

REF: 2014

Surfacer *Patrol*

REF:

NS/INC1800L393/R1rd302

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: YN 8091P
 Policy No: 5089776504
 Claims No: MT/0978573-003
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB 604C Yr Regn: 2014 / 86P
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRIUS C.C. 1798
 Colour: MAROON A/C: Insured / Std / NI / NA
 Sp. Reading: 313891 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN 36U 005 748 367
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or _____
 Brake: Order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FRICKEN
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 18/01/18 D.O.I. 22/01/18
 Survey held at SMRT
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	01/08/2109
	NTMC
	YN8091P

Confirm L/S \$2700, 5 days
 Recd: \$2681.90, 50%.

RECEIVED 20 APR 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) typist
 Date/Time, File Return to?

Days Of Repair: 5
 Resurvey No. of Trip: 1

Survey Fee:	160
Transportation:	
Others:	35
TOTAL:	195

Report Format: TP
 Lump Sum / LB: (\$) 2700

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

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	Estimate	Tentative repair cost
2	MT/0989233-002	COMFORT TRANSPORTATION	SHC 2497B	SKA 3420R	04/04/2018	\$ 3,724.02	\$ 1,974.66
3	MT/0989699-002	COMFORT TRANSPORTATION	SHC 1324Z	EL 988C	08/04/2018	\$ 1,736.88	\$ 1,000.00
4	MT/0988875-002	SMRT BUSES LTD	SG 1137X	SLJ 5826G	17/03/2018	\$ 1,241.00	\$ 830.00
5	MT/0978573-003	SMRT AUTOMOTIVE	SHB 604C	YN 8091P	18/01/2018	\$ 2,700.00	\$ 2,700.00
6	MT/0987005-003	SMRT AUTOMOTIVE	SHB 741P	SKV 1989U	21/03/2018	\$ 8,763.86	\$ 2,052.20

Claim received from LKK Auto.



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/INC18001393/R1rd3	
73 BRAS BASAH ROAD		Date: 23-01-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YN 8091P	Veh. Inspected	SHB 604C
Policy No.	5089776504	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/01/2018
2. Vehicle Particulars & Condition			
Make & Model	c.c		
Engine No.	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	18/01/2018	Inspection Date	
Survey held at			
5a. Remarks			

Hello, NAC_PAYA_UBI_800601

[Change Language](#)

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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 checked="" type="radio"/>	5089776504	LOADED SERVICES PTE LTD	200010432N	GFT	Comprehensive	YN8091P	YN8091P	13/05/2017	

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 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	18/01/2018 15:32
Date Of Accident	18/01/2018 12:35
Exact Location Of Accident	ECP TOWARDS FORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB604C
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	MS 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	LEONG KOK SIANG
NRIC No	S7000746J
Date Of Birth	09/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1991
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 40 SIMS DRIVE
10-227

Postcode 380040

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 - CHANGE/CROSS LANE

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? 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) 3

Passenger 1 NAME: : AIRIN TAN
GENDER: : FEMALE

Passenger 2 NAME: : TIN-TIN
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 TRAVELLING ALONG ECP AT THE LEFT MOST LANE WHEN THE LORRY YN8091P FROM THE RIGHT LANE CUT INTO MY LANE AND HIT ONTO THE REAR RIGHT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN8091P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOODS VEHICLE

Name of Driver WEE AH TEE

NRIC/Passport Number S1265688B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name	LEONG KOK SIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB604C
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.



Policyholder's Signature
Date & Time:

Qi 19 01 18

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

adm 18/1/2018

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



Handwritten signature

8/11/18

22-1-18 / 11:15

27-1-18 / 15:15

Chia

SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

22-1-18 / 15:15

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

Reg. No : SHB604C
 Ref. No : TAX/01/18/2109
 Reg. Date : 12/09/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : LEONG KOK SIANG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 18/01/2018 12:35:00 PM
 Accident Reported Date / Time : 18/01/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : *Rasul*
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 18/01/2018
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024094171
 Special Instruction to ARC, if any :
 TOWED \$40 / YN8091P *NTUC 4S*
 Resurvey After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 9001 0068. email: rasul@lkkauto.com
 Prepared Date : 18/01/2018 03:50:38 PM



15:00

26-1-18 pass

Recording Camera

Radio Antenna

1st witness

Date

22-1-18

2nd witness

Date

26-1-18

25/1/18

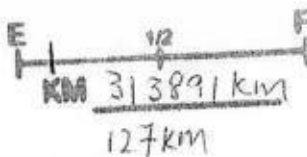
1130

11/18

01/0057/18

26/1/18

0950



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

Chassis No : JTDKN36U005748367

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 676.00	500.00
Total Spray Painting Charges	: 936.00	400.00
Total Material Charges	: 1,424.17 <i>2904.90</i>	2,030.56
Other Charges	: 865.00	-230.56
TOTAL	: 3,901.17 <i>5381.90</i>	2,700.00
Lum Sum Total	: 3,900.00	2,700.00
No. of Repair Days	: 5.00	5.00
Prepared / Adjusted By	:	RASUL (LKK)
Arc / Surveyor Sing Off Date	: 18/01/2018 06:15:15 AM	22/01/2018 03:15:14 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 18/01/2018 06:15:15 AM

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

Quotation No : *QV-1801-0745*

Invoice No :

Quotation Date : *27/1*

Invoice Date :

Invoice Amount :

Prepared Date :

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH REAR PORTION	676.00	500.00
Total Labour	676.00	500.00

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 REAR FENDER RH	378.00	200.00
RESPRAY WHEEL CAP	180.00	0.00 <i>XAN</i>
Total Spray Painting & Panel Beating	936.00	400.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40.00
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	125.00
TO REMOVE & REFIT REAR QUARTER GLASS RH	120.00	60.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	60.00
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	60.00
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	30.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
Lump Sum Adjustment by Surveyor	0.00	-665.56
Total Other Costs	865.00	-230.56

5281.90

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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace DE	Replace	No ✓
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace nec	Replace	No ✓
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.68	Replace	Check	No X ✓
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace DE	Replace	No ✓
			PIXEL STICKER	2	60.00	0.00	120.00	Replace nec	Replace	No ✓
52562-47010			TAIL LAMP BRACKET, RH	1	30.70	25.00	23.03	Replace	Check	No X ✓
61604-47090			FENDER RR/RH	1	766.80	25.00	575.10	Replace BH	Replace	No ✓
			STICKER DECAL SMRT	1	7.80	0.00	7.80	Replace nec	Replace	No ✓
			STICKER DECAL 6555 8888	1	21.60	0.00	21.60	Replace nec	Replace	No ✓
82710-47130			QUARTER GLASS RR/RH	1	846.50	25.00	634.87	Replace nec	Replace	No ✓
	COMMON		SEALANT W/SCREEN	1	37.00	0.00	37.00	Replace nec	Replace	No ✓
42602-47060		6505676	CAP SUB-ASSY, WHEEL	1	174.10	25.00	130.57	Replace GR	Replace	No ✓
TOTAL MATERIALS								2,225.28	2,030.56	
TOTAL MATERIALS(Discounted)								1,424.17	2,030.56	

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									

2030.56
 + 500.00
 + 835.00

 3365.56
 - 202

 2692.45
US \$2700/-
 5 days

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB604C
Ref. No : TAX/01/18/2109
Reg. Date : 12/09/2014
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : LEONG KOK SIANG
Type of Accident : HEAD TO REAR
Date / Time of Accident : 18/01/2018 12:35:00 PM
Accident Reported Date / Time : 18/01/2018 12:00:00 AM
Surveyor is Required? : Yes
Survey by :
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 18/01/2018
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024094171
Special Instruction to ARC, if any :
TOWED \$40 / YN8091P / *Resurg after repair/notice*
Prepared Date : 18/01/2018 03:50:38 PM



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

Chassis No : JTDKN36U005748367

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 676.00	0.00
Total Spray Painting Charges	: 936.00	0.00
Total Material Charges	: 1,780.20	1,780.20
Other Charges	: 945.00	0.00
TOTAL	: 4,337.20	0.00
Lum Sum Total	: 4,350.00	0.00
No. of Repair Days	: 5.00	0.00 <i>5 days / Lump sum</i>
Prepared / Adjusted By	:	
Arc / Surveyor Sing Off Date	: 18/01/2018 06:15:15 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 18/01/2018 06:15:15 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 :

- 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:

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH REAR PORTION	676.00	0.00 500
Total Labour	676.00	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 REAR FENDER RH	378.00	0.00 200
RESPRAY WHEEL CAP	180.00	0.00 X
Total Spray Painting & Panel Beating	936.00	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 X
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 40
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0.00 125
TO REMOVE & REFIT REAR QUARTER GLASS RH	120.00	0.00 60
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 60
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0.00 60
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
Total Other Costs	945.00	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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>DE</i>	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace <i>nee</i>	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace <i>?</i>	No
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace <i>DE</i>	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <i>nee</i>	No
52562-47010			TAIL LAMP BRACKET, RH	1	30.70	25.00	23.02	Replace	Replace <i>?</i>	No
61604-47090			FENDER RR/RH	1	766.80	25.00	575.10	Replace	Replace <i>BA</i>	No
			STICKER DECAL SMRT	1	7.80	0.00	7.80	Replace	Replace <i>nee</i>	No
			STICKER DECAL 6555 8888	1	21.60	0.00	21.60	Replace	Replace <i>nee</i>	No
62710-47130			QUARTER GLASS RR/RH	1	846.50	25.00	634.87	Replace	Replace <i>nee</i>	No
	COMMO N		SEALANT W/SCREEN	1	37.00	0.00	37.00	Replace	Replace <i>nee</i>	No
42602-47060		6505676	CAP SUB-ASSY, WHEEL	1	174.10	25.00	130.57	Replace	Replace <i>nee</i>	No
TOTAL MATERIALS									2,225.28	2,225.25
TOTAL MATERIALS(Discounted)								1,780.20	1,780.20	

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									



National Assessment Centre Services


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

TEL: 6841 0055 FAX: 6841 6315

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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref:	NS/INC18001393/R1rd3e2	
73 BRAS BASAH ROAD		Date:	26-04-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE				
189556		Code:	INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YN 8091P	Veh. Inspected	SHB 604C	
Policy No.	5089776504	Coverage (\$)	0.00	
Claim No.	MT/0978573-003	Excess (\$)	0.00	
Assign From		Assign Date	22/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JTDKN36U005748367	Colour	MAROON	
Odometer	313891	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	5 mm	
L/H Front Tyre	195/65 R15	FALKEN	5 mm	
R/H Rear Tyre	195/65 R15	FALKEN	5 mm	
L/H Rear Tyre	195/65 R15	FALKEN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/01/2018	Inspection Date	22/01/2018	
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 604C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER SIDE RETAINER RR/RH (DISC 25%)	NECESSARY	94.80	71.10
1	BUMPER LIP COVER RR/RH (DISC 25%)	DEFORMED	118.10	88.57
1	FENDER RR/RH (DISC 25%)	BENT	766.80	575.10
1	QUARTER GLASS RR/RH (DISC 25%)	NECESSARY	846.50	634.87
1	CAP SUB-ASSY, WHEEL (DISC 25%)	SCRATCHED	174.10	130.57
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	STICKER DECAL SMRT (SN)	NECESSARY	7.80	7.80
1	STICKER DECAL 6555 8888 (SN)	NECESSARY	21.60	21.60
1	SEALANT W/SCREEN (SN)	NECESSARY	37.00	37.00
1	BUMPER LIP REAR	SERVICEABLE	228.90	-
1	TAIL LAMP BRACKET, RH	SERVICEABLE	30.70	-
			2,904.90	2,030.56
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,281.00	835.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,036.00	440.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.		60.00	40.00
GRAND TOTAL			2,477.00	1,335.00
			5,381.90	3,365.56
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,700.00

Report Ref No. NS/INC18001393/R1rd3e2

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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