

Summary

REF:

NS/INC17023240/Svbe2

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: FE 1205Y

Policy No. 5073 719066-01 260317-250218

Claims No. MT/0973271-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 548 5239A

Yr Regn: 12/10/2017

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: 23155

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3154 8055 72978

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: "

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

TOYO / YOKO or Yoko

Front

6

Rear

6

R/Bal. _____ mm

R/Bal. _____ mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 5/12/2017

D.O.I. 6/12/2017

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

548 5239A - PCU/AXA17009630/Klyco

DCN: 110517

TAX/12/17/2024

FE 1205Y - x

Lkk

NTUC

11/12/17 Sebastian confirmed \$80 (Red 309.50, 799)

RECEIVED 12 DEC 2017

RECEIVED 10 DEC 2017

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 1

1)

☐ : Final Report

Resurvey No. of Trip: -

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 12/12 - typist

Add Fee: ☐ : Site Insp (\$

) S + RS. SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format :

Lump Sum / I.B.I. (\$) 80/2

TOTAL

160

35

195

Survey Department Check List (Case Handler)

Reference No. : NS INC 17023240 SVD
 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

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/INC17023240/Svb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FE 1205Y	Veh. Inspected	SHB 5239R
Policy No.	5073719066-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/12/2017

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	05/12/2017	Inspection Date	06/12/2017
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 checked="" type="radio"/>	5073719066-01	MUHAMMAD SIDDIQ BIN MOHAMAD JAMIL	S91259012	GMC	Third Party	FE1205Y	FE1205Y	26/03/2017	25/02/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHB5239R
Vehicle to be Exported	No
Intended De-registration Date	07 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS HYBRID 1.8 CVT
Primary Colour	Maroon
Manufacturing Year	2017
Engine No.	2ZRS098161
Chassis No.	JTDKB3FU803572978
Maximum Power Output	90.0 kW (120 bhp)
Open Market Value	\$29,007.00
Original Registration Date	12 Oct 2017
First Registration Date	12 Oct 2017
Transfer Count	0
Actual ARF Paid	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	11 Oct 2025
PARF Rebate Amount	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date	11 Oct 2025
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$34,052.00
COE Rebate Amount	\$33,388.00
Total Rebate Amount	\$37,138.00
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 07 Dec 2017



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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	05/12/2017 12:14
Date Of Accident	05/12/2017 09:50
Exact Location Of Accident	LOR 21 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5239R
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17087562MFSH
Cover Note Number	

Driver

Name of Driver	VEERIAH JAYASILAN
NRIC No	S1154577G
Date Of Birth	27/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1980
Driving Experience	37 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? 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) 4

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 STATIONARY ALONG LOR 21 GEYLANG AS ONE OF MY PASSENGER ALIGHTED TO LOOK FOR A RESTAURANT AND THREE OTHER FEMALE PASSENGERS WERE STILL ON BOARD THE TAXI. SUDDENLY I FELT AN IMPACT AT THE RIGHT PORTION OF MY TAXI. A MOTORCYCLE FE1205Y SQUEEZED IN BETWEEN MY TAXI AND A MOVING VAN GBF5237X ON MY RIGHT. AS SUCH THE MOTORCYCLE FE1205Y COLLIDED ONTO THE RIGHT WING MIRROR OF MY TAXI THE MOTORCYCLE FELL INFRONT 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 BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FE1205Y

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MUHAMMAD SIDDIQ MOHAMMAD JAMIL

NRIC/Passport Number S9125901Z

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBF5237Y

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

CHONG AH CHAI HENRY CHONG HENG TENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

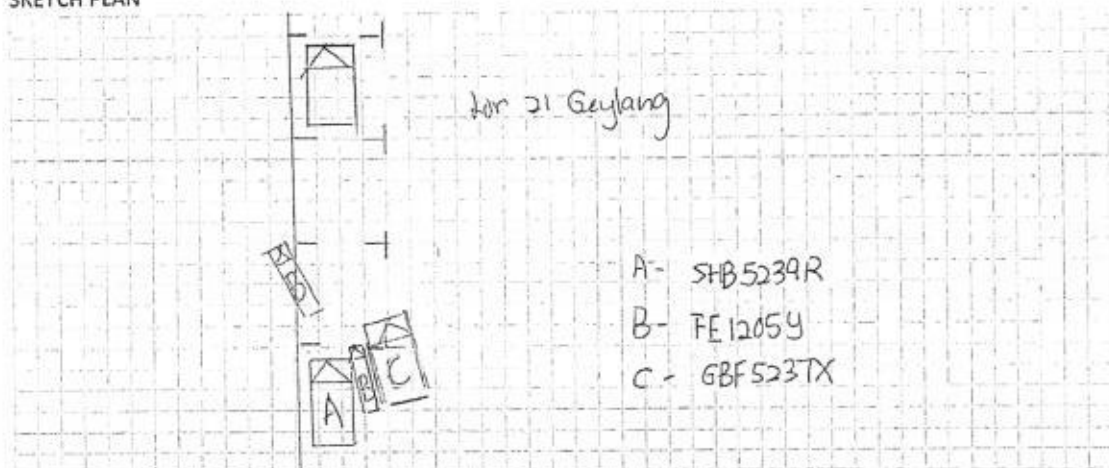
Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN



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 5/12/2017
(If driver is not the policyholder)
Date & Time:

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

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] 5/12/17
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SMRT Accident Vehicle Repair Estimates

N711C

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

Reg. No : SHB5239R
 Ref. No : TAX/12/17/2024
 Reg. Date : 12/10/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : VEERIAH JAYASILAN
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 05/12/2017 09:50:00 AM
 Accident Reported Date / Time : 05/12/2017 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 : 000024093455
 Special Instruction to ARC, if any :
 FE1205Y
 Prepared Date : 05/12/2017 12:11:44 PM



Sebastian
 6/12/2017

- Part by part repair.
- Question Mark Item Photo
- Photo Before & After Paint


 7/12/17

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 : JTDKB3FU803572978

Mileage :

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 0.00	0.00
Total Spray Painting Charges	: 180.00	0.00
Total Material Charges	: 134.24	134.24
Other Charges	: 180.00	0.00
TOTAL	: 494.24	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 2.00	0.00
Prepared / Adjusted By	:	1 day
Arc / Surveyor Sign Off Date	: 06/12/2017 08:53:48 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 06/12/2017 08:53:48 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
Total Labour		

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY VIEW MIRROR	180.00	0.00 50
Total Spray Painting & Panel Beating	180.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE AND REFIX WING MIRROR	120.00	0.00 30
Total Other Costs	120.00	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
87915470 70A1			COVER, OUTER MIRROR, RH	1	89.50	25.00	67.12	Replace <i>P</i>	Replace	No
TOTAL MATERIALS								67.13	67.12	
TOTAL MATERIALS(Discounted)								134.24	134.24	

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									

OK 7/12

SMRT Accident Vehicle Repair Estimates

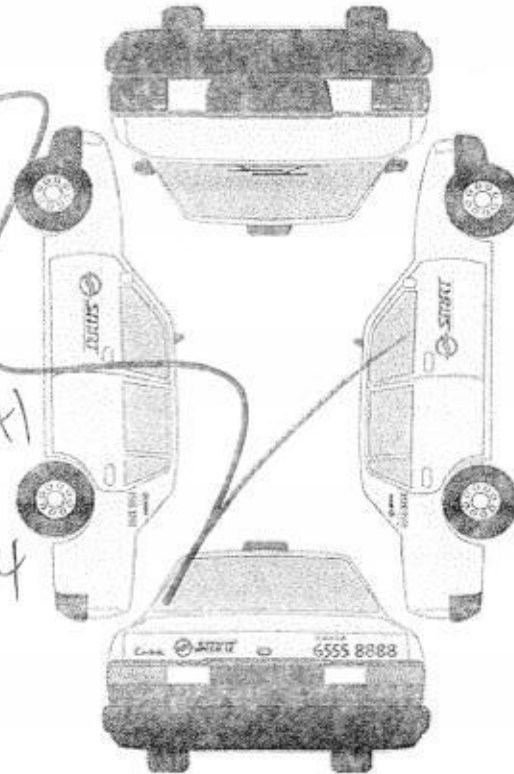
Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHB5239R
 Ref. No : TAX/12/17/2024
 Reg. Date : 12/10/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : VEERIAH JAYASILAN
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 05/12/2017 09:50:00 AM
 Accident Reported Date / Time : 05/12/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Sebastian Vee R1A+1
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093455
 Special Instruction to ARC, if any :

FE1205Y - NTUC IDAC P/R

BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang@lkkauto.com HP: 90006121

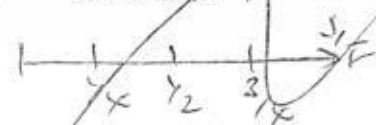
Prepared Date : 05/12/2017 12:11:44 PM



0822 ✓

QC 17.20 6/12/17 Pass

23155 km



LEE SHENG AUTO PTE LTD

Vehicle Return Date: 06/12/2017

Vehicle Return Time: 16:01

SMRT staff sign: _____

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

Chassis No : JTDKB3FU803572978

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	0.00	0.00
Total Spray Painting Charges :	180.00	50.00
Total Material Charges :	0.00	0.00
Other Charges :	120.00	30.00
TOTAL :	300.00 389.50	80.00
Lum Sum Total :	0.00	0.00
No. of Repair Days :	2.00	1.00 /
Prepared / Adjusted By :		SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date :	06/12/2017 08:53:48 AM	06/12/2017 02:07:33 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 06/12/2017 08:53:48 AM

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

Quotation No : QN-1712-0221

Invoice No :

Quotation Date : 8/12

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
Total Labour		

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY VIEW MIRROR	180.00 ✓	50.00 ✓
Total Spray Painting & Panel Beating	180.00	50.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE AND REFIX WING MIRROR	120.00	30.00 /
Total Other Costs	120.00	30.00

329.50

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
87915470 70A1			COVER, OUTER MIRROR, RH	R ¹	89.50	100.00	0.00	Replace	Repair	No R
TOTAL MATERIALS							0.00	0.00		
TOTAL MATERIALS(Discounted)							0.00	0.00		

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									

0.00
+ 50.00/
+ 30.00/
80.00/

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

Thatcham escribe

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023240/Svbe2				
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.	FE 1205Y	Veh. Inspected	SHB 5239R	
Policy No.	5073719066-01	Coverage (\$)	0.00	
Claim No.	MT/0973271-001	Excess (\$)	0.00	
Assign From		Assign Date	06/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU803572978	Colour	MAROON	
Odometer	23155	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/12/2017	Inspection Date	06/12/2017	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		1 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5239R

REPAIR COST FOR VEHICLE NO. SHB 5239R

Page No. 1 of 1

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	TO REPAIR		
	COVER, OUTER MIRROR, RH		89.50	-
	<u>LABOUR</u>		89.50	-
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		120.00	30.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		180.00	50.00
GRAND TOTAL			300.00	80.00
			389.50	80.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				80.00

Report Ref No. NS/INC17023240/Sube2

Report Ref No. NS/INC17023240/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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