

REF: *Rafae*

REF:

NS / INC 18001979 / R/bn2

ASSIGNMENT

Front: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
of \_\_\_\_\_  
Insured: *SHC 6991P*  
Policy No. *5095103893 20.10.17*  
Claims No: *MT/0980219-003*  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Rpt: \_\_\_\_\_ 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 5294E* Yr Regn: *2017 D6C*  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: *TOYOTA PRIUS Y* C/C *1788*  
Colour: *MARON* A/C: Insured / Std / NI / NA  
Sp. Reading: *2169* T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: *3TOKB3Fux0 3579674*  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: *In order* / Jammed / Leaked / Burnt or  
Brake: *In order* / Jammed / Leaked / Burnt or  
Modi: *Nil* / S/Rim / STD A/Rim or  
Tyre Size: F: *195/65R15*  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / *YOKO* or  
Front Rear  
R/Bal. *S* mm R/Bal. *S* mm  
L/Bal. *S* mm L/Bal. *S* mm  
D.O.A. *30/01/18* D.O.I. *31/01/18*  
Survey held at *SMRT*  
Des. of Damages: Frt / *Rear* / O/S / N/S / U/C / Rooftop or  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<i>SHB 5294E - 003 / MT(122)565 / R/bn2</i>	<i>DA: 04-11-12</i>
<i>SHC 6991P - 03 / FEL19022617 / R/bn2</i>	<i>DA: 23-11-17</i>

*01/18/2017*  
*NTNC*  
*SHC 6991P*

*Confirm \$1720.89, 2 days*  
*Red: \$1510.31, 47%*

RECEIVED 20 MAR 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) *typist* ☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: *2*

Resurvey No. of Trip: *1*

Survey Fee:

Transportation:

\_\_\_\_\_ \$ - RS \_\_\_\_\_ \$

Phone:

Others:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

TOTAL

Report Format: *TP*  
Lump sum / A.B.I: (\$ *1720.89*)

*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/INC18001979/R1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-02-2018

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6991P	Veh. Inspected	SHB 5294E
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	31/01/2018

### 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

### 4. Description of Damages

--

### 5. General Information

Accident Date	30/01/2018	Inspection Date	31/01/2018
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.
--

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
1	MT/0982899-002	COMFORT TRANSPORTATION PTE LTD	SHC 8242E	SJM 629A	14/02/2018	\$ 5,313.12	\$ 2,550.00
2	MT/0986777-001	COMFORT TRANSPORTATION PTE LTD	SHD 6526U	SJJ9670K	14/02/2018	\$ 1,585.04	\$ 280.00
3	MT/0980219-003	SMRT TAXIS PTE LTD	SHB 5294E	SHC 6991P	30/01/2018	\$ 3,231.20	\$ 1,720.89
4	MT/0974759-002	SMRT BUSES PTE LTD	SMB 3550U	SGL 8186Z	21/12/2017	\$ 4,021.13	\$ 2,550.00
5	MT/0986780-001	SMRT BUSES PTE LTD	SMB 88H	FW 1364B	10/01/2018	\$ 8,830.84	\$ 2,750.00
6	MT/0985203-002	SMRT TAXIS PTE LTD	SHC 4698A	YP 6207B	21/02/2018	\$ 19,415.64	\$ 4,450.00

Claim received from LKK Auto

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"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6991P	SHC6991P	20/10/2017	

**Janice Lee. (LKKAuto)**

---

**From:** Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <YeoPohsuan@smrt.com.sg>  
**Sent:** Friday, February 09, 2018 8:54 AM  
**To:** Rasul (LKKAuto)  
**Cc:** CS A Team; SUR; 'Leong Chee kwong'  
**Subject:** SHB5294E  
**Attachments:** img-208175540-0001.pdf

Hi Rasul,

Attached herewith the repair estimate of SHB 5294E having Case No: TAX/01/18/2174.

There is no change to the approved amount of \$1,720.89 @ 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.

Aside Kwong,

Please provide the before / after paint photos as per surveyor's request.

Thanks & Regards  
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)  
Sent: 08 February 2018 05:56  
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 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	30/01/2018 13:22
Date Of Accident	30/01/2018 12:15
Exact Location Of Accident	LOWER DELTA ROAD (LOWER DELTA FLYOVER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5294E
<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	MS 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	GOH HIOK KIE
NRIC No	S1735770J
Date Of Birth	14/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1988
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	56 HAVELOCK RD 38-146
Postcode	161056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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?	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?	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 LOWER DELTA ROAD (LOWER DELTA FLYOVER) AT THE SECOND LEFT LANE WITH A PASSENGER ON BOARD AND HAD STOPPED DUE TO THE FRONT VEHICLE SUDDENLY STOPPED. AFTER WHICH, I FELT AN IMPACT FROM BEHIND, THE SILVERCAB SHC6991P FROM BEHIND FAILED TO STOP AND COLLIDED ONTO THE REAR 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 TO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6991P
Vehicle Make/Model/Colour	SILVERCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO KIM SENG
NRIC/Passport Number	S1845610I
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: 30/1/2018

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

du 30/1/2018

## Sketch Plan Pg. 2

### SKETCH PLAN

A-SHB 5294E  
B-SHC 6991P

LOWE DIGITAL RING  
(LOWE DIGITAL FLYOVER)

AYE (Twas)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## DECLARATION

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

Policyholder's  
Date & Time:



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

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

## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SHB5294E		
Vehicle Type :	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1 :	Air-Con (Taxi)		
Vehicle Scheme :	Taxi (Company)		
Vehicle Make :	TOYOTA		
Vehicle Model :	PRIUS HYBRID 1.8 CVT		
Chassis No. :	JTDKB3FUX03579074		
Propellant :	Petrol-Electric		
Engine No. :	2ZR8281915		
Motor No. :	1NM8281915		
Engine Capacity :	1798 cc		
Power Rating :	53.0 kW		
Maximum Power Output :	90.0 kW ( 120 bhp)		
Maximum Laden Weight :	1790 kg		
Unladen Weight :	1375 kg		
Year Of Manufacture :	2017		
Original Registration Date :	19 Dec 2017		
Lifespan Expiry Date :	18 Dec 2025		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
PQP Paid :	\$34,159.00		
COE Expiry Date :	18 Dec 2025		
Road Tax Expiry Date :	18 Jun 2018		
PARF Eligibility Expiry Date :	18 Dec 2025		
Inspection Due Date :	18 Jun 2018		
Intended Transfer Date :	22 Mar 2018		
CO2 Emission :	87.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$27,610.00		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 18 Jun 2018. You may renew the road tax from 19 Mar 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 18 Jun 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 19 Jun 2018 to 18 Dec 2018)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	510.00	-	510.00
Total Amount Payable :			535.00
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.			

You may print this page for reference.

OK

Print

## SMRT Accident Vehicle Repair Estimates

617

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

Reg. No : SHB5294E  
Ref. No : TAX/01/18/2174  
Reg. Date : 19/12/2017  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS4  
Name of Driver : GOH HIOK KIE  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 30/01/2018 12:15:00 PM  
Accident Reported Date / Time : 30/01/2018 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by : IDAC  
Vehicle is Towed Back? : No  
Towed Back Date/Time :  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024094374  
Special Instruction to ARC, if any :  
SHC6991P (SILVERCAB) NTUC - IDAC / Resing by paint  
Prepared Date : 30/01/2018 03:18:26 PM



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

Chassis No : JTDKB3FUX03579074

Mileage :

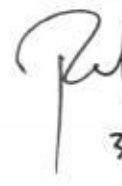
0

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	: 738.00	0.00
Total Material Charges	: 1,541.38	1,541.38
Other Charges	: 260.00	0.00
<b>TOTAL</b>	: <b>2,877.38</b> 3231.20	<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 2 days - p/p
Prepared / Adjusted By	:	
Arc / Surveyor Sign Off Date	: 30/01/2018 03:45:37 PM	01/01/1900 12:00:00 AM

  
31/01/18 @ 1540

Prepared / Adjusted Date :

Remarks :

Prepared Date : 30/01/2018 03:45:26 PM

  
12/18**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 REAR PORTION	338.00	0.00 250 /
<b>Total Labour</b>	<b>338.00</b>	<b>0.00</b>

## 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 X nn
TO RESPRAY BUMPER BEAM	180.00	0.00 100?? X nn
<b>Total Spray Painting &amp; Panel Beating</b>	<b>738.00</b>	<b>0.00</b>

## 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 X nn
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 60 /
TO WASH AND VACUUM	60.00	0.00 40 /
<b>Total Other Costs</b>	<b>260.00</b>	<b>0.00</b>

**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
52159479 13			COVER, RR BUMPER ASSY	1	423.90	25.00	317.92 ✓	Replace	Replace <i>DE</i>	No
52161160 10			CLIPS PIECE, FRT & RR BUMPER	10	1.50	25.00	11.25 ✓	Replace	Replace <i>new</i>	No
52575470 40			RETAINER, RR BUMPER, RH	1	112.70	25.00	84.52 <i>SVL</i>	Replace	Replace <i>X</i>	No
52023470 30			REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10 ✓	Replace <i>Best</i>	Replace <i>?</i>	No
52591470 50			SEAL, RR BUMPER, RH	1	85.20	25.00	63.90 ✓	Replace <i>new</i>	Replace <i>?</i>	No
			SENSOR REVERSE	1	180.00	0.00	180.00 <i>SVL</i>	Replace	Replace <i>?</i>	No
			PIXEL STICKER	2	60.00	0.00	120.00 ✓	Replace	Replace <i>new</i>	No
52453470 10			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.72 ✓	Replace	Replace <i>DE</i>	No
52169470 20			COVER, GUARD RR BUMPER LOWER	1	14.80	25.00	11.10 } <i>X SVL</i>	Replace	Replace <i>?</i>	No
52565479 00			FILLER, RR BUMPER, RH	1	119.90	25.00	89.92	Replace	Replace <i>?</i>	No
52461470 10			PAD, RR BUMPER, CTR	3	2.20	25.00	4.95	Replace	Replace <i>?</i>	No
<b>TOTAL MATERIALS</b>					<i>1895.20</i>			<b>1,541.40</b>	<b>1,541.38</b>	
<b>TOTAL MATERIALS(Discounted)</b>								<b>1,541.38</b>	<b>1,541.38</b>	

**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
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									

# SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB5294E  
 Ref. No : TAX/01/18/2174  
 Reg. Date : 19/12/2017  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS4  
 Name of Driver : GOH HIOK KIE  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 30/01/2018 12:15:00 PM  
 Accident Reported Date / Time : 30/01/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by : IDAC  
 Vehicle is Towed Back? : No  
 Towed Back Date/Time : Rasul  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No : 000024094374  
 Special Instruction to ARC, if any :  
 SHC6991P (SILVERCAB) NTUC - IDAC  
 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 : 30/01/2018 03:18:26 PM



Recording Camera

☒ ☐

Radio Antenna

☒ ☐

1st witness

Date 31-1-18

2nd witness

Date

Vehicle to Wega Date In: 01/02	Towing:
Time In: 11:00	Driver: TAT
Wega Job No: 02/0087	
Vehicle sent to SMRT Date In: 2/2	Towing:
Time In: 11:30	Driver:
Received by (SMRT):	



2/2/18 13 35 Pass



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

Chassis No : JTDKB3FUX03579074

Mileage

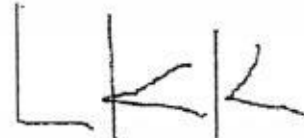
0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 338.00	250.00
Total Spray Painting Charges	: 738.00	200.00
Total Material Charges	: 1,366.94	1,170.89
Other Charges	: 260.00	100.00
<b>TOTAL</b>	<b>: 2,702.94</b>	<b>1,720.89</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00
Prepared / Adjusted By	:	RASUL ( LKK )
Arc / Surveyor Sing Off Date	: 30/01/2018 03:45:37 AM	31/01/2018 04:11:44 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 30/01/2018 03:45:26 AM

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

Quotation No : QN-1802-0101

Invoice No :

Quotation Date : 5/2

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 REAR PORTION	338.00	250.00
Total Labour	338.00	250.00

## 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	0.00 XAN
TO RESPRAY BUMPER BEAM	180.00	0.00 XAN
Total Spray Painting & Panel Beating	738.00	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 XAN
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	60.00
TO WASH AND VACUUM	80.00	40.00
Total Other Costs	260.00	100.00

3291.20

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	de
5216116010			CLIPS PIECE, FRT & RR BUMPER	10	1.50	25.00	11.25	Replace	Replace	No	nec
5257547040			RETAINER, RR BUMPER, RH	0	112.70	25.00	0.00	Replace	Not given	No	Xsu
5202347030			REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	Replace	Replace	No	bt
5259147050			SEAL, RR BUMPER, RH	1	85.20	25.00	63.90	Replace	Replace	No	nec
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Check	No	Xsu
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No	nec
5245347010			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.72	Replace	Replace	No	de
5216947020			COVER, GUARD RR BUMPER LOWER	1	14.80	25.00	11.10	Replace	Check	No	Xsu
5256547900			FILLER, RR BUMPER, RH	0	119.90	25.00	0.00	Replace	Not given	No	Xsu
5246147010			PAD, RR BUMPER, CTR	3	2.20	25.00	4.95	Replace	Check	No	Xsu
TOTAL MATERIALS							1,366.95	1,170.89			
TOTAL MATERIALS(Discounted)							1,366.94	1,170.89			

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									

1170.89  
+ 250.00  
+ 300.00  


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1720.89



Thatcham escribe

## 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/INC18001979/R1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 23-03-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6991P	Veh. Inspected	SHB 5294E
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0980219-003	Excess (\$)	0.00
Assign From		Assign Date	31/01/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS 4	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FUX03579074	Colour	MAROON
Odometer	2169	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

### 3. Conditions of Tyres

	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

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	30/01/2018	Inspection Date	31/01/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5294E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	COVER,RR BUMPER ASSY (DISC 25%)	DEFORMED	423.90	317.92
10	CLIPS PIECE,FRT & RR BUMPER @\$1.50 (DISC 25%)	NECESSARY	15.00	11.25
1	REAR BUMPER REINFORCEMENT (DISC 25%)	BENT	318.80	239.10
1	SEAL RR BUMPER,RH (DISC 25%)	NECESSARY	85.20	63.90
1	GUARD,RR BUMPER,LOWER (DISC 25%)	DEFORMED	558.30	418.72
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	RETAINER,RR BUMPER,RH	SERVICEABLE	112.70	-
1	SENSOR REVERSE	SERVICEABLE	180.00	-
1	COVER,GUARD RR BUMPER LOWER	SERVICEABLE	14.80	-
1	FILLER,RR BUMPER,RH	SERVICEABLE	119.90	-
3	PAD,RR BUMPER,CTR @\$2.20	SERVICEABLE	6.60	-
			1,955.20	1,170.89
<b><u>LABOUR</u></b>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			538.00	310.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			738.00	200.00
TO WASH AND VACUUM.			60.00	40.00
			1,336.00	550.00
<b>GRAND TOTAL</b>			<b>3,291.20</b>	<b>1,720.89</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,720.89</b>

Report Ref No. NS/INC18001979/R1rhn2

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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