

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

NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1702323	38/Stb	
		D UNION HOUSESINGAPORE	Date:	07-12-2017		
			Code:	INC4		
1.	Insured Veh.	Policy Particulars SLT 2327Y			SHD 6351G	
	The state of the s	SL1 232/1		nspected	0.00	
	Policy No.		3533333	age (\$)	0.00	
	Claim No.		Excess (\$) Assign Date		0.00	
	Assign From	1,000,000,000,000			05/12/2017	
2.	NE LISTAGE X	Vehicle Parti	1	& Condition	Designation of the section	
	Make & Model		C.C		0	
	Engine No.	HIDDEN	100000000000000000000000000000000000000	of Reg.		
	Chassis No.		Colou			
	Odometer -			Steering		
	Brakes		Modifi	ication		
	General					
3.		Condit	ions 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.		Descripti	on of Da	amages		
5.		Genera	l Inform	nation		
	Accident Date	02/12/2017	Inspe	ction Date	05/12/2017	
	Survey held at	SMRT AUTOMOTIVE SERVICE 60 WOODLANDS INDUSTRIAL			705	
5a.	da esta	R	emarks			
		ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V				

eBaoTech				A PARTY				Gener	alClaim
Hello, NAC_PAYA_UBI_800	0601					Change Lar	nguage	· Change Password	Log Out
My Desktop	Policy Query								•
Notice of Loss	Policy No.				Date of Acci	ident	02/12	/2017 17:49	
	Vehicle No.(For Motor)	SLT2327Y							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5082578000-01	HYMS CAR LEASING PTE LTD	201320561K	GFT	drivo PREMIUM	SLT2327Y	SLT2327Y	23/10/2017	
				1	Continue				

TP Claims against NTUC Income: Follow-Through Survey

100	1	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident		Estimate
S/No	income Reference	CAMPT TAXI PTF TD	SHB 1056C	SLG 4640Y	21/11/2017	16:20	\$	25,705.79
- ,	MII/09/0304-002	COMEON TRANSPORTATION	SHD 6523C	SKV 3462J	10/12/2017	12:05	\$	2,661.58
7	MI/09/3050-002	COMEON TRANSPORTATION	SHD 4966X	SHC 6469G	6/12/2017	16:10	s	2,105.88
9	MI/09/2/31-002	COMEDET TRANSPORTATION	SHD 8566R	SHD 1555T	13/12/2017	6:35	s	2,451.58
4	M1/09/3300-002	COMPONE TRANSPORTATION	SH 6306L	SJV 6367T	09/12/2017	9:00	\$	2,307.96
0	MI/09/298-002		SHA 4173H	FBM 1194A	13/12/2017	2:05	\$	6,108.68
0	M1/09/4203-001	SAMPL TAXI DIE LTD	SHB 445U	SJW 513Y	7/12/2017	14:45	\$	4,449.83
-	MT/09/2865 -002	SAADT TAXI DIE LTD	SHB 1280X	VN 9336C	21/11/2017	16:10	s	9,153.61
00	MI/09/0/87-002	SMRT TAXI PTE LTD	SHC 4121Y	GBE 77525	5/12/2017	16:45	\$	4,998.11
5	MI/09/2556-002	SMRT TAXI PTE LTD	SHD 6351G	SLT 2327Y	2/12/2017	15:00	s	7,617.96
3	10 MI/09/2239-002	COMFORT TRANSPORTATION	SHD 41215	GBC 3770B	11/12/2017	17:15	s	2,422.02

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHD6351G
Vehicle to be Exported	No
Intended De-registration Date	06 Dec 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Maroon
Manufacturing Year	2011
Engine No.	Z20S1464560K
Chassis No.	KL1LA69RJBB071405
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$13,823.00
Original Registration Date	06 Oct 2011
First Registration Date	06 Oct 2011
Transfer Count	0
Actual ARF Paid	\$13,823.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	05 Oct 2019
PARF Rebate Amount	\$8,984.00
Intended COE Rebate Details	
COE Expiry Date	05 Oct 2019
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
QP Paid	\$40,800.00
COE Rebate Amount	\$9,333.00
Total Rebate Amount	\$18,317.00
Message	
Please note that the 8-year COE for this vehicle of	cannot be further renewed. The vehicle must be de-registere statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 06 Dec 2017

ОК



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Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

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Last updated on 19 Nov 2017 at 12:12 AM

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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.

By the lodgement of this report to the insurers, you hereby consideresaid.	sent to the archiving of this report at the centre and to copies of the report being made available
arrest and the second of the second	ACCIDENT STATEMENT
Date Of Report	04/12/2017 13:13
Date Of Accident	02/12/2017 15:00
Exact Location Of Accident	SOMERSET ROAD AND GRANGE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD6351G
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	CHEVROLET
Model	EPICA-2.0 (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

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 ABDUL JALEEL BIN KADER MYDIN

NRIC No S6909383C Date Of Birth 03/03/1969 Occupation OUTDOOR Date Of Driving Pass 01/06/2007

Driving Experience 10 YEARS AND 6 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 SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? N

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.

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY:

NO

YES

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171202/2126

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO BIG

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLT2327Y

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

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

ABDUL JALEEL BIN KADER MYDIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD6351G

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT	
William The Control of the Control o		
		ne see earth and the see earth
the second second second second second		650/5/72300
		HANGE SILING MICHOES
	T 777 17 17 18 24 18 18 18 18 18 18 18 18 18 18 18 18 18	
(3().)	particulars are true in every respect. July 4/12/17	Japart
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Sketch Plan Pg. 2

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.
- Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 3. 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:
 - 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:
 - 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:

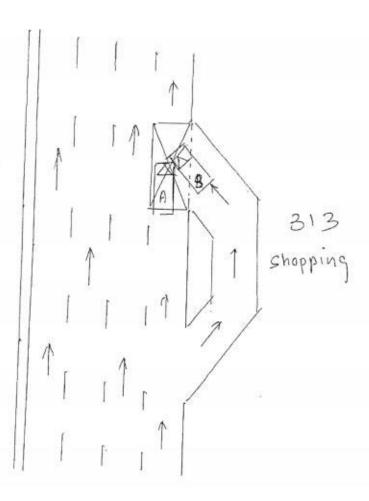
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

somerset Rd.

A-SHD-6351-G B-SLT-2327-Y



TAKING OF THE STATE OF THE STAT

Fled 4/12/17





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

1 of 4 Report No. T/20171202/2126

REPORT	OF A TRAFFI	C ACCIDENT					
Date/Time Report Made: 02/12/2017 18:04			Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars		E NO JOHN ST. JOHN NO E VIS DE PROTECTION DE LA CONTRACTION DE LA			
	f Informant: JALEEL BI	N KADER MYDIN	Address:	U KANG AVENUE 5 #04-14			
	/ ID No.: O / S69093	83C	Contact No.: Home/Office: Mobile: 93626229				
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Age: Date of Birth: Male 48 03/03/1969			Type of Informant: Driver				
Race: Indian			Language: Institution / School Name				
Occupation: Taxl driver			Driving Licence Informati	on:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 15:00	Type of Location: Straight Road	
Location: Along Road 1 SOMERSET GRANGE RO	2722000	coad 2			
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	ion:	To Side	F	Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6351G	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Maroon	Seriously Damaged	1
SLT2327Y	Car	ТОУОТА	PRIUS ALPHA HYBRID 1.8S CVT	Black	Seriously Damaged	0



T/20171202/2126

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

2 of 4 Report No. T/20171202/2126

CONTINUATION OF REPORT

The state of the s	nvolved: No		T11			
No. of Pedestriar Driver	is injured. NIL	William Bellines	Use of P		Cross	sing: NA
Name	ABDUL JALEEL BIN KADER MYDIN			ID No	N RELATION	S6909383C
Related Vehicle	SHD6351G (Car)			Contact No.		93626229
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY			Class Drivin Licend Expin	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment 02/12/2017			Date Dis			2/2017
No. of Days gran	ted Medical Leave	03	Degree o	of Injury	Slight	
Driver **	1年版整備海绵湖南	医	企 知 新原 原	E-Million Par	K148-160	性病病性多种的恐怖
Name	THIO CHOW LAK			ID No		S1324521E
Related Vehicle	SLT2327Y (Car)			Conta	ct No.	91447670
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 02/12/2017 at 1500hrs, I was travelling (SHD6351G) on Somerset Road on the first lane (four lanes) with one passenger onboard, towards Grange Road direction. The weather was clear and roads were dry. The traffic volume was heavy.

I was outside 313@Somerset, approaching the mall's drop-off point exit. Out of sudden, I spotted a car from the right (SLT2327Y) exiting out to my main road (from the drop-off point) without stopping at the stop line. At that point of time, the distance was too close, thus I could not stop in time and collided to the said car's left front wheel portion.

After that, we came out of our vehicles, took photos, exchanged particulars and subsequently left the scene.

There is camera in my car which captured the whole accident. I am not sure of any CCTV around the vicinity.

Due to the accident, I went to Neptune Healthcare Medical & Surgery and was given 3 days of MC from 02/12/2017 to 04/12/2017. I do not know of any injuries sustained by other parties. My passenger was not injured.





Police Station Of Origin: Changi N.P.C

Report No. T/20171202/2126

4 of 4

9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Sgt 2 NG ZHONG QIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2017 18:04
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Auther Cation Stamp Note: Signature:	
Singapore Police Force	



Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999



3 of 4 Report No. T/20171202/2126

CONTINUATION OF REPORT



FAX Number : 63685592

| Setimator Telephone Number : 68662623
| Accident Reporting Number : 68662672

60 Woodlands Industrial Park E4, Singapore 757705

SMRT Accident Vehicle Repair Estimates

5 12-11/11/24

54-5-9017 (0-40) (54-50) 44-400-000 (40) (-50-400-000-000-000-000-000-000-000-000-	•	7771/14.09
Section A - To be completed b	y claims Advisor/Duty officer at Accident Reporting	Centre /
Reg. No	SHD6351G	
Ref. No	TAX/12/17/2017	
Reg. Date	06/10/2011	Bet Het
Vehicle Type \ \ :	TAXI	61
Make , V :	CHEVROLET EPICA 2.0 VCDI	
Model /	EPICA-2.0 9362 6229	ala la
Name of Driver	ABDUL JALEEL BIN KADER	V. S. Common of the Common of
Type of Accident :	HEAD TO SIDE	
Date / Time of Accident :	02/12/2017 03:00:00 PM	
Accident Reported Date / Time :	02/12/2017 07:23:00 PM	
Surveyor is Required?	No	
Survey by :	sehastian /	
Vehicle is Towed Back? :	No /	```
Towed Back Date/Time :	Come O Street	G 6555 8888
Replacement Vehicle issued? :	No ()	
Accident Repair Job Card No :	000024093418	
Special Instruction to ARC, if any	: ()	
BEFORE PAINT PHOTO AND A SURVEYOR SEBASTIAN (LKK) LUMPSUM REPAIR	AFTER PAINT PHOTO ,FOR CHECK ITEM AND REPLA & Email :sebastianyeang @lkkauto.com HP:90036121	ACE ITEM PLEASE CALL
Prepared Date	: 04/12/2017 01:08:48 PM	子.15. P.M
Recording Camera	Eyect Pert Bumper 17:30 10053 Sumper Lower Crtille Augest \$ 5873	SJ-KM
Radio Antenna		1, 73/4
1 st witness/\(\triangle \)	Date 5-12-17	3/4
2 nd witness	Date	/
	Sullamanter	
	SHENG AUTO PTE LTD & Rafanto tha	Supplementary part 11st
Vehicle Ret	urn Date: 08 12 2017 58	7419
Vehicle Ret	turn Time: 10 (0)	
SMRT staff	sign: %	0 12 1/2

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

Chassis No: KL1LA69RJBB071405

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

845.00

400.00

Total Spray Painting Charges

1,494.00

800.00

Total Material Charges

1,897.73

2,600.70

Other Charges

340.00

TOTAL

-700.70

Lum Sum Total

4,576.73

3,100.00

No. of Repair Days

0.00

0.00

5.00

4.00 /

Prepared / Adjusted By

Arc / Surveyor Sing Off Date

05/12/2017 08:44:54 AM

05/12/2017 01:43:40 AM

41516

Prepared / Adjusted Date

Remarks

Prepared Date : 05/12/2017 08:44:54 AM

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

Quotation No

QN-1712-0344

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 RH FRONT PORTION	845.00	400.00		
Total Labour	845.00	400.00		

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable	
TO RESPRAY FRONT DOOR RH	378.00	200.00 /	
TO RESPRAY FRONT FENDER RH	378.00	200.00 /	
TO REPSRAY FRONT BUMPER	378.00	200.00 /	
TO RESPRAY FRONT SUPPORT PANEL	180.00	100.00 /	
TO RESPRAY BUMPER BEAM	180.00	100.00 /	
Total Spray Painting & Panel Beating	1,494.00	800.00	

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	30.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	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	-780.70
Total Other Costs	340.00	-700.70

9208

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen	Surveyor Approved	Photos Attached
96635578		6504597	PANEL RH FRONT DOOR	1	2,020.00	100.00	0.00	Replace	Repair	No R
	DOOR		SMRT LOGO DOOR	1	60.00	0.00	60.00	Replace	Replace	No /
96636328	RIGHT	6504581	PANEL FRT FENDER RH	1	606.00	100.00	0.00	Replace	Repair	No 1
96633940		6504585	LINER FENDER FRT RH (PROTECTOR)	1	124.00	10.00	111.60	Replace	Replace	No /
93744489	111111111111111111111111111111111111111	6504592	BUMPER FRT ASSY	1	1,238.00	10.00	1,114.20	Replace	Replace	No
96634054	FRONT	6504593	BEAM FRT BUMPER IMPACT	1	465.00	10.00	418.50	Replace	Replace,	No /
96634053		6504681	ABSORBER ENGY FRT BUMPER	1	219.00	10.00	197.10	Replace	Check	No v
96633984	FRONT		BRACKET FRT BUMPER SIDE RH	1	9.00	10.00	8.10	Replace	Replace	No ^
96634055	FRONT	6504573	STIFFENER LWR BUMPER	1	120.00	10.00	108.00	Replace	Replace	No
6647510	FRONT	6505121	HORN HIGH PITCH	1	186.00	10.00	167,40	Replace	Check	No. No.
96437322	FRONT	6504616	BEZEL FOG LAMP RH	1	26.00		23,40	Replace	Replace	No X
6633975	FRONT	6504679	GRILLE BUMPER AIR INL FRT (CTR)	0	41.00	10.00	0.00	Replace	Not given	No X
6644858	FRONT		LAMP HEAD RH	1	841.00	10.00	756.90	Replace	Danlass	^
6631515	FRONT		PANEL FRT (SUPPORT PANEL)			10 State 10 State	7 4300 / 67			No /
		-	OTAL MATERIALS					2,965.20	2 600 70	1
		TOTAL	MATERIALS(Discount	ed)				1,897.73	38.5 Ct. V.Si	

Added Spare Parts / Material Usage After Surveyor Signed off

Part	Portion	Deat Manager							
Number	FORDON	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor	LT Check
	TOTA	AL SUPPLEMENTARY	MATERIA	LS		147		Official	CHECK

2600.70 + 400.00 + 880.00 + 880.00 -2076 -3104.56 1 5 \$3100 | -1

Subastian 18/12/2017.



60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

Dune @

SMRT Accident Vehicle Repair Estimates

Ninc

6555 8888

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

Reg. No

SHD6351G

Ref. No

TAX/12/17/2017

Reg. Date

06/10/2011

Vehicle Type

TAXI

Make

CHEVROLET EPICA 2.0 VCDI

Model

EPICA-2.0

Name of Driver

ABDUL JALEEL BIN KADER

MYDIN

Type of Accident

HEAD TO SIDE

Date / Time of Accident

02/12/2017 03:00:00 PM

Accident Reported Date / Time :

02/12/2017 07:23:00 PM

Surveyor is Required?

No

Survey by

Vehicle is Towed Back?

No

Towed Back Date/Time

Replacement Vehicle issued? :

Accident Repair Job Card No :

000024093418

Special Instruction to ARC, if any :

DROVE IN

Prepared Date

04/12/2017 01:08:48 PM

5/12/204.

- Lung Sun Repair.
- Question Mork Item
Photo.
- Photo After Paint.

LKK Auto Consultants hence notify the Repairer of the following:

- Osmii

- . 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: KL1LA69RJBB071405

Mileage

: 0

·Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges
Total Spray Painting Charges

845.00

0.00

Total Material Charges

1,314.00 5,118.96

5,118,96

Other Charges

340.00

0,110

0.00

TOTAL

7,617.96

0.00

Lum Sum Total

7.000.00

0.00

No. of Repair Days

7,600.00

0.00

Prepared / Adjusted By

5.00

0:00-

Arc / Surveyor Sing Off Date

: 05/12/2017 08:44:54 AM

01/01/1900 12:00:00 AM

P

Prepared / Adjusted Date

Remarks

emarks

Prepared Date : 05/12/2017 08:44:54 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:

TAX/12/17/2017

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable		
TO REPAIR RH FRONT PORTION	845.00	0.00 400		
Total Labour	845.00	0.00		

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT DOOR RH	378.00	0.00- 200
TO RESPRAY FRONT FENDER RH	378.00	0.00 200
TO REPSRAY FRONT BUMPER	378.00	0.00 200
TO RESPRAY FRONT SUPPORT PANEL	180.00	0.00 100
Total Spray Painting & Panel Beating	1,314.00	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	0.00-30
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.60 30
TO REPLACE SUNDRY PARTS	100.00	0:00 >0
TO WASH AND VACUUM	60.00	0.00 ×
Total Other Costs	340.00	0.00

TAX/12/17/2017 Page:

3

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommend	Surveyor Approved	Photos Attached
96635578	DOOR	6504597	PANEL RH FRONT DOOR	1	2,020.00	10.00	1,818.00	Replace	Replace R	No
	DOOR		SMRT LOGO DOOR	1	60.00	0.00	60.00	Replace	Replace / Ns	No
96636328	RIGHT	6504581	PANEL FRT FENDER RH	1	606.00	10.00	545.40	Replace	Replace	No
96633940	RIGHT	6504585	LINER FENDER FRT RH (PROTECTOR)	1	124.00	10.00	111.60	Replace	Replace	No
93744489		6504592	BUMPER FRT ASSY	1	1,238.00	10.00	1,114.20	Replace	Replace / Cita	No
96634054	FRONT	6504593	BEAM FRT BUMPER IMPACT	1	465.00	10.00	418.50	Replace	Replace >	No
96634053	FRONT	6504681	ABSORBER ENGY FRT BUMPER	1	219.00	10.00	197.10	Replace	Replace 7	No
96633984	FRONT		BRACKET FRT BUMPER SIDE RH	1	9.00	10.00	8.10	Replace	Replace	No
96634055	FRONT	6504573	STIFFENER LWR BUMPER	1	120.00	10.00	108.00	Replace	Replace	No
96647510	FRONT	6505121	HORN HIGH PITCH	1	186.00	10.00	167.40	Replace	Replace	No
96437322	FRONT	6504616	BEZEL FOG LAMP RH (COVER)	1	26.00	10.00	23.40	Replace	Replace A	No
96633975	FRONT	6504679	GRILLE BUMPER AIR INL FRT (CTR)	1	41.00	10.00	36.90	Replace	The state of the s	No
96644858	FRONT	6504614	LAMP HEAD RH	1	841.00	10.00	756.90	Replace	Replace/(p)	No
96631515	FRONT		PANEL FRT (SUPPORT PANEL)	1	574.00	10.00	516.60	Replace	1,150	No
	TOTAL MATERIALS							5,882,10	5,882.10	
	TOTAL MATERIALS(Discounted)								5,118.96	

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price	ARC Check	Surveyor	LT
	тот	AL SUPPLEMENTARY	MATERIA	LS	1 1 1 1	(4)		CHECK	Check

TAX/12/17/2017



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



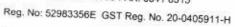
NIC	IC INCOME INSU	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1702323	38/Stbe2
		D UNION HOUSESINGAPORE	Date:	27-12-2017 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLT 2327Y	Veh. II	nspected	SHD 6351G
	Policy No.	5082578000-01	Cover	age (\$)	0.00
	Claim No.	MT/0972155-002	Exces	s (\$)	0.00
	Assign From		Assign	n Date	05/12/2017
2.		Vehicle Parti	culars 8	Condition	
	Make & Model	CHEVROLET EPICA	c.c		1991
	Engine No.	HIDDEN	Year o	f Reg.	2011
	Chassis No.	KL1LA69RJBB071405	Colour		MAROON
	Odometer	587355	Steering		IN ORDER
	Brakes	IN ORDER	Modifi	cation	NIL
	General	FAIR			
3.		Conditi	ons of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	205/55 R15	FALKE	N	6 mm
	L/H Front Tyre	205/55 R15	FALKE	N	6 mm
	R/H Rear Tyre	205/55 R15	FALKE	N	6 mm
	L/H Rear Tyre	205/55 R15	FALKE	N	6 mm
1.		Description	on of Da	images	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE FR ETAILS.	ONT O/S	PORTION.	
5.		Genera	I Inform	ation	
	Accident Date	02/12/2017	Inspec	tion Date	05/12/2017
	Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE L	TD	
	20	60 WOODLANDS INDUSTRIAL	PARK E	SINGAPORE 757	705
ā.		Re	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
	The state of the s	Estimate	ALL COLORS		



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6351G

REPLACEMENT OF PARTS 1 LINER FENDER FRT RH (PROTECTOR) (DISC 10%) 1 BUMPER FRT ASSY (DISC 10%) 1 BEAM FRT BUMPER IMPACT (DISC 10%)		Workshop (\$)	181
BUMPER FRT ASSY (DISC 10%)	TODAL		(\$)
1 BRACKET FRT BUMPER SIDE RH (DISC 10%) 1 STIFFENER LWR BUMPER (DISC 10%) 1 BEZEL FOG LAMP RH (COVER) (DISC 10%) 1 LAMP HEAD RH (DISC 10%) 1 SMRT LOGO DOOR (SN) 1 ABSORBER ENGY FRT BUMPER 1 HORN HIGH PITCH 1 GRILLE BUMPER AIR INL FRT (CTR) 1 PANEL RH FRONT DOOR 1 PANEL FRT FENDER RH	TORN CRACKED DENTED MISSING BENT CRACKED CRACKED NECESSARY NOT NECESSARY NOT NECESSARY NOT NECESSARY TO REPAIR TO REPAIR TO REPAIR	124.00 1,238.00 465.00 9.00 120.00 26.00 841.00 60.00 219.00 186.00 41.00 2,020.00	111.6 1,114.2 418.5 8.1 108.0 23.4 756.9 60.0
1 PANEL FRT (SUPPORT PANEL)		606.00 574.00 6,529.00	2,600.70
LABOUR	1		2,000.70
THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. TO REPLACE SUNDRY PARTS.		925.00 1,594.00	430.00 830.00
TO WASH AND VACUUM.	NOT NECESSARY	100.00 60.00	20.00
GRAND TOTAL		2,679.00	1,280.00
RECOMMENDED COST OF LUMP SUM REPAIRS		9,208.00	3,880.70

Report Ref No. NS/INC17023238/Stbe2

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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