<u>ASS</u>	IGNMENT
From: Date:	Veh No: SH B 58277 Yr Regn: 12/10/2017
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / T(X) / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Prins 4. c.c 1798
at Workshop m/s	Colour Maroon . A/C: Insured / Std / NI / NA
of	Sp.Reading 10691 T/Radio: Insured / Std / NI / NA
Insured: 208 688 J	Eng/No:
Policy No. 50 955 83061 06. 11.2017	C/No: 370kb3Fu103573617.
Claims No. MT10917899-001	Gen. Cond: Good / Rair / Poor / Burnt
Sum insured: Excess:	Steering: Inerder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Index / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NH S/Rim / STD A/Rim or
	Tyre Size: F: 195/65 K15
(Policy Condition)	R: 'I
Remark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YØNO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6
Est. Repairs: days Res.: Yes or No	D.O.A. 4/1/18 D.O.I. 4/1/18
Lum Sum: % 3 Val.: Yes or No	Survey held at Server
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	(Tithen 2001) 70 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
303 (D37) - ×	TIPT292 DIA: D20213 TA X/01/18/2017.
303 6003	
Confirm \$924.77, 2days	NTVC.
D 1 - 4 12 24 77 CG1	
· · · · · · · · · · · · · · · · · · ·	
PACEINED 22 1777	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
1) typis : Final Report F	Resurvey No. of Trip: 2 Survey Fee: 160
Oate/Time, File Return to?	Transportation:
2) Add Fee:	
TP	: Interview (\$ ) Photos 35
Report Format : אַ אַר אַ Payer Format : עוויס אַ Payer Format : אַ אַר אַר	: Tech, invs (\$) ्रेक्निंड : Weekend (\$)
compound to the first (o	
	TOTAL 1 195

REF: NS/ZN(18000 746 / Stbez

TP Claims against NTUC Income: Follow-Through Survey

Date: 12/01/2018

		Claimant (Owner / Taxi	Claimant	Income	Date of	Time of				Tentative
S/No	Income Reference	Company)	Vehicle No.	Vehicle No.	Accident	Accident		Estimate	£	repair cost
П	l.	CITYCAB PTE LTD	SHC 926T	SKN 4852C	24/12/2017	16:10	ν	3,231.90	\$	1,400.00
2	MT/0965594-002	SMRT BUSES LTD	SG 1046A	SJK 9733H	10/10/2017	11:20	δ.	12,108.35	\$	9,303.66
3	MT/0974611-002	SMRT TAXI PTE LTD	SHB 1023Y	GW 2992U	18/12/2017	7:40	٠Ş	7,209.04	\$	1,100.00
4	MT/0974888-002	SMRT TAXI PTE LTD	SHF 466M	PA 8025G	21/12/2017	8:10	\$	7,656.80	\$	1,250.00
5	MT/0973641-002	SMRT TAXI PTE LTD	SHD 6318D	FBC 2047M	11/12/2017	6:27	s	4,497.17	s	2,857.60
9	MT/0976356-002	SMRT TAXI PTE LTD	SHF 301E	SFT 68D	1/1/2018	6:11	\$	8,472.24	\$	1,100.00
7	MT/0977899-001	SMRT TAXI PTE LTD	SHB 5827T	SDS 6588J	4/1/2018	10:20	φ.	1,978.61	\$	924.77
∞	MT/0975474-002	SMRT TAXI PTE LTD	SHB 152P	GBE 7429B	28/12/2017	11:00	\$	6,344.44	\$	3,500.00
6	MT/0973932-002	SMRT TAXI PTE LTD	SHF 441J	SJL 7917C	15/12/2017	18:10	ş	9,147.71	S	1,850.00
10	MT/0970425-002	SMRT BUSES LTD	SMB 21A	SKH 2771Y	17/11/2017	17:05	\$	2,929.36	Ŷ	1,900.00
11	MT/0976470-002	SMRT TAXI PTE LTD	SHC 4700B	SLT 752R	4/1/2018	8:35	ş	2,057.39	\$	1,050.00
12	NOT INCOME	SMRT TAXI PTE LTD	SHB 5040X	SDG 1662Z	31/12/2017	21:35	\$	2,759.80	S	1,467.80
13	MT/0974170-002	SMRT TAXI PTE LTD	SHC 4021C	SJD 3664A	17/12/2017	18:20	\$	2,551.82	\$	550.00



## **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





<b>#</b> 05-		AD UNION HOUSESINGAPORE	Date: 05-01-2018	
			Code: INC4	
J.,		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	SDS 6588J	Veh. Inspected	SHB 5827T
	Policy No.	5095583051	Coverage (\$)	0.00
,	Claim No.		Excess (\$)	Ó.00
	Assign From		Assign Date	04/01/2018
ليون إيوا		Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	· · · · · · · · · · · · · · · · · · ·
	Odometer	-	Steering	
	Brakes		Modification	· <u></u>
	General			
ia Andri	The same of the sa	Conditi	ons of Tyres	
#05-0 18955		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
		Description	on of Damages 💥 💮 🦠	
1 4 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Samuel Samuel	General	Information	e in personal and the second of the second principles ( ) and the
	Accident Date	04/01/2018	Inspection Date	04/01/2018
	Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE LTD	
			PARK E4 SINGAPORE 75770	

<b>eBao</b> Tech	·								Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601	, or <del>tal</del> , , or t				•	Change La	nguage	· Change Passwo	ord • Log Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	D.				Date of Acc	ident	04/01	/2018 10:54	
	Vehicle I	No.(For Motor)	SDS65883							
						Search:				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	ð	5095583051	ALLSWELL MOTOR TRADERS	531928893	GFT	Third Party, Fire & Theft	SDS6588J	SDS6588J	06/11/2017	
		M				(vonunta)				

### 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 witholding 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 co

aforesaid.	y and to copies of the report of the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/01/2018 11:56
Date Of Accident	04/01/2018 10:20
Exact Location Of Accident	AMK AVE 3 TOWARDS AMK AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB5827T
insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K

Email Address 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

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

HIRE AND REWARD

**NOEMAIL** 

Vehicle Category

TAXI

NO

**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 RAJAB BIN SUKAIMI AHMAD

NRIC No S0906844I Date Of Birth 10/04/1951 Occupation OUTDOOR **Date Of Driving Pass** 22/02/1990

**Driving Experience** 27 YEARS AND 10 MONTHS

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address **NOEMAIL**  Address

17 TECK WHYE LANE

03-155

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

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?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

**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 STATIONARY ALONG ANG MO KIO AVE 3 TOWARDS ANG MO KIO AVE 1 WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SDS6588J HAD COLLIDED ONTO THE REAR 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 NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Was there any audio recorded?

SDS6588J

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE HIRE

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

	SKETCH PLAN			A sing !	T T C 85
				B - SDS6	T7685
·					-
			B		
	DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	·		
	DECLADATION .				
	DECLARATION LY (We declare the foregoing particu	_ R62-	t. 4-1-18		1/2018
	Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the polic	wholdes)	Reporting Centre Personn Name:	el's Signature

SIMON CONTRACTOR

#### Sketch Plan Pg. 2

#### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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/taw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	······································
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHB5827T
Vehicle to be Exported:	No
Intended De-registration Date:	05 Jan 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS098591
Chassis No.:	JTDKB3FU103573017
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Oct 2017
First Registration Date:	12 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2025

whichever is earlier.

PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	11 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$33,056.00
Total Rebate Amount:	\$36,806.00
Message	
Please note that the 8-year COE for this vehicle registered upon COE expiry or when the vehicle	e cannot be further renewed. The vehicle must be de- e reaches its statutory lifespan (if applicable),

The information contained herein is correct as at 05 Jan 2018

OK





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

SHB5827T

Ref. No

TAX/01/18/2017

Reg. Date

12/10/2017

Vehicle Type

TAXI

Make

**TOYOTA PRIUS** 

Model

PRIUS4

Name of Driver

RAJAB BIN SUKAIMI AHMAD

Type of Accident

**HEAD TO REAR** 

Date / Time of Accident

04/01/2018 10:20:00 AM

Accident Reported Date / Time: 04/01/2018 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 :

000024093924

Special Instruction to ARC, if any :

SDS6588J - NTUC IDAC

Prepared Date

04/01/2018 12:11:57 PM

- Part by part repair.
- Question Mork Itum
Photo.
- Photo Refore Paint

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Control - 10 by completed by cervice Auvisor, Accident Cahan Centre

Chassis No: JTDKB3FU103573017

Mileage

0

Work Shop :

Repair Completed Date / Time:

Summary of Repair Estimates

**Quotation from ARC** 

Adjusted by Surveyor, if applicable

Total Labout Charges

338.00

200.00

**Total Spray Painting Charges** 

---

Total Material Charges

378.00

200.00

494.77

494.77

Other Charges

360.00

30.00

TOTAL

1:570.77---2759.5

924.77

**Lum Sum Total** 

1,5/0.//

0.00

No. of Repair Days

0.00

0.00

Prepared / Adjusted By

3.00

2.00 / SEBASTIAN (LKK)

Arc / Surveyor Sing Off Date

: 04/01/2018 02:48:53 PM

04/01/2018 03:54:02 PM

F

LICK

Prepared / Adjusted Date

Remarks

\_ .\_.

Prepared Date : 04/01/2018 02:48:43 PM

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

Quotation No

: QN-1801-0239

Invoice No

Quotation Date : 9 1

Invoice Date :

Invoice Amount : 0.00

Prepared Date:

1/4/2018 2:49:21 PM

# Part 1 - Labour Works

Job Scope 、	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	338.00	200.00
Total Labour	338.00	200.00

## Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	200.00
Total Spray Painting & Panel Beating	378.00	200.00

# 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 TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00
TO WASH AND VACUUM	60.00	0.00
TO REPLACE SUNDRY PARTS	100.00	0.00
Total Other Costs	360.00	30.00

2059-50

#### Part 4 - Spare Parts / Material Usage

-Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen d	Surveyor Approved	Pho Attac	otos ched
52159479 13			COVER, RR BUMPER ASSY	P1	423.90	100.00	0.00	Replace	Repair	No	R
52453470 10			GUARD, RR BUMPER, LOWER	<b>√</b> î	558.30	25.00	418.72	Replace	Replace	No	V
52461470 10			PAD, RR BUMPER, CTR	V	2.20	25.00	4.95	Replace	Replace	No	
52169470 20			COVER, GUARD RR BUMPER LOWER	V	14.80	25.00	11.10	Replace	Replace	No	<u> </u>
52565479 00			FILLER, RR BUMPER , RH	,p_1	119.90	100.00	0.00	Replace	Repair	No	R
			PIXEL STICKER	V	60.00	0.00	60.00	Replace	Replace	No	
	<del>., </del>	. 1	OTAL MATERIALS	<u> </u>	<u>.                                    </u>	<u> </u>		494.78	494.77	_1	
		TOTAL	MATERIALS(Discour	nted)				494.77	494.77		

### 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									

494.77 + 200:00 + 230:00 + 230:00

Sesastian 11/1/18.

Page:



6-1-18/11:54

6-1-13/15:54

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

## **SMRT Accident Vehicle Repair Estimates**

4-1-18/15:54

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre Reg. No SHB5827T Ref. No TAX/01/18/2017 Reg. Date 12/10/2017 Vehicle Type Make A PRIUS Model 4.00 Name of Driver : RAJAB BIN SUKAIMI AHMAD Type of Accident HEAD TO REAR Date / Time of Accident 04/01/2018 10:20:00 AM Accident Reported Date / Time: 04/01/2018 12:00:00 AM Surveyor is Required? Yes Sebastian Survey by Vehicle is Towed Back? No / Towed Back Date/Time Replacement Vehicle issued? : Accident Repair Job Card No : 000024093924 Special Instruction to ARC, if any : SDS6588J - NTUC IDAC BEFORE PAINT PHOTO ,FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email :sebastianyeang @lkkauto.com HP:90036121 Prepared Date : 04/01/2018 12:11:57 PM

Recording Camera

Radio Antenna

1st witness

20692

1st witness

Date

20752

20752

A 2 3/4

Color 5/1/18/708 pages

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 05/01/1018

Vehicle Return Time: 16:4

SMRT staff sign: \_\_

Chassis No : JTDKB3FU103573017

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

**Quotation from ARC** 

Adjusted by Surveyor, if applicable

**Total Labout Charges** 

338.00

0.00

Total Spray Painting Charges

378.00

0.00

Total Material Charges

902.61

902.61

Other Charges

360.00

0.00

TOTAL

Lum Sum Total

1,978.61 0.00

0.00

No. of Repair Days

0.00

Prepared / Adjusted By

3.00

90.0

Arc / Surveyor Sing Off Date

: 04/01/2018 02:48:53 PM

01/01/1900 12:00:00 AM

Prepared / Adjusted Date

Remarks

Prepared Date : 04/01/2018 02:48:43 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 : 0.00

Prepared Date: 1/4/2018 2:49:21 PM

### Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable		
TO REPAIR REAR PORTION	338.00			
Total Labour	338.00	0.00		

## Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	0.00-200.
Total Spray Painting & Panel Beating	378.00	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 ×		
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.09 30		
TO WASH AND VACUUM	60.00	0.00 ×		
TO REPLACE SUNDRY PARTS	100.00	0.00 ×		
Total Other Costs	360.00	0.00		

## Part 4 - Spare Parts / Material Usage

Part Number	Portión	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen d	Surveyor Approved	Photos Attached
52159479 13	"		COVER, RR BUMPER ASSY	1	423.90	25.00	317.92	Replace	Replace	No
52453470 10			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.72	Replace	Replace	No
52461470 10			PAD, RR BUMPER, CTR	3	2.20	25.00	4.95	Replace	Replace / N	w <del>/</del> No
52169470 20			COVER, GUARD RR BUMPER LOWER	1	14.80	25.00	11.10	Replace	Replace	No
52565479 00			FILLER, RR BUMPER , RH	1	119.90	25.00	89.92	Replace	Replace \$	No R
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace /N	No
			OTAL MATERIALS	_				902.63		15.(
TOTAL MATERIALS(Discounted)							902.61	902.61		

# 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							·		1



### **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





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NTUC	INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1800029	6/Srbe2
		ND UNION HOUSESINGAPORE	Date:	24-01-2018 INC4	
1.		Policy Particulars	:- THIR		
	nsured Veh.	SDS 6588J	1	nspected	SHB 5827T
	Policy No.	5095583051	+	age (\$)	0.00
	Claim No.	MT/0977899-001	Exces		0.00
	Assign From		Assig	n Date	04/01/2018
2.		Vehicle Parti	culars 8	Condition	
l l	Make & Model	TOYOTA PRIUS	c.c		1798
	Engine No.	HIDDEN	Year o	f Reg.	2017
	Chassis No.	JTDKB3FU103573017	Colou	r	MAROON
	Odometer	20692	Steeri	ng	IN ORDER
E	Brakes	IN ORDER	Modifi	cation	NIL
	General	FAIR			
3.		Conditi	ons of	lyres*	
		Size	Make		Balance
F	R/H Front Tyre	195/65 R15	YOKO	HAMA	6 mm
L	JH Front Tyre	195/65 R15	YOKO	IAMA	6 mm
F	R/H Rear Tyre	195/65 R15	YOKO	IAMA	6 mm
lı	JH Rear Tyre	195/65 R15	YOKO	Table 2014 . 10	6 mm
4.	The second of th	Descripti			
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR POR	TION.	
[	DAMAGES SEE D	ETAILS.			
5.		Genera	I Inform	ation	
	Accident Date	04/01/2018	Inspec	tion Date	04/01/2018
[	Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE L	TD	
		60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 7577	
5a.		a service a consequence who consequence	·		
		ON WAS CONDUCTED ON A'WIT CE TO YOUR INSTRUCTIONS, W			
5b.		Estimate	Days of	Repair	
E	STIMATED NOR	MAL PERIOD FOR REPAIR:		2 Working Days	



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#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5827T

Qty		Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMEN	T OF PARTS			
1	GUARD, RR BUN	MPER, LOWER (DISC 25%)	сит	558.30	418.72
3	PAD, RR BUMPE	R, CTR @\$2.20 (DISC 25%)	NECESSARY	6.60	4.95
1	COVER, GUARD	RR BUMPER LOWER (DISC 25%)	DEFORMED	14.80	11.10
1	PIXEL STICKER	(SN)	NECESSARY	60.00	60.00
1	COVER, RR BUN	IPER ASSY	TO REPAIR	423.90	-
1	FILLER, RR BUM	IPER, RH	TO REPAIR	119.90	-
				1,183.50	494.77
	LABOUR				
	THATCHAM STA	NDARD REPAIR TIME ON BODY WORKS.		538.00	230.00
	THATCHAM TTS AND LABOUR.	STANDARD SPRAY PAINTING COST		378.00	200.00
	TO REPLACE SU	INDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND \	ACUUM.	NOT NECESSARY	60.00	-
				1,076.00	430.00
	GRAND TOTAL			2,259.50	924.77

RECOMMENDED COST OF REPAIRS (CONFIRMED): 924.77

Report Ref No. NS/INC18000296/Srbe2

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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