

REF: NS/INC17023538/Sq62

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: FR 9507 E
Policy No. 5067332133 - 03 21/09/17 - 20/09/18
Claims No. MT/0974410-001
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

(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: 2 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: SH 5296H Yr Regn: 9/7/2014
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 412790 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTOKN 364805746866
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: _____
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. 8/12/2017 D.O.I. 11/12/2017
Survey held at SMART
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt O/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction
SH 5296H - 003 / MSG 15018616 / K1602 DUN 30-10-15 TAX/12/17/2015
FR 9507 E - X LEK
US \$1750, 2 days (Red B 4131.40, 70%) NMC
RECEIVED 20 000 2017

Date/Time, File Pass to? ☐ : Preli. Report
19/10/17 turner ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 2
Resurvey No. of Trip: _____

Report Format: TP
Lump Sum / I.B.F. (\$) 1750

Add Fee: ☐ : Site Insp (\$) ☐ : S + RS. SI
☐ : Interview (\$) ☐ : Photos
☐ : Tech. Invs (\$) ☐ : Others
☐ : Weekend (\$) ☐ : _____

| | |
|-----------------|------------|
| Survey Fee: | <u>160</u> |
| Transportation: | <u>35</u> |
| TOTAL | <u>195</u> |




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/INC17023538/Sqb | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 12-12-2017 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | FR 9507E | Veh. Inspected | SHB 296H | |
| Policy No. | 5067332133-03 | Coverage (\$) | 0.00 | |
| Claim No. | | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 11/12/2017 | |
| 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 | 08/12/2017 | Inspection Date | 11/12/2017 | |
| 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. | | | | |

Survey Department Check List (Case Handler)

Reference No.: NS/INC170235381 Syb
Policy Type: OD / TP / RES / TL / EVA

SAB 286H

Case Handler

Typist

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

(1) Office Assign Form

- 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

| Y-Date | N-Date | Y-Date | N-Date |
|-------------------------------------|-------------------------------------|--------|--------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Surveyor (Sebastian): 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

| | | | |
|-------------------------------------|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

(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

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Check By:

Cathy 18/12/17
Case Handler Date

TP Claims against NTUC Income: Follow-Through Survey

Date: 19/12/2017

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|--------------|-----------------------|
| 1 | MT/0974410-001 | SMRT TAXI PTE LTD | SHB 296H | FR 9507E | 08/12/2017 | 20:30 | \$ 5,881.40 | \$ 1,750.00 |
| 2 | MT/0972573-002 | SMRT TAXI PTE LTD | SHB 5526L | PC 1212T | 05/12/2017 | 11:55 | \$ 11,118.80 | \$ 3,804.26 |
| 3 | MT/0973730-002 | COMFORT TRANSPORTATION | SHA 4611K | SLB 3927D | 13/12/2017 | 17:05 | \$ 57,185.67 | TOTAL LOSS |
| 4 | MT/0973608-002 | COMFORT TRANSPORTATION | SHD 4961J | SLA 29X | 13/12/2017 | 19:30 | \$ 2,657.80 | \$ 1,100.00 |
| 5 | MT/0973636-002 | COMFORT TRANSPORTATION | SHD 4854K | SKW 1217J | 13/12/2017 | 8:45 | \$ 3,328.54 | \$ 1,050.00 |
| 6 | MT/0971714-002 | SMRT TAXI PTE LTD | SHD 6094Z | SLM 7705T | 29/11/2017 | 1:50 | \$ 13,427.15 | \$ 5,700.00 |

Claim received from LKK

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)

Search

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|-------------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5067332133-03 | MOHAMED RAZIF BIN MOHAMED NOR | 57002443H | GMC | Third Party | FR9507E | FR9507E | 21/09/2017 | 20/09/2018 |

Continue

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type | Company |
| Owner ID | 5369K |
| Vehicle Details | |
| Vehicle No. | SHB296H |
| Vehicle to be Exported | No |
| Intended De-registration Date | 12 Dec 2017 |
| Vehicle Make | TOYOTA |
| Vehicle Model | PRIUS TAXI (SMRT) |
| Primary Colour | Maroon |
| Manufacturing Year | 2014 |
| Engine No. | 2ZR6092161 |
| Chassis No. | JTDKN36U805746866 |
| Maximum Power Output | 100.0 kW (134 bhp) |
| Open Market Value | \$32,920.00 |
| Original Registration Date | 09 Jul 2014 |
| First Registration Date | 09 Jul 2014 |
| Transfer Count | 0 |
| Actual ARF Paid | \$8,088.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility | Yes |
| PARF Eligibility Expiry Date | 08 Jul 2022 |
| PARF Rebate Amount | \$6,066.00 |
| Intended COE Rebate Details | |
| COE Expiry Date | 08 Jul 2022 |
| COE Category | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years) | 8 |
| PQP Paid | \$53,269.00 |
| COE Rebate Amount | \$30,439.00 |
| Total Rebate Amount | \$36,505.00 |
| 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 12 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 | 09/12/2017 10:14 |
| Date Of Accident | 08/12/2017 20:30 |
| Exact Location Of Accident | PICKERING STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHB296H |
| 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 | NG KIM BOK |
| NRIC No | S1288154A |
| Date Of Birth | 22/09/1958 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/08/1978 |
| Driving Experience | 39 YEARS AND 3 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) 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 PICKERING STREET AT THE LEFT MOST LANE WHEN THE MOTORCYCLE FR9507E FROM MY RIGHT LANE ABRUPTLY CUT ACROSS INTO MY LANE WANTED TO TURN INTO SYNAGOGUE STREET AND COLLIDED ONTO THE FRONT RIGHT 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 FR9507E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MUHAMMAD FAIZ TAJUDDIN BIN MOHAMED RAZIF

NRIC/Passport Number S9505685G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Details of Witness

Name

Phone Number

Email Address

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.



09/12/14
1014 hrs

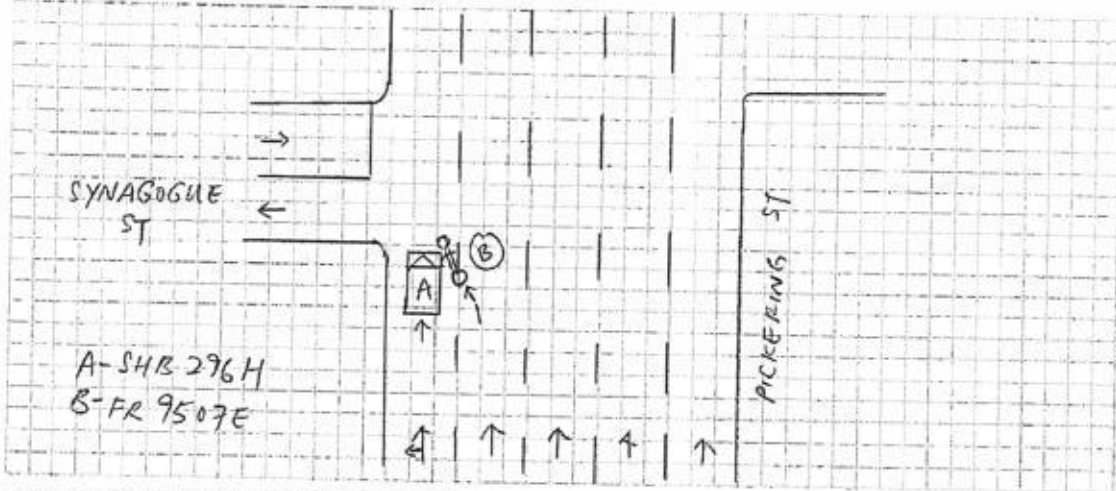
ah 9/12/14

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

[illegible]

DECLARATION

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



Policyholder's Signature
Date & Time:

GIANNI S4ctisPlanForma_v3

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

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

09/12/17
1014 hrs

all 9/12/217

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB296H
Ref. No : TAX/12/17/2051
Reg. Date : 09/07/2014
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : NG KIM BOK
Type of Accident : SIDE SWIPE
Date / Time of Accident : 08/12/2017 08:30:00 PM
Accident Reported Date / Time : 09/12/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by :
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 09/12/2017
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093531
Special Instruction to ARC, if any :
TOWED \$50 / FR9507E
Prepared Date : 09/12/2017 11:20:31 AM



Sebastian.
11/12/2017.

- Lump Sum Repair.
- Question Mark Item Photo
- Photo After Paint.


12/12/17.

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 : JTDKN36U805746866

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 | 936.00 | 0.00 |
| Total Material Charges | 2,512.34 | 2,563.61 |
| Other Charges | 420.00 | 0.00 |
| TOTAL | 4,544.34 | 0.00 |
| Lum Sum Total | 4,550.00 | 0.00 |
| No. of Repair Days | 5.00 | 0.00 |
| Prepared / Adjusted By | | 2 days |
| Arc / Surveyor Sign Off Date | 09/12/2017 11:58:19 AM | 01/01/1900 12:00:00 AM |

Prepared / Adjusted Date :

Remarks :

Prepared Date : 09/12/2017 11:57:05 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 : |

Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|----------------------------|--------------------|-------------------------------------|
| TO REPAIR RH FRONT PORTION | 676.00 | 0.00 300 |
| 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 REPSRAY FRONT BUMPER | 378.00 | 0.00 200 |
| TO RESPRAY FRONT BUMPER LOWER GRILLE | 180.00 | 0.00 100 |
| TO RESPRAY FRONT FENDER RH | 378.00 | 0.00 200 |
| 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 | 80.00 | 0.00 X |
| TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 0.00 X |
| TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 0.00 30 |
| TO REPLACE SUNDRY PARTS | 100.00 | 0.00 20 |
| TO WASH AND VACUUM | 60.00 | 0.00 X |
| Total Other Costs | 420.00 | 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 |
|------------------------------------|---------|----------|-------------------------------|-----|-----------------|--------------|------------------|--------------------|-------------------|-----------------|
| 52119-47930 | | 6505517 | BUMPER FRT | 1 | 482.00 | 25.00 | 361.50 | Replace | Replace <i>R</i> | No |
| 52611-47080 | | 6505518 | BUMPER ENERGY ABSORBER FRT | 1 | 78.80 | 25.00 | 59.10 | Replace | Replace <i>R</i> | No |
| 52021-47023 | | 6505539 | BUMPER REINFORCEMENT FRT | 1 | 498.40 | 25.00 | 373.80 | Replace | Replace <i>X</i> | No |
| 57013-47030 | | | ARM SUB-ASSY, FR BUMPER RH | 1 | 250.40 | 25.00 | 187.80 | Replace | Replace <i>X</i> | No |
| 53102-47020 | | 6505541 | BUMPER GRILLE SUB-ASSY, LOWER | 1 | 311.10 | 25.00 | 233.32 | Replace | Replace <i>R</i> | No |
| 81511-47050 | | | LENS & BODY, FR TURN RH | 1 | 511.80 | 10.00 | 460.62 | Replace | Replace <i>✓</i> | No |
| 52115-47040 | | 6505515 | BUMPER SUPPORT F/RH | 1 | 76.40 | 25.00 | 57.30 | Replace | Replace <i>✓</i> | No |
| 81130-47500 | | 6505437 | HEAD LAMP RH | 1 | 945.20 | 10.00 | 850.68 | Replace | Replace <i>✓</i> | No |
| 53801-47050 | | 6505557 | FENDER FRT/RH | 1 | 723.40 | 25.00 | 542.55 | Replace | Replace <i>R</i> | No |
| 75374-47051 | | | NAME PLATE (HYBRID) | 1 | 51.90 | 25.00 | 38.92 | Replace | Replace <i>✓</i> | No |
| TOTAL MATERIALS | | | | | | | | 3,165.60 | 3,165.59 | |
| TOTAL MATERIALS(Discounted) | | | | | | | 2,512.34 | 2,563.61 | | |

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 | | | | | | | | | |



SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

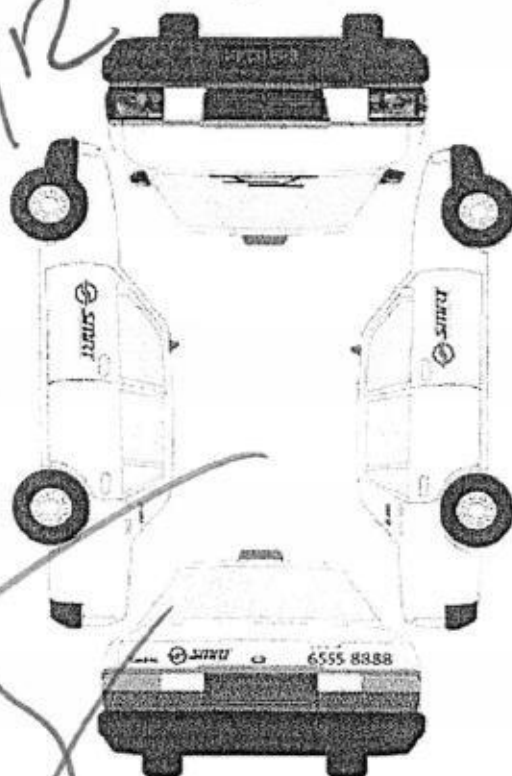
FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates**Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre**

Reg. No : SHB296H
Ref. No : TAX/12/17/2051
Reg. Date : 09/07/2014
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : NG KIM BOK
Type of Accident : SIDE SWIPE
Date / Time of Accident : 08/12/2017 08:30:00 PM
Accident Reported Date / Time : 09/12/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : Sebastian
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 09/12/2017
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093531
Special Instruction to ARC, if any :



TOWED \$50 / FR9507E - NTUC IDAC
AFTER PAINT PHOTO, LUMP SUM REPAIR FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR
SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP: 90036121 LUMP SUM REPAIR
Prepared Date : 09/12/2017 11:20:31 AM

Recording Camera

☒

Radio Antenna

☒1st witness

Date 11-12-17

2nd witness

Date

E 1/2 F
KM 412789 km

Vehicle to Wega Date In: 11/12 Towing: _____
Time In: 1630 Driver: Guan.
Wega Job No: 14013/12
Vehicle sent to SMRT Date In: 12/12 Towing: _____
Time In: 1130 Driver: _____
Received by (SMRT): _____

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

Chassis No : JTDKN36U805746866

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|------------------------------|--------------------------|-------------------------------------|
| Total Labour Charges | : 676.00 | 300.00 |
| Total Spray Painting Charges | : 936.00 | 500.00 |
| Total Material Charges | : 938.64 | 1,350.22 |
| Other Charges | : 340.00 | -400.22 |
| TOTAL | : 2,890.64 | 1,750.00 |
| Lum Sum Total | : 2,900.00 | 1,750.00 |
| No. of Repair Days | : 5.00 | 2.00 / |
| Prepared / Adjusted By | : | SEBASTIAN (LKK) |
| Arc / Surveyor Sing Off Date | : 09/12/2017 11:58:19 AM | 11/12/2017 03:55:29 AM |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 09/12/2017 11:57:05 AM

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

Quotation No : QN-1712-0380

Invoice No :

Quotation Date : 14/12

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 12/11/2017 3:57:13 PM

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 | 676.00 | 300.00 / |
| Total Labour | 676.00 | 300.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO REPSRAY FRONT BUMPER | 378.00 | 200.00 / |
| TO RESPRAY FRONT BUMPER LOWER GRILLE | 180.00 | 100.00 / |
| TO RESPRAY FRONT FENDER RH | 378.00 | 200.00 / |
| Total Spray Painting & Panel Beating | 936.00 | 500.00 |

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 |
| TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 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 | -450.22 |
| Total Other Costs | 340.00 | -400.22 |

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 |
|--|---------|----------|-------------------------------|-----|-----------------|--------------|------------------|--------------------|-------------------|-----------------|
| 52119-47930 | | 6505517 | BUMPER FRT | 1 | 482.00 | 100.00 | 0.00 | Replace | Repair | No <i>K</i> |
| 52611-47080 | | 6505518 | BUMPER ENERGY ABSORBER FRT | 1 | 78.80 | 25.00 | 59.10 | Replace | Check | No <i>X</i> |
| 52021-47023 | | 6505539 | BUMPER REINFORCEMENT FRT | 0 | 498.40 | 25.00 | 0.00 | Replace | Not given | No <i>X</i> |
| 57013-47030 | | | ARM SUB-ASSY, FR BUMPER RH | 0 | 250.40 | 25.00 | 0.00 | Replace | Not given | No <i>X</i> |
| 53102-47020 | | 6505541 | BUMPER GRILLE SUB-ASSY, LOWER | 1 | 311.10 | 100.00 | 0.00 | Replace | Repair | No <i>X</i> |
| 81511-47050 | | | LENS & BODY, FR TURN RH | 1 | 511.80 | 10.00 | 460.62 | Replace | Replace | No <i>R</i> |
| 52115-47040 | | 6505515 | BUMPER SUPPORT F/RH | 1 | 76.40 | 25.00 | 57.30 | Replace | Check | No <i>/</i> |
| 81130-47500 | | 6505437 | HEAD LAMP RH | 1 | 945.20 | 10.00 | 850.68 | Replace | Replace | No <i>X</i> |
| 53801-47050 | | 6505557 | FENDER FRT/RH | 1 | 723.40 | 100.00 | 0.00 | Replace | Repair | No <i>/</i> |
| 75374-47051 | | | NAME PLATE (HYBRID) | 1 | 51.90 | 25.00 | 38.92 | Replace | Replace | No <i>/</i> |
| TOTAL MATERIALS | | | | | | | | 1,466.63 | 1,350.22 | |
| TOTAL MATERIALS(Discounted) | | | | | | | | 938.64 | 1,350.22 | |
| 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 | | | | | | | | | |

1350.22 /
+ 300.00 /
+ 550.00 /

5881.40

2200.22 /

- 20%

1760.18 /

48 \$1750/- /

Sebastian
18/12/2017.

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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

Thatcham escribe



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023538/Sqbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-01-2018
189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | FR 9507E | Veh. Inspected | SHB 296H |
| Policy No. | 5067332133-03 | Coverage (\$) | 0.00 |
| Claim No. | MT/0974410-001 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 11/12/2017 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|----------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | JTDKN36U805746866 | Colour | MAROON |
| Odometer | 412790 | 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 FRONT O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 08/12/2017 | Inspection Date | 11/12/2017 |
| 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: | 2 Working Days |
|-------------------------------------|-----------------------|

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 296H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | NAME PLATE (HYBRID) (DISC 25%) | NECESSARY | 51.90 | 38.92 |
| 1 | LENS & BODY, FR TURN RH (DISC 10%) | SCRATCHED | 511.80 | 460.62 |
| 1 | HEAD LAMP RH (DISC 10%) | CUT | 945.20 | 850.68 |
| 1 | BUMPER ENERGY ABSORBER FRT | NOT NECESSARY | 78.80 | - |
| 1 | BUMPER REINFORCEMENT FRT | NOT NECESSARY | 498.40 | - |
| 1 | ARM SUB-ASSY, FR BUMPER RH | NOT NECESSARY | 250.40 | - |
| 1 | BUMPER SUPPORT F/RH | NOT NECESSARY | 76.40 | - |
| 1 | BUMPER FRT | TO REPAIR | 482.00 | - |
| 1 | BUMPER GRILLE SUB-ASSY, LOWER | TO REPAIR | 311.10 | - |
| 1 | FENDER FRT / RH | TO REPAIR | 723.40 | - |
| | | | 3,929.40 | 1,350.22 |
| LABOUR | | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 756.00 | 330.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 1,036.00 | 500.00 |
| | TO REPLACE SUNDRY PARTS. | | 100.00 | 20.00 |
| | TO WASH AND VACUUM. | NOT NECESSARY | 60.00 | - |
| | | | 1,952.00 | 850.00 |
| GRAND TOTAL | | | 5,881.40 | 2,200.22 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,750.00 |

Report Ref No. NS/INC17023538/Sqbe2

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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