

Smaller

REF:

NS/TNC/7023332 / 9162

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:

SKZ 3420J

Policy No.

5077210299-01 190117-180118

Claims No.

MT/0972945-002

Sum Insured:

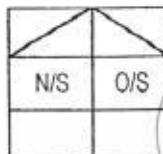
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

SHD 6350J

Yr Regn:

20/11/2015

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

Truck / Trailer or

Make:

Toyota Prius

CC

1798

Colour

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

172175

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN364905767211

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

1

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.

6/12/2017

D.O.I.

7/12/2017

Survey held at

SMRT

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

O/S Rear

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

Date / Time | Action / Instruction

SHD 6350J - 013 / AXA 14/11/16 14 / KISU3WZ

DA: 31/01/14 TAX/12/17/2037

SKZ 3420J - x

U/C

NTUC

Part by Part 1209.40

(Red: 448699 : 78%)

RECEIVED 14 DEC 2017

RECEIVED 20 DEC 2017

Date/Time, File Pass to?



Prel. Report



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

) S + RS. SI

) Photos

) Others

Report Format :

TP

Lump Sum / 1st (\$

1209.40

TOTAL

195



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023332/Stb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-12-2017	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKZ 3420J	Veh. Inspected	SHD 6350J	
Policy No.	5077210279-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	07/12/2017	
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	06/12/2017	Inspection Date	07/12/2017	
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

Hello, NAC_PAYA_UBI_800601

General Claim

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

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"/>	5077210279-01	QUEK ZEEN YONG(GUO RENYONG)	S8005032A	GPC	drive CLASSIC	SKZ3420J	SKZ3420J	19/01/2017	18/01/2018

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

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	07/12/2017 09:17
Date Of Accident	06/12/2017 23:10
Exact Location Of Accident	BEACH ROAD TOWARDS ORHIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6350J
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	TOH YEOW HUI ALGENE
NRIC No	S7523797I
Date Of Birth	27/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2009
Driving Experience	8 YEARS AND 7 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 - CHANGE/CROSS LANE
 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) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG BEACH ROAD AT THE LEFT MOST LANE WHEN THE VEHICLE SKZ3420J FROM MY RIGHT LANE ABRUPTLY CUT INTO MY LANE AND COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE TOO LARGE
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ3420J
 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	TOH YEOW HUI ALGENE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD6350J
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
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.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

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:

GlaRMC SketchPlatform_V3

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

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHD6350J
Vehicle to be Exported	No
Intended De-registration Date	08 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Primary Colour	Maroon
Manufacturing Year	2015
Engine No.	2ZR6571229
Chassis No.	JTDKN36U905767211
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$29,508.00
Original Registration Date	20 Nov 2015
First Registration Date	20 Nov 2015
Transfer Count	0
Actual ARF Paid	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	19 Nov 2023
PARF Rebate Amount	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date	19 Nov 2023
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$45,267.00
COE Rebate Amount	\$33,651.00
Total Rebate Amount	\$37,401.00
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 08 Dec 2017



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Last updated on 19 Nov 2017 at 12:12 AM

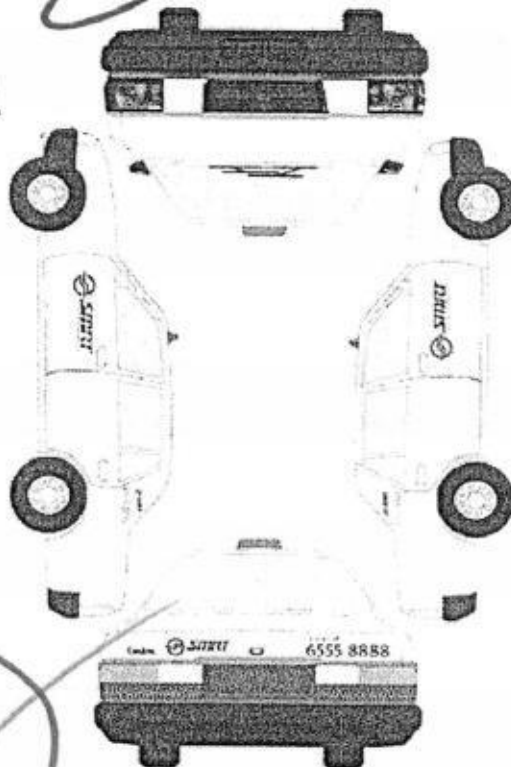
11-12-17 / 10:31
11-12-17 / 14:31

7-12-17 / 14:31

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6350J
Ref. No : TAX/12/17/2037
Reg. Date : 20/11/2015
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : TOH YEOW HUI ALGENE
Type of Accident : SIDE SWIPE
Date / Time of Accident : 06/12/2017 11:10:00 PM
Accident Reported Date / Time : 07/12/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : *sebastian*
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 07/12/2017
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093490
Special Instruction to ARC, if any :
SKZ3420J - NTUC IDAC *PIP*
BEFORE PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email : *sebastianyeang@lkkauto.com* HP: 90036121
Prepared Date : 07/12/2017 09:55:17 AM



Recording Camera

☒ ☐

Radio Antenna

☒ ☐

1st witness

Date *7-12-17*

2nd witness

Date

9/12/17 9.02
pass

Vehicle to Wagon Date In: *7/12/17* Towing: *747*
Time In: *14:00* Driver: *747*
Wagon Job No: *14008/12*
Vehicle sent to SMRT Date In: *8-12-2017* Towing: *747*
Time In: *14:00* Driver: *747*
Received by (SMRT):

Chassis No : JTDKN36U905767211

Mileage : 0

Work Shdp :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labour Charges	: 676.00	400.00
Total Spray Painting Charges	: 1,314.00	600.00
Total Material Charges	: 149.40	149.40
Other Charges	: 745.00	60.00
TOTAL	: 2,884.40	1,209.40
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 5.00	3.00

Prepared / Adjusted By :

SEBASTIAN (LKK)

Arc / Surveyor Sing Off Date : 07/12/2017 11:35:19 AM

07/12/2017 02:31:49 PM

M

LKK

Prepared / Adjusted Date :

Remarks :

Prepared Date : 07/12/2017 11:35:19 AM

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

Quotation No : QN-1712-0317

Invoice No :

Quotation Date : 12/12

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 12/7/2017 11:35:43 AM

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH REAR PORTION	676.00 ✓	400.00 /
Total Labour	676.00	400.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR DOOR RH	378.00 ✓	200.00 /
TO RESPRAY ROCKER PANEL MOULDING	180.00	0.00
TO RESPRAY REAR FENDER RH	378.00 ✓	200.00 /
TO REPSRAY REAR BUMPER	378.00 ✓	200.00 /
Total Spray Painting & Panel Beating	1,314.00	600.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30.00 /
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0.00
TO REMOVE & REFIT REAR QUARTER GLASS RH	120.00	0.00
TO TRANSFER DOOR MECHANISM	120.00	0.00
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Total Other Costs	745.00	60.00

6621.40

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
67003-47080		6505486	DOOR RR/RH <i>R</i>	1	954.50	100.00	0.00	Replace	Repair	No <i>R</i>
75851-47900			MOULDING BODY, RH <i>X</i>	0	673.60	25.00	0.00	Replace	Not given	No <i>X</i> <i>NW</i>
61604-47090			FENDER RR/RH <i>R</i>	1	766.80	100.00	0.00	Replace	Repair	No <i>R</i>
62710-47130			QUARTER GLASS RR/RH <i>X</i>	0	846.50	25.00	0.00	Replace	Not given	No <i>X</i> <i>NW</i>
	COMMON		SEALANT W/SCREEN <i>X</i>	0	37.00	0.00	0.00	Replace	Not given	No <i>X</i> <i>NW</i>
			STICKER DECAL SMRT <i>✓</i>	1	7.80	0.00	7.80	Replace	Replace	No <i>✓</i> <i>NW</i>
	COMMON		STICKER DECAL 6555 8888 <i>✓</i>	1	21.60	0.00	21.60	Replace	Replace	No <i>✓</i> <i>NW</i>
52159-47905		6505548	BUMPER REAR <i>R</i>	1	458.60	100.00	0.00	Replace	Repair	No <i>R</i>
			PIXEL STICKER <i>✓</i>	2	60.00	0.00	120.00	Replace	Replace	No <i>✓</i> <i>NW</i>
TOTAL MATERIALS								149.40	149.40	
TOTAL MATERIALS(Discounted)								149.40	149.40	

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									

149.40 /
 + 400.00 /
 + 660.00 /

 1209.40 /

Sebastian
 13/12/2017

SMRT Accident Vehicle Repair Estimates

NTUC

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

Reg. No : SHD6350J
Ref. No : TAX/12/17/2037
Reg. Date : 20/11/2015
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : TOH YEOW HUI ALGENE
Type of Accident : SIDE SWIPE
Date / Time of Accident : 06/12/2017 11:10:00 PM
Accident Reported Date / Time : 07/12/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by :
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 07/12/2017
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093490
Special Instruction to ARC, if any :
SKZ3420J - NTUC IDAC
Prepared Date : 07/12/2017 09:55:17 AM



Sebastian.

2/12/2017

- Part by part repair.
- Question Mark Item Photo
- Photo Before 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 : JTDKN36U905767211

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 : 1,314.00

0.00

Total Material Charges : 2,961.39

2,961.39

Other Charges : 745.00

0.00

TOTAL : 5,696.39**0.00****Lum Sum Total : 0.00****0.00**

No. of Repair Days : 5.00

0.00

Prepared / Adjusted By :

3 days

Arc / Surveyor Sign Off Date : 07/12/2017 11:35:19 AM

01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 07/12/2017 11:35:19 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 : 12/7/2017 11:35:43 AM

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	0.00 400
Total Labour	676.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR DOOR RH	378.00	0.00 200
TO RESPRAY ROCKER PANEL MOULDING	180.00	0.00 X
TO RESPRAY REAR FENDER RH	378.00	0.00 200
TO REPSRAY REAR BUMPER	378.00	0.00 200
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 APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 30
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0.00 X
TO REMOVE & REFIT REAR QUARTER GLASS RH	120.00	0.00 X
TO TRANSFER DOOR MECHANISM	120.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	745.00	0.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
67003-47080		6505486	DOOR RR/RH	1	954.50	25.00	715.87	Replace	Replace <i>R</i>	No
75851-47900			MOULDING BODY, RH	1	673.60	25.00	505.20	Replace	Replace <i>X</i>	No
61604-47090			FENDER RR/RH	1	766.80	25.00	575.10	Replace	Replace <i>R</i>	No
62710-47130			QUARTER GLASS RR/RH	1	846.50	25.00	634.87	Replace	Replace <i>X</i>	No
	COMMON		SEALANT W/SCREEN	1	37.00	0.00	37.00	Replace	Replace <i>X</i>	No
			STICKER DECAL SMRT	1	7.80	0.00	7.80	Replace	Replace <i>✓ NCC</i>	No
	COMMON		STICKER DECAL 6555 8888	1	21.60	0.00	21.60	Replace	Replace <i>✓ NCC</i>	No
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>R</i>	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <i>✓ NCC</i>	No
TOTAL MATERIALS								2,961.40	2,961.39	
TOTAL MATERIALS(Discounted)								2,961.39	2,961.39	

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/INC17023332/Stbe2

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.	SKZ 3420J	Veh. Inspected	SHD 6350J
Policy No.	5077210279-01	Coverage (\$)	0.00
Claim No.	MT/0972945-002	Excess (\$)	0.00
Assign From		Assign Date	07/12/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JTDKN36U905767211	Colour	MAROON
Odometer	172195	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 O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/12/2017	Inspection Date	07/12/2017
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
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6350J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	STICKER DECAL SMRT (SN)	NECESSARY	7.80	7.80
1	STICKER DECAL 6555 8888 (SN)	NECESSARY	21.60	21.60
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	MOULDING BODY, RH	NOT NECESSARY	673.60	-
1	QUARTER GLASS RR/RH	NOT NECESSARY	846.50	-
1	SEALANT W/SCREEN	NOT NECESSARY	37.00	-
1	DOOR RR/RH	TO REPAIR	954.50	-
1	FENDER RR/RH	TO REPAIR	766.80	-
1	BUMPER REAR	TO REPAIR	458.60	-
			3,886.40	149.40
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,161.00	430.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,414.00	630.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			2,735.00	1,060.00
GRAND TOTAL			6,621.40	1,209.40
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,209.40

Report Ref No. NS/INC17023332/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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