

REF:

NS/INC17023252/Stb2

Signature

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: FBG 5631K

Policy No. 5092139935 210617 - 210618

Claims No. MT/0973546-001

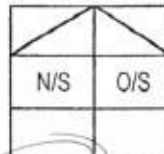
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 1700B Yr Regn: 6/8/2014

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

Truck / Trailer or

Make: Toyota Prius cc 1799

Colour Maroon A/C: Insured / Std / NI / NA

Sp. Reading 275838 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN3CU105747325

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: 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. 3/12/2017 D.O.I. 5/12/2017

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

SHB 1700B - CB/TIT/002482/Rlyt

FBG 5631K - x

D.O.A. 15-10-10

TA x 12/17/2020

LKK

NTUC

Lump Sum \$1850/- (Red: 3385.70 : 64%)

RECEIVED 14 DEC 2017
RECEIVED 19 DEC 2017

Date/Time, File Pass to?

☐: Preli. Report☒: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

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

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$) 1850/-

160
35
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/INC17023252/Stb

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.	FBG 5631K	Veh. Inspected	SHB 1700B
Policy No.	5092139935	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/12/2017

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	03/12/2017	Inspection Date	05/12/2017
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.

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/12/2017 17:49"/>						
Vehicle No. (For Motor)	<input type="text" value="FBG5631K"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S092139935	MUHAMMAD FAYED BIN HAJI MUSTAFA	S9738618H	GMC	Third Party	FBG5631K	FBG5631K	22/06/2017	21/06/2018
					<input type="button" value="Continue"/>				

TP Claims against NTUC Income: Follow-Through Survey

Date : 13/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0971131-002	SMRT TAXI PTE LTD	SHB 1005A	SFY 7495G	24/11/2017	16:50	\$ 6,967.00
2	MT/0970855-002	SMRT TAXI PTE LTD	SHF 176A	SGW 996Y	22/11/2017	20:20	\$ 15,532.24
3	MT/0972945-002	SMRT TAXIS PTE LTD	SHD 6350J	SKZ 3420J	6/12/2017	23:10	\$ 5,696.39
4	MT/0973546-001	SMRT TAXIS PTE LTD	SHB 1700B	FBG 5631K	3/12/2017	21:40	\$ 5,235.70

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHB1700B
Vehicle to be Exported	No
Intended De-registration Date	06 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Primary Colour	Maroon
Manufacturing Year	2014
Engine No.	2ZR1393905
Chassis No.	JTDKN36U105747325
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$32,920.00
Original Registration Date	06 Aug 2014
First Registration Date	06 Aug 2014
Transfer Count	0
Actual ARF Paid	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	05 Aug 2022
PARF Rebate Amount	\$6,066.00
Intended COE Rebate Details	
COE Expiry Date	05 Aug 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$50,088.00
COE Rebate Amount	\$29,201.00
Total Rebate Amount	\$35,267.00
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 06 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	04/12/2017 15:03
Date Of Accident	03/12/2017 21:40
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1700B
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	CHUA CHIN WEE
NRIC No	S6932618H
Date Of Birth	17/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1998
Driving Experience	19 YEARS AND 5 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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance, NO
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
 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/20171204/2000 03/12/2017 @2140HRS (NEW UPP CHANGI ROAD) I WAS SENDING PASSENGER TO HOUGANG AVE 5 FROM BEDOK MALL, I DRIVING ON THE MIDDLE LANE. I SAW THE TRAFFIC LIGHT WAS RED AND I SLOW DOWN TO BRAKE AFTER STOPPING AROUND 5 SECS LATER, I FELT THE KNOCK FROM THE REAR OF MY TAXI. SOON AFTER THE INCIDENT WE ALL TRY TO ASSIST HIM.

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 FBG5631K
 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

UNKNOWN RIDER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBG5631K

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) complying with requirements under any regulations, laws or court orders.

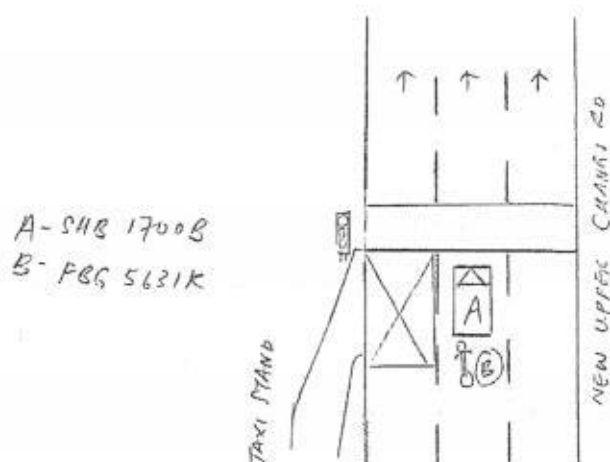


Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

aku 4/12/2012



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - T/20171204/2000

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

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



**SINGAPORE
POLICE FORCE**



T/20171204/2000

1 of 3

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

Report No. T/20171204/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2017 00:05		Vide Report No.: G/20171203/0237		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA CHIN WEE			Address: APT BLK 218 MARSILING CRES #04-33 HDB-WOODLANDS SINGAPORE 730218		
ID Type / ID No.: NRIC NO / S6932618H			Contact No.: Home/Office: Mobile: 96163821		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 17/09/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2017 21:40	Type of Location:
Location: Along Road 1 NEW UPPER CHANGI ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5631K	Motorcycle				Slightly Damaged	0
SHB1700B	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171204/2000

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

2 of 3

Report No. T/20171204/2000

CONTINUATION OF REPORT

Driver			
Name	CHUA CHIN WEE	ID No.	S6932618H
Related Vehicle	NIL	Contact No.	96163821
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

03/12/2017 @2140HRS (NEW UPP CHANGI ROAD)

I WAS SENDING PASSENGER TO HOUGANG AVE 5 FROM BEDOK MALL, I DRIVING ON THE MIDDLE LANE. I SAW THE TRAFFIC LIGHT WAS RED AND I SLOW DOWN TO BRAKE AFTER STOPPING AROUND 5 SECS LATER, I FELT THE KNOCK FROM THE REAR OF MY TAXI. SOON AFTER THE INCIDENT WE ALL TRY TO ASSIST HIM.



**SINGAPORE
POLICE FORCE**

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



T/20171204/2000

3 of 3

Report No. T/20171204/2000

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 /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/12/2017 00:05

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

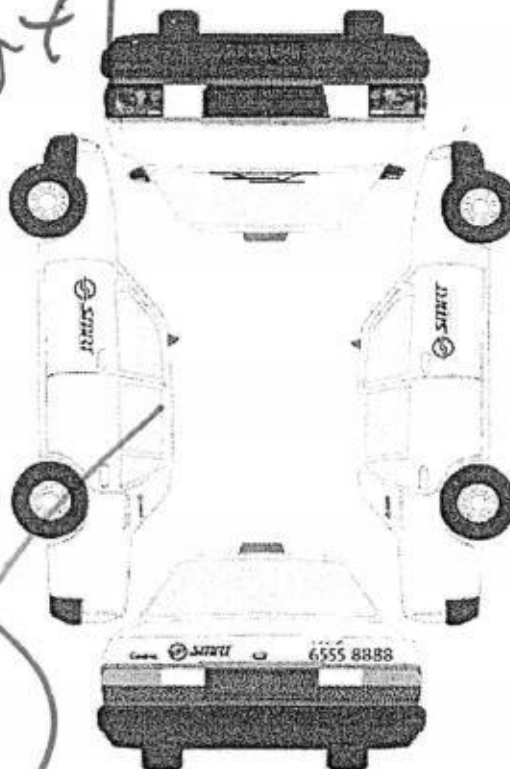
SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB1700B
Ref. No : TAX/12/17/2020
Reg. Date : 06/08/2014
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : CHUA CHIN WEE
Type of Accident : HEAD TO REAR
Date / Time of Accident : 03/12/2017 09:40:00 PM
Accident Reported Date / Time : 04/12/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : Sebastian
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 04/12/2017
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093427
Special Instruction to ARC, if any :

TOWED \$50 / FBG5631K NTUC 4S
BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP:90036121
LUMPSUM REPAIR

Prepared Date : 04/12/2017 03:24:05 PM



8/12 11135 Reject Wash Inside 15.55 Reject RR Boof Polish / 4.20 Pass

Recording Camera ☐ ☒
Radio Antenna ☐ ☒
1st witness _____ Date 8-12-17
2nd witness _____ Date _____

E 1/2 F
KM 273837

Attached
Supplementary

Vehicle to Wega Date In: 5/12 Towing: _____
Time In: 1730 Driver: HUB
Wega Job No: 13998/12
Vehicle sent to SMRT Date In: 8.12.2017 Towing: _____
Time In: 09:40 Driver: _____
Received by (SMRT): _____

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

Chassis No : JTDKN36U105747325

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	845.00	600.00
Total Spray Painting Charges	1,116.00	600.00
Total Material Charges	1,223.46	1,047.66
Other Charges	940.00	-397.66
TOTAL	4,124.46	1,850.00
Lum Sum Total	0.00	0.00
No. of Repair Days	5.00	4.00 /
Prepared / Adjusted By		SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	05/12/2017 10:41:38 AM	05/12/2017 01:47:19 AM




Prepared / Adjusted Date :

Remarks :

Prepared Date : 05/12/2017 10:41:38 AM

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

Quotation No : QN-1712-0284

Invoice No :

Quotation Date : 11/12

Invoice Date :

Invoice Amount :

Prepared Date :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	845.00	600.00 /
Total Labour	845.00	600.00

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 TAIL GATE	378.00	200.00 /
TO RESPRAY SPOILER	180.00	100.00 /
TO RESPRAY REAR PANEL	180.00	100.00 /
Total Spray Painting & Panel Beating	1,116.00	600.00

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 APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
TO TRANSFER REAR TAILGATE MECHANISM	120.00	0.00
TO REMOVE AND REFIX REAR WINDSCREEN	120.00	0.00
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	30.00 /
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR	120.00	0.00
TO REPLACE SUNDRY PARTS	100.00	20.00 /
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-477.66
Total Other Costs	940.00	-397.66

6027.40

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	
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No	✓ PUN
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace	No	✓ OT
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace	No	✓ BT
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Check	No	X ✓ Jnn
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Check	No	X ✓ Jnn
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	No	✓ DMG
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Replace	No	✓ Defon
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace	No	✓ Defon
67005-47241			TAILGATE ASY	1	1,007.90	100.00	0.00	Replace	Repair	No	✓ R
75574-47020			TAIL GATE DOOR GLASS MOULDING, LH	0	29.40	25.00	0.00	Replace	Not given	No	X ✓
75573-47080			TAIL GATE DOOR GLASS MOULDING, RH	0	29.40	25.00	0.00	Replace	Not given	No	X ✓
	COMMO N		SEALANT W/SCREEN	0	37.00	0.00	0.00	Replace	Not given	No	X ✓ NW
75575 - 47030			MOULDING BACK WINDOW, LOWER NO.1	0	29.40	25.00	0.00	Replace	Not given	No	X ✓
	COMMO N		SEALANT W/SCREEN	0	37.00	0.00	0.00	Replace	Not given	No	X ✓
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace	No	✓ NFE
76085-47910		6505620	SPOILER REAR	1	953.70	100.00	0.00	Replace	Repair	No	✓ R
81006-47011		6505464	3RD BRAKE LAMP	0	231.30	10.00	0.00	Replace	Not given	No	X ✓ NW
TOTAL MATERIALS							1,223.48	1,047.67			
TOTAL MATERIALS(Discounted)							1,223.46	1,047.66			

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									

$$\begin{array}{r}
 1047.66 \\
 + 600.00 \\
 + 680.00 \\
 \hline
 2327.66 \\
 - 208 \\
 \hline
 1862.13
 \end{array}$$

US \$1850/-

Sebastian
13/12/2017

SMRT Accident Vehicle Repair Estimates

NEUC

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

Reg. No : SHB1700B
 Ref. No : TAX/12/17/2020
 Reg. Date : 06/08/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : CHUA CHIN WEE
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 03/12/2017 09:40:00 PM
 Accident Reported Date / Time : 04/12/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by :
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 04/12/2017
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093427
 Special Instruction to ARC, if any :
 TOWED \$50 / FBG5631K
 Prepared Date : 04/12/2017 03:24:05 PM


*Sebastian.
5/12/2017.*

- 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 : JTDKN36U105747325

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	0.00
Total Spray Painting Charges	: 936.00	0.00
Total Material Charges	: 2,414.70	2,463.98
Other Charges	: 1,040.00	0.00
TOTAL	: 5,235.70	0.00
Lum Sum Total	: 5,250.00	0.00
No. of Repair Days	: 5.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 05/12/2017 10:41:38 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 05/12/2017 10:41:38 AM

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

Quotation No :

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount :

Prepared Date :

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	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 REPSRAY REAR BUMPER	378.00	0.00 200
TO RESPRAY TAIL GATE	378.00	0.00 200
TO RESPRAY SPOILER	180.00	0.00 100
Total Spray Painting & Panel Beating	936.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	100.00	0.00 X
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO TRANSFER REAR TAILGATE MECHANISM	120.00	0.00 X
TO REMOVE AND REFIX REAR WINDSCREEN	120.00	0.00 X
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0.00 30
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	1,040.00	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>✓ PUN</i>	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace <i>?</i>	No
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace <i>?</i>	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace <i>?</i>	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace <i>?</i>	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace <i>✓ omg</i>	No
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Replace <i>✓ Defor</i>	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace <i>✓ Defor</i>	No
67005-47241			TAILGATE ASY	1	1,007.90	25.00	755.92	Replace	Replace <i>R</i>	No
75574-47020			TAIL GATE DOOR GLASS MOULDING, LH	1	29.40	25.00	22.05	Replace	Replace <i>✓</i>	No <i>X NN</i>
75573-47080			TAIL GATE DOOR GLASS MOULDING, RH	1	29.40	25.00	22.05	Replace	Replace <i>✓</i>	No <i>X NN</i>
	COMMON		SEALANT W/SCREEN	2	37.00	0.00	74.00	Replace	Replace <i>✓</i>	No <i>X NN</i>
75575 - 47030			MOULDING BACK WINDOW, LOWER NO.1	1	29.40	25.00	22.05	Replace	Replace <i>✓</i>	No <i>X NN</i>
	COMMON		SEALANT W/SCREEN	1	37.00	0.00	37.00	Replace	Replace <i>✓</i>	No <i>X NN</i>
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace <i>✓ NAC</i>	No
76085-47910		6505620	SPOILER REAR	1	953.70	25.00	715.27	Replace	Replace <i>✓</i>	No <i>X</i>
81006-47011		6505464	3RD BRAKE LAMP	1	231.30	10.00	208.17	Replace	Replace <i>✓</i>	No <i>X NC</i>
TOTAL MATERIALS							3,080.00	3,079.97		
TOTAL MATERIALS(Discounted)							2,414.70	2,463.98		

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									

**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/INC17023252/Stbe2			
73 BRAS BASAH ROAD		Date: 08-01-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBG 5631K	Veh. Inspected	SHB 1700B
Policy No.	5092139935	Coverage (\$)	0.00
Claim No.	MT/0973546-001	Excess (\$)	0.00
Assign From		Assign Date	05/12/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U105747325	Colour	MAROON
Odometer	273838	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	03/12/2017	Inspection Date	05/12/2017
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1700B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR (DISC 25%)	PUNCTURE	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	DENTED	205.70	154.28
1	ARM SUB-ASSY, RR BUMPER LH (DISC 25%)	BENT	139.60	104.70
1	BUMPER LIP COVER RR/LH (DISC 25%)	DEFORMED	72.20	54.15
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.67
1	NAME PLATE (HYBRID) (DISC 25%)	NECESSARY	51.90	38.92
1	SENSOR REVERSE (SN)	DAMAGED	180.00	180.00
1	ARM SUB-ASSY, RR BUMPER RH	NOT NECESSARY	139.60	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	TAIL GATE DOOR, GLASS MOULDING, LH	NOT NECESSARY	29.40	-
1	TAIL GATE DOOR, GLASS MOULDING, RH	NOT NECESSARY	29.40	-
1	SEALANT W/SCREEN	NOT NECESSARY	37.00	-
1	MOULDING BACK WINDOW, LOWER NO.1	NOT NECESSARY	29.40	-
1	SEALANT W/SCREEN	NOT NECESSARY	37.00	-
1	3RD BRAKE LAMP	NOT NECESSARY	231.30	-
1	TAILGATE ASY	TO REPAIR	1,007.90	-
1	SPOILER REAR	TO REPAIR	953.70	-
			3,926.40	1,047.67
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,525.00	660.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,216.00	600.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			-	-
			-	-
			2,901.00	1,280.00
GRAND TOTAL			6,827.40	2,327.67
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,850.00

Report Ref No. NS/INC17023252/Stbe2

Report Ref No. NS/INC17023252/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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