

REF:

NS/INC18000198/Sgber

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:

Sgm 3503U

Policy No.

501673887-11

16.10.17 - 15.10.18

Claims No.

MT/0975679-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

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:

SHC 9136E

Yr Regn:

22/11/2013

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

Truck / Trailer or

Make:

Toyota Prius.

C.C.

1778

Colour

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

428577

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKNJ3C4405705831

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ Order / Jammed / Leaked / Burnt orBrake: ☒ Order / Jammed / Leaked / Burnt orModi: ☒ 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

Fallen

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

29/12/2017

D.O.I.

21/12/18

Survey held at

SHRT

Des. of Damages: Frt / Rear / ☒ O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time / Action / Instruction

SHC 9136E : 23/11/17 14:45 / Rlyb3q

DA: 27017

TAX/12/17/2156

Sgm 3503U : x

Ltk

NTuc

US \$ 1150, 3 days (Red & 6673, 85%)

RECEIVED 12 JAN 2018

Date/Time, File Pass to?

☐

Preli. Report

1) 11/1/18

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 1150

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inva (\$

☐

Weekend (\$

) S + RS...SI

) Photos

) Others

TOTAL

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/INC18000198/Sqb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 03-01-2018	
			Code: INC4	
1. Policy Particulars - THIRD PARTY CLAIM				
Insured Veh.	SGM 3503U	Veh. Inspected	SHC 4136E	
Policy No.	5016738887-11	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	02/01/2018	
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	29/12/2017	Inspection Date	02/01/2018	
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/INC/18000198/Sqb
Policy Type: OD TP / TP RES / TL / EVA

Case Handler

Typist SAC 4136E

Admin (Cath): 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"/>		
<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"/>		
<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"/>			
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<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"/>		
-------------------------------------	--	--

(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 checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<input checked="" type="checkbox"/>		
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Check By: [Signature] 11/1/18
Case Handler Date

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/01/2018

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/0973659-002	SMRT TAXI PTE LTD	SHF 93E	SGK 3230S	13/12/2017	22:16	\$ 16,691.80	\$ 7,767.41
2	MT/0975679-002	SMRT TAXI PTE LTD	SHC 4136E	SGM 3503U	29/12/2017	15:00	\$ 7,823.00	\$ 1,150.00
3	MT/0973633-003	COMFORT TRANSPORTATION	SHD 3777G	SJD 4488K	06/12/2017	8:20	\$ 2,536.34	\$ 2,168.40

Claim received from LKK

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5016738887-11	MUJTABA MOHAMMAD SHARIQ	S0020570B	GPC	drive PREMIUM	SGM3503U	SGM3503U	16/10/2017	15/10/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

Vehicle Details

Vehicle No.: SHC4136E

Vehicle to be Exported: No

Intended De-registration Date: 03 Jan 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2013

Engine No.: 2ZR5906420

Chassis No.: JTDKN36U405705831

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$33,120.00

Original Registration Date: 22 Nov 2013

First Registration Date: 22 Nov 2013

Transfer Count: 0

Actual ARF Paid: \$8,368.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 21 Nov 2021

PARF Rebate Amount: \$6,276.00

Intended COE Rebate Details

COE Expiry Date: 21 Nov 2021

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

PQP Paid: \$63,297.00

COE Rebate Amount: \$30,725.00

Total Rebate Amount: \$37,001.00

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 03 Jan 2018

OK

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	29/12/2017 16:41
Date Of Accident	29/12/2017 15:00
Exact Location Of Accident	THOMSON ROAD TOWARDS UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4136E
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	ANG HIN LENG
NRIC No	S0233298A
Date Of Birth	25/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82008090
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	809 YISHUN RING ROAD 10-4225
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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 ALONG THOMSON ROAD TOWARDS UPPER THOMSON ROAD, SUDDENLY A VEHICLE SGM3503U WHICH WAS TRAVELLING ON MY RIGHT CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED ONTO THE 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 BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM3503U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUJTABA MOHAMMAD SHARIF
NRIC/Passport Number	S0020570B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Thomson Road

A hand-drawn diagram on graph paper. It features two vertical paths, labeled A and B, separated by a vertical line. Path A is on the left, and Path B is on the right. Both paths are marked with arrows pointing upwards. The paths are labeled A and B at the top. To the right of the paths, the text 'A-SHB4136E' is written, and below it, the letter 'B' is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/12/17

Date & Time: 29/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/12/17

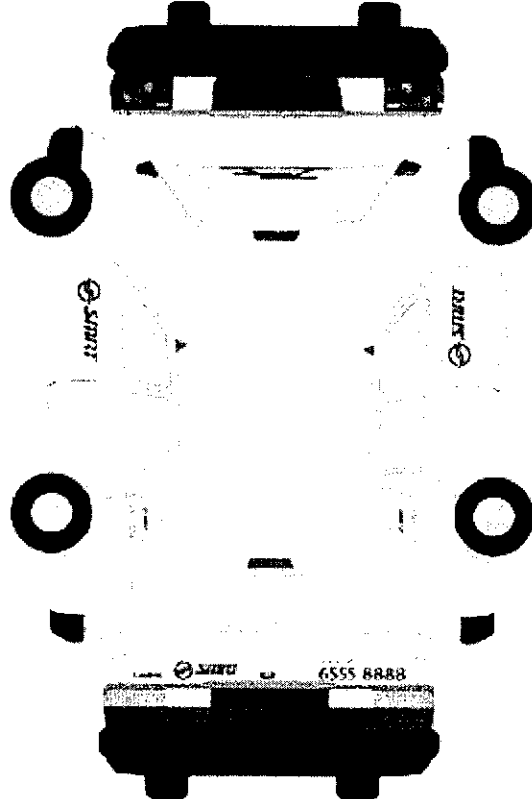
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SMRT Accident Vehicle Repair Estimates

NTUC

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

Reg. No : SHC4136E
 Ref. No : TAX/12/17/2156
 Reg. Date : 22/11/2013
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : ANG HIN LENG
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 29/12/2017 03:00:00 PM
 Accident Reported Date / Time : 29/12/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by :
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093855
 Special Instruction to ARC, if any :
 SGM3503U
 Prepared Date : 29/12/2017 04:33:35 PM



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:

Sebastian

2/1/2017

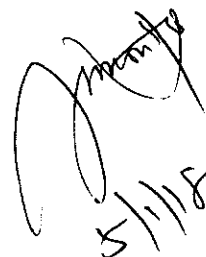
- Lump Sum Repair.

- Question mark Item Photo

- Photo After Paint

90036121

sebastianyang@lkkauto.com



5/1/18

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

Chassis No : JTDKN36U40-5705831 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	: 1,692.00	0.00
Total Material Charges	: 2,855.42	2,855.42
Other Charges	: 580.00	0.00
TOTAL	: 5,972.42	0.00
Lum Sum Total	: 5,950.00	0.00
No. of Repair Days	: 6.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sing Off Date	: 30/12/2017 09:09:23 AM	01/01/1900 12:00:00 AM

M

repaired / Adjusted Date :
emarks :

repaired Date : 30/12/2017 09:09:23 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 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 FRONT BUMPER	378.00	0.00 200
TO RESPRAY FRONT FENDER RH	378.00	0.00 200
TO RESPRAY FRONT DOOR RH	378.00	0.00 200
TO RESPRAY VIEW MIRROR	180.00	0.00 50
TO RESPRAY RH REAR DOOR	378.00	0.00 200
Total Spray Painting & Panel Beating	1,692.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO APPLY RUST-PROOFING ON AFFECTED REA	100.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 X
TO TRANSFER DOOR MECHANISM	240.00	0.00 X
Total Other Costs	580.00	0.00

art 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
2119-7930		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace R	No
3801-7050		6505557	FENDER FRT/RH	1	723.40	25.00	542.55	Replace	Replace R	No
5374-7051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace ✓ N/C	No
7001-7070		6505528	DOOR FRT/RH	1	894.40	25.00	670.80	Replace	Replace R	No
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace ✓ N/C	No
7910-7330		6505600	MIRROR ASSY, RH	1	1,307.10	25.00	980.32	Replace	Replace R	No
1730-2090		6505466	MIRROR LAMP RH	1	65.30	10.00	58.77	Replace	Replace R	No
79157-010		6505598	COVER, OUTER MIRROR, RH	1	107.40	25.00	80.55	Replace	Replace R	No
7003-7080		6505486	DOOR RR/RH	1	954.50	25.00	715.87	Replace	Replace R	No
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace ✓ N/C	No
TOTAL MATERIALS								3,569.30	3,569.28	
TOTAL MATERIALS(Discounted)							2,855.42	2,855.42		

dded 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									



60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

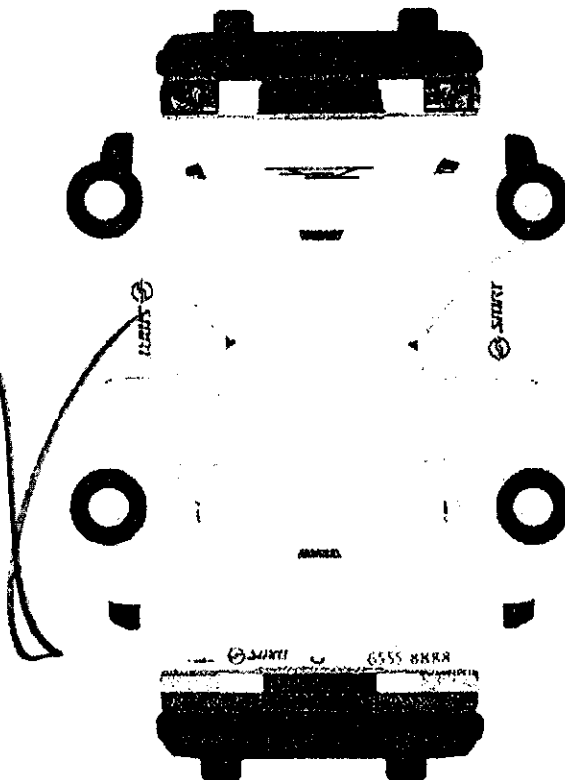
Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

~~2-1-18~~ 2-1-18/14:34

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

Reg. No : SHC41365
 Ref. No : TAX/12/17/2156
 Reg. Date : 22/11/2013
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : ANG H N LENG
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 29/12/2017 03:00:00 PM
 Accident Reported Date / Time : 29/12/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Sebastian
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093855
 Special Instruction to ARC, if any :



SGM3503U - NTUC IDAC 45
 BEFORE PAINT PHOTO AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
 SURVEYOR SEBASTIAN (LKK) & Email :sebastianyeang @lkkauto.com HP:90036121
 LUMPSUM REPAIR

Prepared Date : 29/12/2017 04:33:35 PM

QC 08/1/18 11:50 Pams

Recording Camera ☐ ☒
 Radio Antenna ☐ ☒
 1st witness M Date 2-1-18
 2nd witness _____ Date _____



Vehicle to Wega Date for	02/01	To: Ang
Time for	1600	Driver: <u>Chen</u>
Vehicle to Wega Date for	14058/01	To: Ang
Vehicle sent to SMRT Date for	5/1/18	To: Ang
Time for	1110	Driver: <u>Chen</u>
Received by (SMRT): _____		

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

Chassis No : JTDKN36U40-5705831

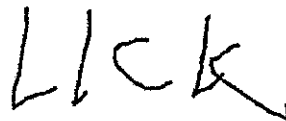
Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	400.00
Total Spray Painting Charges	: 1,692.00	850.00
Total Material Charges	: 101.71	158.92
Other Charges	: 580.00	-258.92
TOTAL	: 3,218.71	1,150.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 6.00	3.00 /
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	: 30/12/2017 09:09:23 AM	02/01/2018 02:34:31 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 30/12/2017 09:09:23 AM

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

Quotation No : AN-1801-0146

Invoice No :

Quotation Date : 5/1

Invoice Date :

Invoice Amount :

Prepared Date :

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH PORTION	845.00	400.00 /
Total Labour	845.00	400.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	200.00 /
TO RESPRAY FRONT FENDER RH	378.00	200.00 /
TO RESPRAY FRONT DOOR RH	378.00	200.00 /
TO RESPRAY VIEW MIRROR	180.00	50.00 /
TO RESPRAY RH REAR DOOR	378.00	200.00 /
Total Spray Painting & Panel Beating	1,692.00	850.00

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 REPLACE SUNDRY PARTS	100.00	20.00 /
TO WASH AND VACUUM	60.00	0.00
TO TRANSFER DOOR MECHANISM	240.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-278.92
Total Other Costs	580.00	-258.92

4823.00

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	100.00	0.00	Replace	Repair	No <i>R</i>
53801-47050		6505557	FENDER FRT/RH	1	723.40	100.00	0.00	Replace	Repair	No <i>R</i>
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace	No <i>NEC</i>
67001-47070		6505528	DOOR FRT/RH	1	894.40	100.00	0.00	Replace	Repair	No <i>R</i>
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace	No <i>NEC</i>
87910-47330		6505600	MIRROR ASSY, RH	1	1,307.10	100.00	0.00	Replace	Repair	No <i>R</i>
81730-52090		6505466	MIRROR LAMP RH	1	65.30	100.00	0.00	Replace	Repair	No <i>R</i>
879157-4010		6505598	COVER, OUTER MIRROR, RH	1	107.40	100.00	0.00	Replace	Repair	No <i>R</i>
67003-47080		6505486	DOOR RR/RH	1	954.50	100.00	0.00	Replace	Repair	No <i>R</i>
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace	No <i>NEC</i>
TOTAL MATERIALS							158.93	158.92		
TOTAL MATERIALS(Discounted)							101.71	158.92		

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
52119-17930		BUMPER FRT	1	482.00	100.00	0.00	Replace	Repair	No
53801-17050		FENDER FRT/RH	1	723.40	100.00	0.00	Replace	Repair	No
75374-17051		NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace	No
67001-17070		DOOR FRT/RH	1	894.40	100.00	0.00	Replace	Repair	No
		STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace	No
87910-17330		MIRROR ASSY, RH	1	1,307.10	100.00	0.00	Replace	Repair	No
81730-52090		MIRROR LAMP RH	1	65.30	100.00	0.00	Replace	Repair	No
879157-4010		COVER, OUTER MIRROR, RH	1	107.40	100.00	0.00	Replace	Repair	No
67003-17080		DOOR RR/RH	1	954.50	100.00	0.00	Replace	Repair	No
		PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						158.92			

158.92
+ 400.00
+ 870.00

1428.92

- 208

1143.14

45 \$150/-

Sebastian
10/1/18

7823

**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/INC18000198/Sqbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 16-01-2018	
Code: INC4				
1. Policy Particulars : THIRD PARTY CLAIM				
Insured Veh.	SGM 3503U	Veh. Inspected	SHC 4136E	
Policy No.	5016738887-11	Coverage (\$)	0.00	
Claim No.	MT/0975679-002	Excess (\$)	0.00	
Assign From		Assign Date	02/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTDKN36U405705831	Colour	MAROON	
Odometer	428517	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 BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/12/2017	Inspection Date	02/01/2018	
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4136E

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	STICKER DECAL SMRT (DOOR) (SN)	NECESSARY	60.00	60.00
1	PIXEL STICKER (SN)	NECESSARY	60.00	60.00
1	BUMPER FRT	TO REPAIR	482.00	-
1	FENDER FRT / RH	TO REPAIR	723.40	-
1	DOOR FRT / RH	TO REPAIR	894.40	-
1	MIRROR ASSY, RH	TO REPAIR	1,307.10	-
1	MIRROR LAMP RH	TO REPAIR	65.30	-
1	COVER, OUTER MIRROR, RH	TO REPAIR	107.40	-
1	DOOR RR / RH	TO REPAIR	954.50	-
			4,706.00	158.92
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,165.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,792.00	850.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			3,117.00	1,270.00
	GRAND TOTAL		7,823.00	1,428.92
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,150.00

Report Ref No. NS/INC18000198/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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