace <i>S</i>	No <i>B</i>
TOTAL MATERIALS							1,904.80	850.35		
TOTAL MATERIALS(Discounted)							1,904.79	850.34		

## 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
2015-7050		ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						104.70			

$$\begin{array}{r}
 850.35 \\
 300.00 \\
 + 230.00 \\
 \hline
 \end{array}$$

$$1380.35$$

$$-20\%$$

$$1104.28$$

$$L/S: \$1100$$

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/INC17023061/Svbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-01-2018	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FT 9299U	Veh. Inspected	SHB 268P	
Policy No.	5093226624	Coverage (\$)	0.00	
Claim No.	MT/0973267-001	Excess (\$)	0.00	
Assign From		Assign Date	04/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JTDKN36UX05746853	Colour	MAROON	
Odometer	496406	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	01/12/2017	Inspection Date	04/12/2017	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



# 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



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 268P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BUMPER REAR (DISC 25%)	CRACKED	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.67
10	BUMPER CLIPS @\$2.10 (DISC 25%)	NECESSARY	21.00	15.75
1	ARM SUB-ASSY, RR BUMPER RH (DISC 25%)	BENT	139.60	104.70
1	PIXEL STICKER (SN)	NECESSARY	60.00	60.00
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
1	UNDER COVER SUB-ASSY, RR FLOOR	NOT NECESSARY	514.50	-
1	END PANEL	NOT NECESSARY	602.10	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
			2,447.40	850.35
<b>LABOUR</b>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			996.00	330.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			738.00	200.00
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			1,894.00	530.00
<b>GRAND TOTAL</b>			<b>4,341.40</b>	<b>1,380.35</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,100.00</b>

Report Ref No. NS/INC17023061/Svbe2

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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