

Smyth

REF:

NS/INC18001247/29d302

## 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: SHC 6576EPolicy No. 5095103893 20-10-2017Claims No. M7/0977299-002

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 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: SHB 1922 Yr Regn: 28/11/2017

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

Truck / Trailer or

Make: Toyota Prins 4 C.C. 1798Colour Maroon A/C: Insured / Std / NI / NASp. Reading 13576 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FH303574475

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 11/1/18Survey held at SMRTDes. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time | Action / Instruction

Final Eq 6 1433.27, 1 day (Red 6 409.73, 22/11)

TAX / 01/18/2018

LICK

NTWK

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 1433.27Days Of Repair: 1

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

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/INC18001247/Sqd3				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 22-01-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 6576E	Veh. Inspected	SHB 192Z	
Policy No.	5095103893	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	22/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	c.c			
Engine No.	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	11/01/2018	Inspection Date		
Survey held at				
<b>5a. Remarks</b>				

# Survey Department Check List (Case Handler)

Reference No.: *NS/INC18001247/Sq 23*  
 Policy Type: *OD / TP* TP RES / TL / EVA

*SMB 1928*

Case Handler

Typist

**Admin** (*NATHAN*): 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
<i>✓</i>	<i>✓</i>		
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			

**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

<i>✓</i>		
<i>✓</i>		
<i>✓</i>		
<i>✓</i>		
<i>✓</i>		
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<i>✓</i>		
<i>✓</i>		

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<i>✓</i>		
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## (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

<i>✓</i>		
<i>✓</i>		

## (4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By:

*Chn* *26/1/18*

Case Handler

Date

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0975403-002	SMRT TAXI PTE LTD	SHB 5086P	FBK 4667T	27/12/2017
2	MT/0977299-002	SMRT TAXI PTE LTD	SHB 192Z	SHC 6576E	11/01/2018
3	MT/0972718-002	COMFORT TRANSPORTATION	SHA 4630E	FBE 1449H	6/12/2017
4	MT/0976746-002	SMRT TAXI PTE LTD	SHF 200M	SHB 8676S	5/1/2018
5	MT/0977011-002	SMRT TAXI PTE LTD	SHC 4740K	GT 4929G	8/1/2018

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/01/2018 15:28"/>
Vehicle No.(For Motor)	<input type="text" value="SHC6576E"/>	<input type="button" value="Search"/>	

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6576E	SHC6576E	20/10/2017	

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

### Vehicle Details

Vehicle No.: SHB192Z

Vehicle to be Exported: Yes

Intended De-registration Date: 22 Jan 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS HYBRID 1.8 CVT

Primary Colour: Maroon

Manufacturing Year: 2017

Engine No.: 2ZRS105149

Chassis No.: JTDKB3FU303574475

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$29,007.00

Original Registration Date: 28 Nov 2017

First Registration Date: 28 Nov 2017

Transfer Count: 0

Actual ARF Paid: \$5,000.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 27 Nov 2025

PARF Rebate Amount: \$3,750.00

**Intended COE Rebate Details**

COE Expiry Date: 27 Nov 2025

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

COE Period(Years): 8

PQP Paid: \$33,596.00

COE Rebate Amount: \$26,876.00

**Total Rebate Amount: \$30,626.00**

**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 22 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	11/01/2018 12:59
Date Of Accident	11/01/2018 01:45
Exact Location Of Accident	BENDEMEER RD TOWARDS JALAN TAMAN (AFTER PIE EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB192Z
<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	ONG SWEE HUAT
NRIC No	S0090027C
Date Of Birth	17/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	153 BISHAN STREET 13 02-34
Postcode	570153
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	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?	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)	2
Passenger 1	NAME: : MR YEO GENDER: : MALE

#### 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 PIE ONTO BENDEMEER ROAD TOWARDS JALAN TAMAN WITH ONE PASSENGER (MALE CHINESE) ON BOARD. I SIGNALLED MY INTENTION TO FILTER TO THE RIGHT AND I PROCEEDED WHEN THE TRAFFIC WAS CLEAR. WHEN I WAS ALMOST INTO THE RIGHT LANE, SUDDENLY A VEHICLE SHC6576E (SILVERCAB) WHICH WAS TRAVELLING BEHIND MY TAXI, SPED UP TOWARDS THE RIGHT LANE AND SQUEEZED THROUGH MY LANE, DAMAGING THE RIGHT PORTION OF MY TAXI. MY PASSENGER IS WILLING TO BE MY WITNESS.

#### 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 Witness 1

Name	MR YEO
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6576E
Vehicle Make/Model/Colour	SILVERCAB
Details Of Properties	
Vehicle Category	TAXI

Name of Driver

NRIC/Passport Number

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:

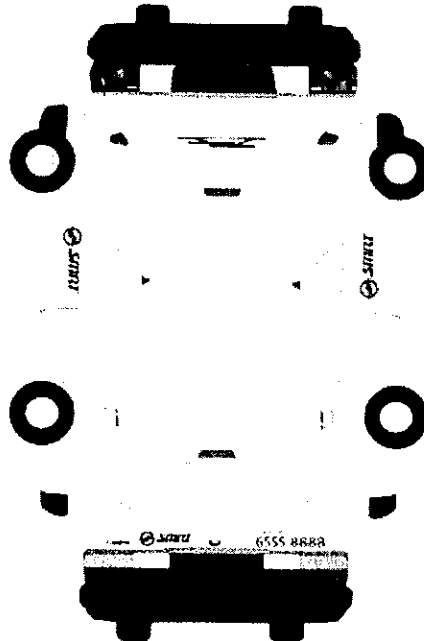
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB192Z  
Ref. No : TAX/01/18/2058  
Reg. Date : 28/11/2017  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS4  
Name of Driver : ONG SWEE HUAT  
Type of Accident : SIDE SWIPE  
Date / Time of Accident : 11/01/2018 01:45:00 AM  
Accident Reported Date / Time : 11/01/2018 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 : 000024094039  
Special Instruction to ARC, if any :  
SHC6576E (SILVERCAB) - NTUC IDAC  
Prepared Date : 11/01/2018 09:38:49 AM



Sebastian.  
11/1/18.  
- Part by part repair  
- Photo Before Paint  
90036121

sebastianyag@lkkauto.com

#### 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:

  
24/1/18

Chassis No : JTDKB3FU303574475

Mileage : 0

Work Shop :

Repair Completed Date / Time :

### Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 0.00	0.00
Total Spray Painting Charges	: 180.00	0.00
Total Material Charges	: 1,303.27	1,303.27
Other Charges	: 200.00	0.00
<b>TOTAL</b>	<b>: 1,683.27</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 0.00</b>	<b>0.00</b>
No. of Repair Days	: 2.00	0.00
Prepared / Adjusted By	:	1 day
Arc / Surveyor Sign Off Date	: 11/01/2018 02:27:33 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 11/01/2018 02:27:27 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 : 11/11/2018 2:27:58 PM

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour		

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY VIEW MIRROR	180.00	<del>0.00</del> 50
Total Spray Painting & Panel Beating	180.00	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	<del>0.00</del> 30
TO REMOVE AND REFIX WING MIRROR	120.00	<del>0.00</del> 50
Total Other Costs	200.00	0.00

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
17910474			MIRROR ASSY, OUTER REAR VIEW , RH	1	1,373.50	10.00	1,236.15	Replace	Replace	No
17915470			COVER, OUTER MIRROR, RH	1	89.50	25.00	67.12	Replace	Replace	No
TOTAL MATERIALS								1,303.28	1,303.27	
TOTAL MATERIALS(Discounted)							1,303.27	1,303.27		

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									



TAT

SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

12-1-18 / 10:44

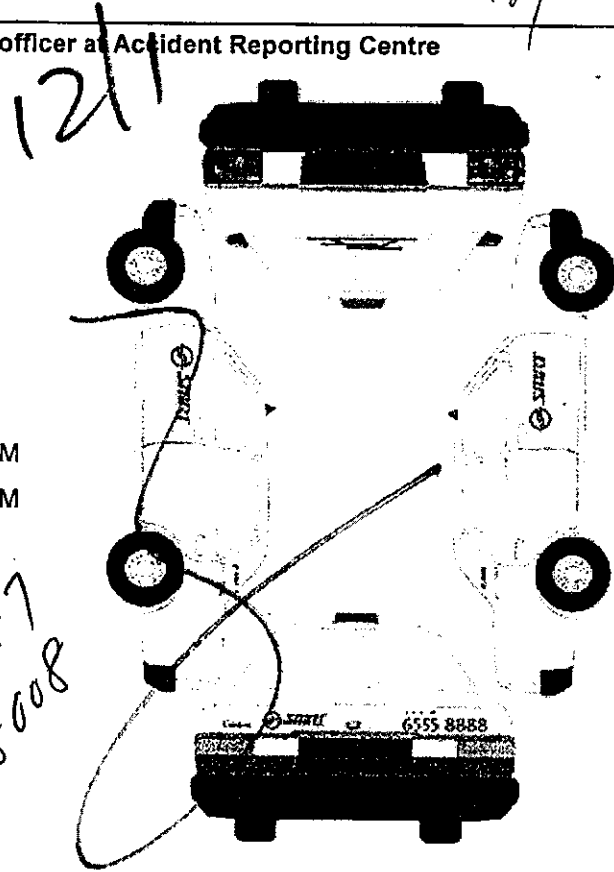
12-1-18 / 14:44

11-1-18 / 14:44

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB192Z  
 Ref. No : TAX/01/18/2058  
 Reg. Date : 28/11/2017  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS4  
 Name of Driver : ONG SWEE HUAT  
 Type of Accident : SIDE SWIPE  
 Date / Time of Accident : 11/01/2018 01:45:00 AM  
 Accident Reported Date / Time : 11/01/2018 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 : 000024094039  
 Special Instruction to ARC, if any :



SHC6576E (SILVERCAB) - NTUC IDAC  
 BEFORE PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK)  
 & Email : sebastianeang@lkkauto.com HP:90036121

Prepared Date : 11/01/2018 09:38:49 AM

Recording Camera

☐☒

Radio Antenna

☐☒

1<sup>st</sup> witness

Date

11-1-18

2<sup>nd</sup> witness

Date

Vehicle to Wega Date In: 11/1 Towing: \_\_\_\_\_  
 Time In: 1600 Driver: TAT  
 Wega Job No: 010025  
 Vehicle sent to SMRT Date In: 12-1-2018 Towing: \_\_\_\_\_  
 Time In: 11:00 Driver: \_\_\_\_\_  
 Received by (SMRT): \_\_\_\_\_

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

Chassis No : JTDKB3FU303574475

Mileage

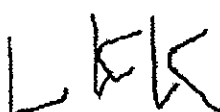
0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 0.00	0.00
Total Spray Painting Charges	: 180.00	50.00
Total Material Charges	: 1,303.27	1,303.27
Other Charges	: 200.00	80.00
<b>TOTAL</b>	<b>: 1,683.27</b>	<b>1,433.27</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 2.00	1.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 11/01/2018 02:27:33 PM	11/01/2018 02:44:24 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 11/01/2018 02:27:27 PM

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

Quotation No

: QN-1801-0445

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount : 0.00

12/1

Prepared Date :

11/11/2018 2:27:58 PM

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour		

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
RESPRAY VIEW MIRROR	180.00	50.00
Total Spray Painting & Panel Beating	180.00	50.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
CHECK WIRING AND SYSTEM FUNCTION	80.00	30.00
REMOVE AND REFIX WING MIRROR	120.00	50.00
Total Other Costs	200.00	80.00

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
910474			MIRROR ASSY, OUTER REAR VIEW, RH	1	1,373.50	10.00	1,236.15	Replace	Replace	No <input checked="" type="checkbox"/>
915470 A1			COVER, OUTER MIRROR, RH	1	89.50	25.00	67.12	Replace	Replace	No <input checked="" type="checkbox"/>
TOTAL MATERIALS							1,303.28	1,303.27		
TOTAL MATERIALS(Discounted)							1,303.27	1,303.27		

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									

$$\begin{array}{r}
 1303.27 \\
 + 130 \\
 \hline
 1433.27
 \end{array}$$

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22/1/18

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**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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NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18001247/Sqd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-02-2018	
Code: INC4				
<b>1. Policy Particulars - THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 6576E	Veh. Inspected	SHB 192Z	
Policy No.	5095103893	Coverage (\$)	0.00	
Claim No.	MT/0977299-002	Excess (\$)	0.00	
Assign From		Assign Date	11/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU303574475	Colour	MAROON	
Odometer	13576	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	6 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	11/01/2018	Inspection Date	11/01/2018	
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:		1 Working Days		



# National Assessment Centre Services

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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 192Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	COVER, OUTER MIRROR, RH (DISC 25%)	MISSING	89.50	67.12
1	MIRROR ASSY, OUTER REAR VIEW, RH (DISC 10%)	DAMAGED	1,373.50	1,236.15
			1,463.00	1,303.27
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		200.00	80.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		180.00	50.00
			380.00	130.00
<b>GRAND TOTAL</b>			<b>1,843.00</b>	<b>1,433.27</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED):</b>		<b>1,433.27</b>
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Report Ref No. NS/INC18001247/Sqd3e2

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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