



# TP Claims against NTUC Income: Follow-Through Survey

Date : 05/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0981147-001	COMFORT TRANSPORTATION PTE LTD	SHC 8522Y	SGH 2751C	01/02/2018	6:50	\$ 2,711.58
2	MT/0977787-002	SMRT TAXIS PTE LTD	SHB 5681X	SLF 700P	14/1/2018	10:40	\$ 1,842.64
3	MT/0981149-001	SMRT TAXIS PTE LTD	SHD 6404M	SKE 2795U	12/1/2018	16:30	\$ 2,653.66

Claim received from LKK



# 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/INC18000979/R1rb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 16-01-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKE 2795U	Veh. Inspected	SHD 6404M
Policy No.	5096446459	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/01/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	12/01/2018	Inspection Date	15/01/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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="radio"/>	5096446459	LOH YIN SIEW ESTHER (LU YINXIU)	586000191	GPC	drivo CLASSIC	SKE2795U	SKE2795U	12/12/2017	20/02/2019

## Celine Fong (LKKAuto)

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**From:** Celine Fong (LKKAuto)  
**Sent:** Monday, 5 February 2018 3:30 PM  
**To:** 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)'  
**Cc:** Rasul (LKKAuto)  
**Subject:** RE: SHD6404M

Dear Poh Suan,

Confirmed part by part \$1,965.67, 2 days.

Best Regards,

Celine Fong

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: celinefong@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1,  
#02-25 | S(408933)

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) [mailto:YeoPohsuan@smrt.com.sg]  
Sent: Monday, 22 January 2018 4:06 PM  
To: Rasul (LKKAuto) <Rasul@lkkauto.com>  
Cc: Celine Fong (LKKAuto) <celinefong@lkkauto.com>  
Subject: SHD6404M

Hi Rasul,

Attached herewith the repair estimate of SHD 6404M having Case No: TAX/01/18/2075.

There is no change to the approved amount of \$1,965.67 @ 2 working days under part by part repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards

Poh Suan

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)  
Sent: 22 January 2018 03:35  
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)  
Subject: Scan Data from FX-D421D6

## 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	13/01/2018 11:03
Date Of Accident	12/01/2018 16:30
Exact Location Of Accident	LORONG 6 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6404M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LO TIN WAH
NRIC No	S2512987C
Date Of Birth	04/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1993
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 372 HOUGANG STREET 31  
11-43  
Postcode 530372  
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 RAINING  
Road Surface WET

#### 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? YES  
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) 2  
Passenger 1 NAME: : UNKNOWN  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TAMPINES CHANGKAT NPP  
Police Station Address ROAD: 109 TAMPINES STREET 11, POSTCODE: 521109, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-7819999 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180112/2188 On 12/01/2018 at about 1630hrs along the road of Toa Payoh Lorong 6 slightly before the junction of Toa Payoh Lorong 7, my taxi (SHD6404M) was stopped as the traffic light was red. About one minute later, a car (SKE2795U) collided onto my taxi rear bumper with her car front bumper. This then resulted in my taxi to suffer a slight dent on the rear bumper, the cover on the rear bumper to come off and the rear right tyre rim area portion to become detached slightly. I wish to state that there are no injuries suffered of government properties damaged. I was sending my passenger from Toa Payoh to Xin Ming Avenue at that point of time. The cost of the damages is unknown as it still require my company to do the assessment. I am lodging this report for insurance claim purposes and for my company SMRT to do follow up.

#### 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 SKE2795U  
Vehicle Make/Model/Colour  
Details Of Properties

Address 372 HOUGANG STREET 31  
11-43

Postcode 530372

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 RAINING

Road Surface WET

#### 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? YES

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) 2

Passenger 1 NAME: : UNKNOWN  
GENDER: : FEMALE

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Police Station Name TAMPINES CHANGKAT NPP

Police Station Address ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE

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Was notice of intended Prosecution given? NO

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#### 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 SKE2795U

Vehicle Make/Model/Colour

Details Of Properties



Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LO TIN WAH  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD6404M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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.



du 12/1/2018

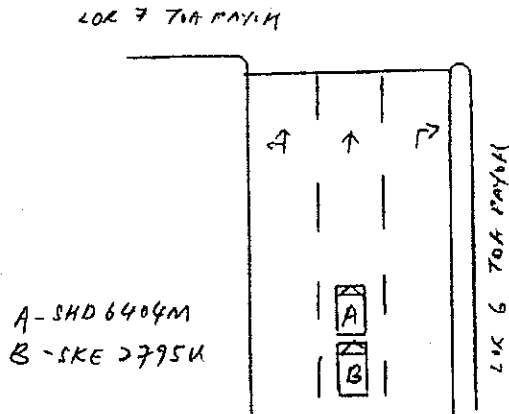
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/2018/112/2788

## 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:

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

13/1/2018



**SINGAPORE  
POLICE FORCE**



T/20180112/2188

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20180112/2188

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/01/2018 21:26			Vide Report No.:		Station Diary No.: 27
<b>Informant's Particulars</b>					
Name of Informant: LO TIN WAH			Address: APT BLK 372 HOUGANG STREET 31 #11-43 SINGAPORE 530372		
ID Type / ID No.: NRIC NO / S2512987C			Contact No.: Home/Office: Mobile: 98202056		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 04/08/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>					
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/01/2018 16:30	Type of Location: T-Junction	
Location: Junction of Road 1 and Road 2 LORONG 6 TOA PAYOH LORONG 7 TOA PAYOH					
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

<b>Details of Vehicles Involved</b>					
Vehicle No.	Type	Make	Model	Condition	No. of Passengers
SHD6404M	Car	HONDA	Jazz	Slightly Damaged	1
SKE2795U	Car	TOYOTA	PERIUS	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180112/2188

2 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20180112/2188

## CONTINUATION OF REPORT

<b>DRIVER</b>			
Name	LO TIN WAH	ID No.	S2512987C
Related Vehicle	SHD6404M (Car)	Contact No.	98202056
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>DRIVER</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKE2795U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 12/01/2018 at about 1630hrs along the road of Toa Payoh Lorong 6 slightly before the junction of Toa Payoh Lorong 7, my taxi (SHD-6404M) was stopped as the traffic light was red. About one minute later, a car (SKE2795U) collided onto my taxi rear bumper with her car front bumper. This then resulted in my taxi to suffer a slight dent on the rear bumper, the cover on the rear bumper to come off and the rear right tyre rim area portion to become detached slightly. I wish to state that there are no injuries suffered of government properties damaged. I was sending my passenger from Toa Payoh to Xin Min Avenue at that point of time.

The cost of the damages is unknown as it still require my company to do the assessment. I am lodging this report for insurance claim purposes and for my company SMRT to do a follow up.



**SINGAPORE  
POLICE FORCE**



T/20180112/2188

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3  
Report No. T/20180112/2188

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

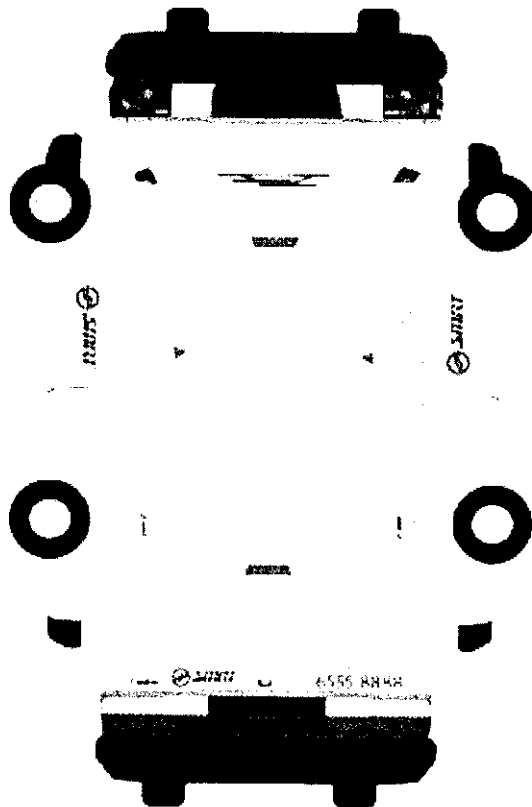
Signature Of Officer Recording The Report: G/ Sgt 2 ALVIN TAY MING WEI <i>to</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>NP100</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><i>to</i></p> <p>_____ SIGNATURE</p> </div> </div>

Signature Of Informant: <i>[Signature]</i>
Date/Time: 12/01/2018 21:26
Classification Of Case:

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6404M  
Ref. No : TAX/01/18/2075  
Reg. Date : 03/11/2017  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS4  
Name of Driver : LO TIN WAH  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 12/01/2018 04:30:00 PM  
Accident Reported Date / Time : 13/01/2018 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by :  
Vehicle is Towed Back? : Yes  
Towed Back Date/Time : 12/01/2018  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024094071  
Special Instruction to ARC, if any :  
TOWED \$40 / SKE2795U / Resurvey 64 paint/mrnc  
Prepared Date : 13/01/2018 11:17:14 AM



Chassis No : JTDKB3FU403573657

Mileage

0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	338.00	0.00
Total Spray Painting Charges	558.00	0.00
Total Material Charges	1,317.66	1,317.66
Other Charges	440.00	0.00
<b>TOTAL</b>	<b>2,653.66</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>0.00</b>	<b>0.00</b>
No. of Repair Days	3.00	0.00 <i>2 days / part by part</i>
Prepared / Adjusted By		
Arc / Surveyor Sign Off Date	15/01/2018 10:09:05 AM	01/01/1900 12:00:00 AM

*P*

*Paul*  
*15/01/18 @ 1410hrs*

Prepared / Adjusted Date :

Remarks :

Prepared Date : 15/01/2018 10:09:05 AM

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

Quotation No :  
Quotation Date :  
Invoice Amount :

Invoice No :  
Invoice Date :  
Prepared Date :

**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:



Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	338.00	0.00 200
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
TO RESPRAY FILLER RR BUMPER RH	180.00	0.00 80? check
Total Spray Painting & Panel Beating	558.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
OWING CHARGE	80.00	0.00 X
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 60
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
Total Other Costs	440.00	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
5215947913			COVER, RR BUMPER ASSY	1	423.90	25.00	317.92	Replace	Replace <i>DC</i>	No
5256547900			FILLER, RR BUMPER, RH	1	119.90	25.00	89.92	Replace	Replace ?	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <i>DC</i>	No
524534700			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.72	Replace	Replace ?	No
521694700			COVER, GUARD RR BUMPER LOWER	1	14.80	25.00	11.10	Replace	Replace ?	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace ?	No
TOTAL MATERIALS							1,137.68	1,137.66		
TOTAL MATERIALS(Discounted)							1,317.66	1,317.66		

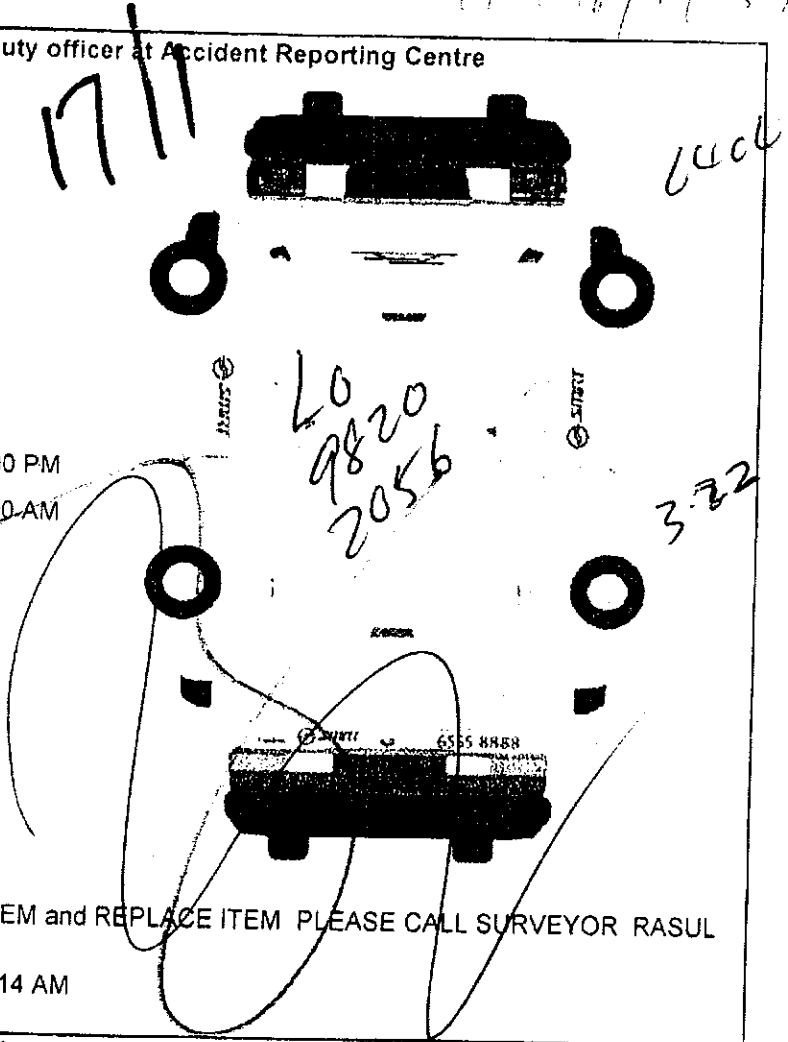
Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

# SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6404M  
Ref. No : TAX/01/18/2075  
Reg. Date : 03/11/2017  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS4  
Name of Driver : LO TIN WAH  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 12/01/2018 04:30:00 PM  
Accident Reported Date / Time : 13/01/2018 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by : Rasul  
Vehicle is Towed Back? : Yes  
Towed Back Date/Time : 12/01/2018  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024094071  
Special Instruction to ARC, if any :  
TOWED \$40 / SKE2795U NTUC P/P  
Before paint photo, After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL  
/ HP : 9001 0068. email: rasul@lkkauto.com  
Prepared Date : 13/01/2018 11:17:14 AM



Recording Camera

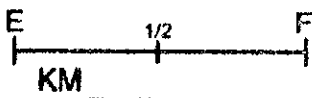
Radio Antenna

1st witness

Date

2nd witness

Date



17/11/18 QC 14.14 Rejected RR Super Deny  
18/1/18 11.00 Rejected RR Boot Deny 14.45 pass

17/11/18  
18/1/18  
17-1-2018  
Time 11-50  
Please Print By (Signature):

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

Chassis No : JTDKB3FU403573657

Mileage :

0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 338.00	200.00
Total Spray Painting Charges	: 558.00	280.00
Total Material Charges	: 1,376.77	1,365.67
Other Charges	: 360.00	120.00
<b>TOTAL</b>	<b>: 2,632.77</b>	<b>1,965.67</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00
Prepared / Adjusted By	:	RASUL (LKK)
Arc / Surveyor Sign Off Date	: 15/01/2018 10:09:05 AM	15/01/2018 02:52:56 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 15/01/2018 10:09:05 AM

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

Quotation No : QN-1801-0537

Invoice No :

Quotation Date : 20/1

Invoice Date :

Invoice Amount :

Prepared Date :

# Section 2 - Details of Repair Estimates

## 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
TO RESPRAY FILLER RR BUMPER RH	180.00	80.00
Total Spray Painting & Panel Beating	558.00	280.00

## 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	60.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
Total Other Costs	360.00	120.00

2991.70

# 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
5215947913			COVER, RR BUMPER ASSY	1	423.90	25.00	317.92	Replace	Replace	No <i>DE</i>
5256547900			FILLER, RR BUMPER, RH	1	119.90	25.00	89.93	Replace	Replace <i>S</i>	No <i>CRA</i>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <i>hel</i>
5245347010			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.73	Replace	Replace <i>S</i>	No <i>DE</i>
5216947020			COVER, GUARD RR BUMPER LOWER	1	14.80	25.00	11.10	Replace	Check	No <i>XNN</i>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace <i>S</i>	No <i>hel</i>
5202347030			REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	Replace	Replace <i>S</i>	No <i>BT</i>
TOTAL MATERIALS							1,376.78	1,365.67		
TOTAL MATERIALS(Discounted)							1,376.77	1,365.67		

## 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
5202347030		REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						239.10			

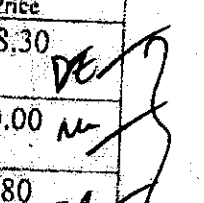
1365.67  
+ 200.00  
+ 400.00  


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1965.67

# REQUEST FOR SUPPLYMENT PARTS

Contractor:		WEGA ENGINEERING PTE LTD		
Accident Case Number		TAX/01/18/2075	Date of Collection	15/01/18
Vehicle No		SHD6404M	Date of Request	16/01/18
Vehicle Model		TOYOTA PRIUS	Number of Days to Extend (If any)	
S/N	Part Number	Part Description	Quantity	Unit Price
		GUARD, RR BUMPER, LOWER	1	\$558.30
		REAR REVERSE SENSOR	1	\$180.00
		REAR BUMPER REFORCEMENT	1	318.80

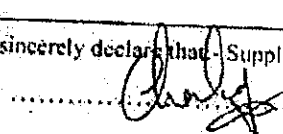
  
 16/01/18

\*\*\*Please submit photographs for damaged parts\*\*\*

I, (Name) LEONG CHEE KWONG

(Position)

Do solemnly and sincerely declare that Supplementary Parts are raised for replacement for the aforesaid vehicle.



Signature of person making this declaration

[To be signed in front of an authorised witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

For SMRT Staff

Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22 / WOC	Form 22 - PO / WOC / Reservation / Number
Photo Submitted	YES / NO	Date of submission

# REQUEST FOR SUPPLEMENT PARTS

Contractor:	WEGA ENGINEERING PTE LTD.		
Accident Case Number	TAX/01/18/2075	Date of Collection	15/01/18
Vehicle No:	SHD6404M	Date of Request	16/01/18
Vehicle Model	TOYOTA PRIUS	Number of Days to Extend (if any)	

S/N	Part Number	Part Description	Quantity	Unit Price
		FILLER, RR BUMPER, RH	1	\$119.00

CA  
*[Signature]*  
 24/01/18

<<Please submit photographs for damaged parts>>

I, (Name) LEONG CHEE KWONG

(Position) \_\_\_\_\_

Do solemnly and sincerely declare that Supplementary Parts are raised for replacement for the aforesaid vehicle.

*[Signature]*

Signature of person making this declaration

[To be signed in front of an authorised witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the charges of perjury.

For SMRT Staff

Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22/ WOC	Form 22 (P) / WOC / Registration / Number
Photo Submitted	YES / NO	Date of Submission



# REQUEST FOR SUPPLEMENT PARTS

Contractor	WEGA ENGINEERING PTE LTD		
Accident Case Number	TAX/01/18/2015	Date of Collection	15/01/18
Vehicle No	SUD 6404 M	Date of Request	18/01/18
Vehicle Model	Toyota Prius	Number of Days to Extend (If any)	1 day

S/N	Part Number	Part Description	Quantity	Unit Price
		To Repair Rear Tail Gate		\$200.00
		To Respray Rear Tail Gate		\$378.00

cancel  
X  
Ref  
24/01/18

\*\*\*Please submit photographs for damaged parts\*\*\*

I, (Name) Leong Chin Kwai  
(Position)

Do solemnly and sincerely declare that Supplementary Parts are raised for replacement for the aforesaid vehicle.

*[Signature]*

Signature of person making this declaration

(To be signed in front of an authorised witness)

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

For SMRT Staff

Acknowledged By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply Form 22 / VOC	Form 22 / PO / VOC / Reservation Number
Photo Submitted	YES / NO	Date of submission

**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 describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18000979/R1rbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 09-02-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKE 2795U	Veh. Inspected	SHD 6404M	
Policy No.	5096446459	Coverage (\$)	0.00	
Claim No.	MT/0981149-001	Excess (\$)	0.00	
Assign From		Assign Date	15/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU403573657	Colour	MAROON	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	YOKOHAMA	5 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	5 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	12/01/2018	Inspection Date	15/01/2018	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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. SHD 6404M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	COVER, RR BUMPER ASSY (DISC 25%)	DEFORMED	423.90	317.92
1	FILLER, RR BUMPER, RH (DISC 25%)	CRACKED	119.90	89.93
1	GUARD, RR BUMPER, LOWER (DISC 25%)	DEFORMED	558.30	418.73
1	REAR BUMPER REINFORCEMENT (DISC 25%)	BENT	318.80	239.10
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	NECESSARY	180.00	180.00
1	COVER, GUARD RR BUMPER LOWER	NOT NECESSARY	14.80	-
			1,735.70	1,365.68
<b>LABOUR</b>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			538.00	260.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			558.00	280.00
TO REPLACE SUNDRY PARTS.			100.00	20.00
TO WASH AND VACUUM.			60.00	40.00
			1,256.00	600.00
<b>GRAND TOTAL</b>			<b>2,991.70</b>	<b>1,965.68</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>	<b>1,965.68</b>
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Report Ref No. NS/INC18000979/R1rbe2

MOHAMMED RASUL BIN MOHD YUNUS

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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