

REF:

NS/ZNCL8000199 / Svbe2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

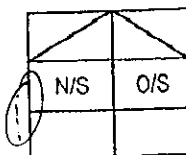
Insured: SL 3671 MPolicy No. 5093613878 01092017Claims No. MT/0975954-002

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 Report: _____ 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: SHB695P Yr Regn: 20/8/2014Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or _____

Make: Toyota Prius C.C. 1798Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 413516 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN364805747693Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 11

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

TOYO / YOKO or Fallen

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 28/11/2017 D.O.I. 2/1/2018Survey held at SMARTDes. 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

SHB695P - 03/12/17 6:11/036 / Ky352SHB695P - TAX / 12/17 / 2154SL 3671 M - X

UKK

NTR

11/1/18 Sebastian confirmed LS \$2700 (Red 5898, 6890)

RECEIVED 15 JAN 2018

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?2) 15/1 - typist

Report Format :

Lump Sum / I.B.I. (\$) 2700Days Of Repair: 5Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Survey Fee: 160

Transportation: _____

) S + RS. SI

) Photos

) Others

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/INC18000199/Svb			
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.	SLL 3671M	Veh. Inspected	SHB 695P
Policy No.	5093613878	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	28/12/2017	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.			

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 15 January 2018 1:21 PM
To: Veron Chen (LKKAuto)
Subject: RE: REQUEST FOR CLAIM NUMBER

Hi,

Claims created.

With Regards

Junainah

Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: 15 January 2018 10:48
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0976087-002	SMRT TAXIS PTE LTD	SHB 5518K	GBC 6078
2	MT/0975954-002	SMRT TAXIS PTE LTD	SHB 695P	SLL 3671M

D.O.A	Time of Accident	Estimate	Tentative repair cost
2/1/2018	11:30	\$2,366.50	\$500.00
28/12/2017	21:40	\$8,598.00	\$2,700.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093613878	ALPINE CAR RENTAL PTE LTD	199003483E	GFT	drive PREMIUM	SLL3671M	SLL3671M	01/09/2017	

[Continue](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	5369K

Vehicle Details

Vehicle No.:	SHB695P
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:	2014
Engine No.:	2ZR6109710
Chassis No.:	JTDKN36U805747693
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	20 Aug 2014
First Registration Date:	20 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Aug 2022

PARF Rebate Amount: \$6,066.00

Intended COE Rebate Details

COE Expiry Date: 19 Aug 2022

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$50,088.00

COE Rebate Amount: \$28,965.00

Total Rebate Amount: \$35,031.00

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 14:24
Date Of Accident	28/12/2017 21:40
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB695P
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	JAMILAH BINTE JAAFAR
NRIC No	S7413224C
Date Of Birth	25/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1999
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	12 YORK HILL 09-78
Postcode	163012
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 - MAJOR/MINOR RD
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 STRAIGHT ALONG HAVELOCK ROAD AT THE LEFT MOST LANE AND HAD SLOWED DOWN UPON SEEING A PASSENGER FLAGGING FOR MY TAXI. WHILE I WAS PASSING BY THE JUNCTION OF MAGAZINE ROAD, THE VEHICLE SLL3671M SUDDENLY DASHED OUT OF MAGAZINE ROAD WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3671M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YOU CHENG
NRIC/Passport Number	S7922223B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

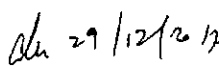
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



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

HAVELUCK RD

A-SHR 695P

B-SLL 3671M

MAGAZINE RD

[illegible]

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

5. $\Gamma \vdash \Delta$ is a substitution instance of $\Gamma \vdash \Delta$.

Driver's Signature _____
Driver is not to be used for any other purpose.

Alan 29/12/2017

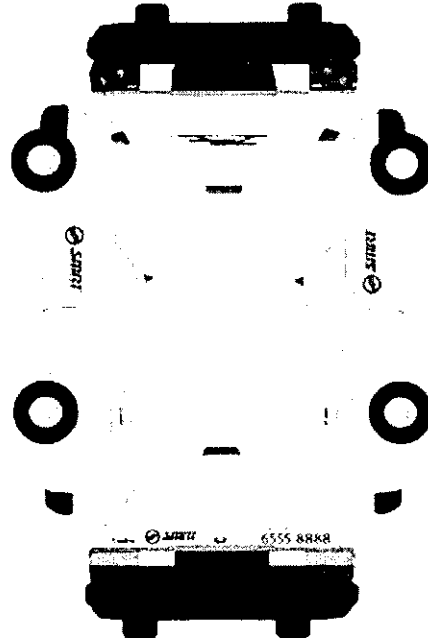
SMRT Accident Vehicle Repair Estimates

NTYC

G/A

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

Reg. No : SHB695P
 Ref. No : TAX/12/17/2154
 Reg. Date : 20/08/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : JAMILAH BINTE JAAFAR
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 28/12/2017 09:43:00 PM
 Accident Reported Date / Time : 29/12/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by :
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 28/12/2017
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093852
 Special Instruction to ARC, if any :
 TOWED \$40 / SLL3671M
 Prepared Date : 29/12/2017 02:45:05 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.

2/1/18

- Lump Sum Repair.

- Question Mark Item Photo

- Photo After Paint

90036121

sebastianyeang@lkkauto.com.



5/1/18

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

Chassis No : JTDKN36U805747693

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 1,014.00	0.00
Total Spray Painting Charges	: 1,494.00	0.00
Total Material Charges	: 3,016.26	3,016.26
Other Charges	: 1,025.00	0.00
TOTAL	: 6,549.26	0.00
Lum Sum Total	: 6,550.00	0.00
No. of Repair Days	: 6.00	0.00
Prepared / Adjusted By	:	4 days
Arc / Surveyor Sign Off Date	: 29/12/2017 04:11:16 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 29/12/2017 04:11:11 PM

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 LH PORTION	1,014.00	0.00 600
Total Labour	1,014.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT DOOR LH	378.00	0.00 200
TO RESPRAY REAR DOOR LH	378.00	0.00 200
TO RESPRAY ROCKER PANEL MOULDING	180.00	0.00 100
TO RESPRAY CENTER PILLAR LH	180.00	0.00 100
TO RESPRAY REAR FENDER LH	378.00	0.00 200
Total Spray Painting & Panel Beating	1,494.00	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 ✕
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 ✕
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 40
TO REMOVE / REFIT SEAT	120.00	0.00 ✕
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0.00 ✕
TO REMOVE & REFIT REAR QUARTER GLASS LH	120.00	0.00 ✕
TO TRANSFER DOOR MECHANISM	240.00	0.00 120
TO REPLACE SUNDRY PARTS	100.00	0.00 ✕
TO WASH AND VACUUM	60.00	0.00 ✕
Total Other Costs	1,025.00	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
57002-17070		6505529	DOOR FRT/LH	1	894.40	25.00	670.80	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
5852-7900			MOULDING BODY, LH	1	673.60	25.00	505.20	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1312-7020			PILLAR, CTR BODY LH	1	307.70	25.00	230.77	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
7004-7080		6505487	DOOR RR/LH	1	954.50	25.00	715.87	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
8780-2031			HINGE LOWER LHR, DOOR	1	72.20	25.00	54.15	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
8760-0122			HINGE UPPER LHR, DOOR	1	81.70	25.00	61.27	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
8630-7031			CHECK ASSY, RR DOOR,	1	150.30	25.00	112.72	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
9060-7080			DOOR LOCK RR/LH	1	709.30	25.00	531.97	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1602-7091		6505476	FENDER RR/LH	1	766.80	25.00	575.10	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
	COMMON		SMRT LOGO	1	7.80	0.00	7.80	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
			STICKER DECAL 6555 8888	1	21.60	0.00	21.60	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
2720-7031			QUARTER GLASS RR/LH	1	168.10	25.00	126.07	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
	COMMON		SEALANT W/SCREEN	1	37.00	0.00	37.00	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
TOTAL MATERIALS								3,770.35	3,770.32	
TOTAL MATERIALS(Discounted)								3,016.26	3,016.26	

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									

MRT Accident Vehicle Repair Estimates

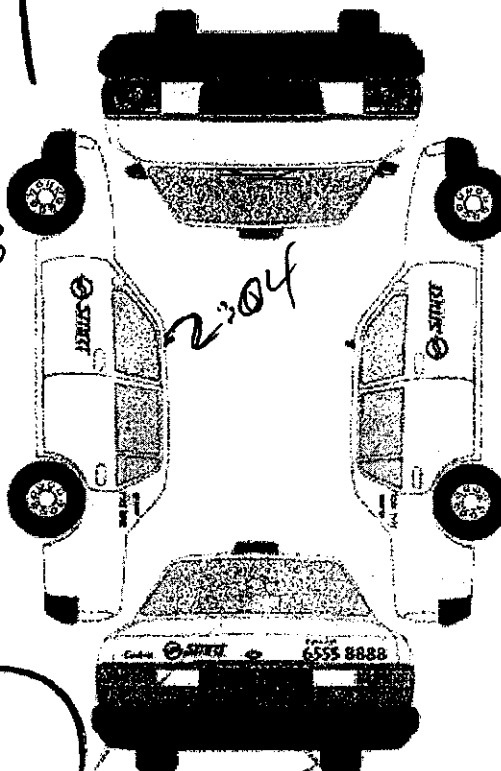
2-1-18/14:43

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

Reg. No : SHB695P
Ref. No : TAX/12/17/2154
Reg. Date : 20/08/2014
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : JAMILAH BINTE JAAFAR
Type of Accident : HEAD TO SIDE
Date / Time of Accident : 28/12/2017 09:43:00 PM
Accident Reported Date / Time : 29/12/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : Sebastian
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 28/12/2017
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024093852
Special Instruction to ARC, if any :

TOWED \$40 / SLL3671M - NTUC - IDAC
BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP:90036121
LUMP SUM REPAIR

Prepared Date : 29/12/2017 02:45:05 PM



14:00 8-1-18 pass 413516km

Recording Camera

Radio Antenna

1st witness

2nd witness

☐ ☒
☐ ☒

Date 2-1-18

Date 8-1-18

↓ 1/4 1/2 3/4 → 2格油

↓ 1/4 1/2 3/4 → 3格油

Supplementary to Referto the Supplementary part 16/1

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 08/01/2018

Vehicle Return Time: 12:36

SMRT staff sign:

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

Chassis No : JTDKN36U805747693

Mileage

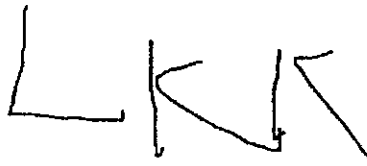
: 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 1,014.00	700.00
Total Spray Painting Charges	: 1,674.00	900.00
Total Material Charges	: 1,590.22	1,590.22
Other Charges	: 945.00	-490.22
TOTAL	: 5,223.22 8598	2,700.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 6.00	5.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	: 29/12/2017 04:11:16 AM	02/01/2018 02:43:15 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 29/12/2017 04:11:11 AM

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

Quotation No : QN-1801-0245

Invoice No :

Quotation Date : 9/1

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 LH PORTION	1,014.00	700.00 /
Total Labour	1,014.00	700.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT DOOR LH	378.00	200.00 /
TO RESPRAY REAR DOOR LH	378.00	200.00 /
TO RESPRAY ROCKER PANEL MOULDING	180.00	100.00 /
TO RESPRAY CENTER PILLAR LH	180.00	100.00 /
TO RESPRAY REAR FENDER LH	378.00	200.00 /
TO RESPRAY ROCKER PANEL	180.00	100.00 /
Total Spray Painting & Panel Beating	1,674.00	900.00

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	40.00 /
TO REMOVE / REFIT SEAT	120.00	0.00
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0.00
TO REMOVE & REFIT REAR QUARTER GLASS LH	120.00	0.00
TO TRANSFER DOOR MECHANISM	240.00	120.00 /
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-650.22
Total Other Costs	945.00	-490.22

2231.20

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	
67002-47070		6505529	DOOR FRT/LH	1	894.40	25.00	670.80	Replace	Replace	No	DT
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace	No	NR
75852-47900			MOULDING BODY, LH	1	673.60	100.00	0.00	Replace	Repair	No	R
61312-47020			PILLAR, CTR BODY LH	1	307.70	100.00	0.00	Replace	Repair	No	R
67004-47080		6505487	DOOR RR/LH	1	954.50	25.00	715.87	Replace	Replace	No	DT
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace	No	NR
68780-52031			HINGE LOWER LHR, DOOR	1	72.20	25.00	54.15	Replace	Replace	No	BT
68760-20122			HINGE UPPER LHR, DOOR	0	81.70	25.00	0.00	Replace	Not given	No	X
68630-47031			CHECK ASSY, RR DOOR,	0	150.30	25.00	0.00	Replace	Not given	No	X
69060-47080			DOOR LOCK RR/LH	0	709.30	25.00	0.00	Replace	Not given	No	X
61602-47091		6505476	FENDER RR/LH	1	766.80	100.00	0.00	Replace	Repair	No	R
	COMMON		SMRT LOGO	1	7.80	0.00	7.80	Replace	Replace	No	NR
			STICKER DECAL 6555 8888	1	21.60	0.00	21.60	Replace	Replace	No	NR
62720-47031			QUARTER GLASS RR/LH	0	168.10	25.00	0.00	Replace	Not given	No	X
	COMMON		SEALANT W/SCREEN	0	37.00	0.00	0.00	Replace	Not given	No	X
TOTAL MATERIALS							1,590.23	1,590.22			
TOTAL MATERIALS(Discounted)							1,590.22	1,590.22			

Added Spare Parts / Material Usage After Surveyor Signed off

1590.22 /
 + 700.00 /
 + 1060.00 /

 3350.22 /
 - 206

 2680.18 /

 US \$2700/- /

Substitution
 11/1/18

**National Assessment Centre Services**


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

TEL: 6841 0055 FAX: 6841 6315



Thatcham describe

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18000199/Svbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 18-01-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLL 3671M	Veh. Inspected	SHB 695P	
Policy No.	5093613878	Coverage (\$)	0.00	
Claim No.	MT/0975954-002	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.	2014	
Chassis No.	JTDKN36U805747693	Colour	MAROON	
Odometer	413516	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 N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	28/12/2017	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:		5 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. SHB 695P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	DOOR FRT/LH (DISC 25%)	DENTED	894.40	670.80
1	DOOR RR/RH (DISC 25%)	DENTED	954.50	715.87
1	HINGE LOWER LHR, DOOR (DISC 25%)	BENT	72.20	54.15
1	STICKER DECAL SMRT (DOOR) (SN)	NECESSARY	60.00	60.00
1	PIXEL STICKER (SN)	NECESSARY	60.00	60.00
1	SMRT LOGO (SN)	NECESSARY	7.80	7.80
1	STICKER DECAL 6555 8888 (SN)	NECESSARY	21.60	21.60
1	HINGE UPPER LHR, DOOR	NOT NECESSARY	81.70	-
1	CHECK ASSY, RR, DOOR	NOT NECESSARY	150.30	-
1	DOOR LOCK RR/LH	NOT NECESSARY	709.30	-
1	QUARTER GLASS RR/LH	NOT NECESSARY	168.10	-
1	SEALANT W/SCREEN	NOT NECESSARY	37.00	-
1	MOULDING BODY, LH	TO REPAIR	673.60	-
1	PILLAR, CTR BODY LH	TO REPAIR	307.70	-
			4,198.20	1,590.22
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,699.00	820.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,774.00	940.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			3,633.00	1,760.00
	GRAND TOTAL		7,831.20	3,350.22
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,700.00

Report Ref No. NS/INC18000199/Svbe2

YEANG WAI KEEN

Automotive Assessor

K.K.LAU CPT(RET)**BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE****REGD Auto Consultant-SAE, Licensed Appraiser****DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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