

REF:

NS/2NC18001980 / Svb22

## 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:

FBK 806K

Policy No.

5093174858

030817 - 00818

Claims No.

MT/0980076-002

Sum Insured:

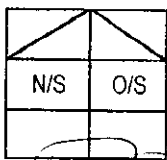
Excess:

(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:

SHD 6368J.

Yr Regn:

18/12/2011

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

Truck / Trailer or

Make:

Chevrolet Epica

C.C. 1991

Colour

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

641895

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KL114 69R388 022151

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 205/55R15

R:

"

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

27/1/18

D.O.I.

30/1/18

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

21/1 6318J - x

FBK 806K - x

TA x/01/18/2165

Lick

NTUC

8/2/18

Sebastian confirmed LS \$ 650 (Red 2561, 799)

RECEIVED 2018

Date/Time, File Pass to?



Preli. Report

Days Of Repair: 2

1)



Final Report

Resurvey No. of Trip: -

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

9/2 - typist

Add Fee:



Site Insp (\$

) \$ + RS. SI



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

)

Report Format :

Lump Sum / I.B.I. (\$

650/-

TOTAL

160

35

195

## Survey Department Check List (Case Handler)

Reference No.: NS/INK 1800/980/Svb  
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all Information created by the assignment team are ACCURATE.

### (1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
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				

**Surveyor (** ): 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	✓			

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

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

### (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				

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

C	Resurvey photo Uploaded				
---	-------------------------	--	--	--	--

Check By: VERON 8/2/18  
 Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/20:




# 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/INC18001980/Svb			
73 BRAS BASAH ROAD		Date: 01-02-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FBK 806K	Veh. Inspected	SHD 6368J
Policy No.	5093174858	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/01/2018
<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	27/01/2018	Inspection Date	30/01/2018
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.			

## Veron Chen (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Friday, 9 February 2018 10:29 AM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia  
Senior Admin Assistant, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



---

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Friday, February 09, 2018 9:05 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0980076-002	SMRT TAXIS PTE LTD	SHD 6368J	FBK 806J
2	MT/0979829-002	SMRT TAXIS PTE LTD	shb 5705I	GT 2590I

D.O.A	Time of Accident	Estimate	Tentative repair cost
27/1/2018	14:00	\$3,211.00	\$650.00
28/1/2018	2:25	\$2,448.90	\$1,093.95

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**Disclaimer**

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

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="27/01/2018 11:44"/>
Vehicle No.(For Motor)	<input type="text" value="FBK806K"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093174858	KOH JUN JIE, DANIEL	S9312169D	GMC	Comprehensive	FBK806K	FBK806K	03/08/2017	02/08/2018

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	5369K

### Vehicle Details

Vehicle No.:	SHD6368J
Vehicle to be Exported:	No
Intended De-registration Date:	01 Feb 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Maroon
Manufacturing Year:	2011
Engine No.:	Z20S1427508K
Chassis No.:	KL1LA69RJBB022151
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,521.00
Original Registration Date:	18 Oct 2011
First Registration Date:	18 Oct 2011
Transfer Count:	0
Actual ARF Paid:	\$14,521.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Oct 2019

PARF Rebate Amount: \$9,438.00

#### Intended COE Rebate Details

COE Expiry Date: 17 Oct 2019

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

QP Paid: \$40,800.00

COE Rebate Amount: \$8,719.00

**Total Rebate Amount: \$18,157.00**

#### 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 01 Feb 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 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	29/01/2018 13:23
Date Of Accident	27/01/2018 14:00
Exact Location Of Accident	BARTLEY ROAD TOWARDS PAYA LEBAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6368J
<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

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	KOH CHEE HWEE
NRIC No	S7225421Z
Date Of Birth	24/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 537 BEDOK NORTH STREET 3  
03-515

Postcode 460537

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 CHAIN COLLISION

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: : LEWIS CHUA  
GENDER: : MALE

Passenger 2  
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 BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-2449999 - **FAX NO:** 62447258

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20180128/2059 On the 27 January 2018 at about 2pm, I was driving my vehicle bearing the plate number (SHD6368J) on the first lane of Bartley Road towards Paya Lebar. I wish to state that there were roadworks on the second lane. As such, the road was slow moving. While my taxi was passing the roadworks area, suddenly the plastic orange and white barrier flew out and landed in front of my taxi. I applied my brakes and managed to come to a stop to avoid hitting the barrier. I felt an impact from the rear of my taxi. I got out and spotted a motorcycle bearing the plate number, FBK806K, behind my taxi. The rider, Koh Jun Jie Daniel (S9312169D, Tel: 91277250) had fallen and had some scratches on his leg. There are some scratches on the left side of the motorcycle. There was also another car behind the motorcycle bearing the plate number, SKX5144D, which was involved in the accident. The driver is Tay Ten Tat (S1184444H, Tel: 96559603). There are some scratches on the front of his bumper. I wish to state that I am not injured. My taxi had some scratches at the rear bumper. At that point of time, I had a passenger with me (Lewis Chua Tel: 97552807). I exchanged particulars with the driver and rider. I wish to state that nobody was conveyed to hospital and no government property was also damaged. At that point of time, my in-car CCTV was not working.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBK806K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver KOH JUN JIE DANIEL  
NRIC/Passport Number S9312169D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX5144D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver TAY TEN TAT  
NRIC/Passport Number S1184444H  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KOH JUN JIE DANIEL  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBK806K  
Were seat belts worn?  
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.
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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.



*[Handwritten signature]*

*[Handwritten signature and date 29/1/2018]*

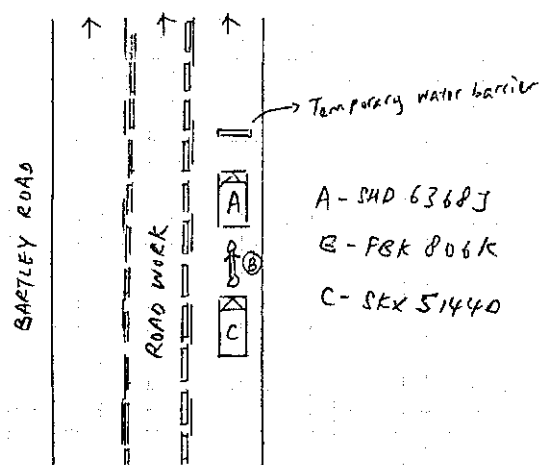
Policyholder's Signature  
Date & Time:

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 - G/20, 80128 / 2059

DECLARATION TO

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.:



**SINGAPORE  
POLICE FORCE**



G/20180128/2059

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20180128/2059

Police Station Of Origin  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Date/Time Report Made 28/01/2018 14:22	Vide Report No.	Station Diary No. 71
Name Of Informant KOH CHEE HWEE	Address APT BLK 537 BEDOK NORTH STREET 3 #03-515 SINGAPORE 460537	
ID Type / ID No. NRIC NO / S7225421Z	Contact No. Home/Office                      Mobile 83720171	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 45
Institution/School Name	Date of Birth 24/07/1972	Race Chinese
Date/Time Of Incident 27/01/2018 14:00	Location Of Incident BARTLEY ROAD SINGAPORE Towards Paya Lebar	

**Brief details.**

I am lodging a report for company action.

On the 27 January 2018 at about 2pm, I was driving my vehicle bearing the plate number (SHD6368J) on the first lane of Bartley Road towards Paya Lebar. I wish to state that there were roadworks on the second lane. As such, the road was slow moving. While my taxi was passing the roadworks area, suddenly the plastic orange and white barrier flew out and landed in front of my taxi.

Signature Of Officer Recording The Report: G / Sgt 2 NAZEEHA BINTE MOHAMAD NASSIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2018 14:22
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt TAN WEN BIN Contact No.: 62447200	Classification Of Case:

**Authentication Stamp**

<p>SINGAPORE POLICE FORCE</p> <p>SIGNATURE</p>
--



**SINGAPORE  
POLICE FORCE**



G/20180128/2059

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180128/2059

I applied my brakes and managed to come to a stop to avoid hitting the barrier. I felt an impact from the rear of my taxi. I got out and spotted a motorcycle bearing the plate number, FBK806K, behind my taxi. The rider, Koh Jun Jie Daniel (S9312169D, Tel: 91277250) had fallen and had some scratches on his leg. There are some scratches on the left side of the motorcycle.

There was also another car behind the motorcycle bearing the plate number, SKX5144D, which was involved in the accident. The driver is Tay Ten Tat (S1184444H, Tel: 96559603). There are some scratches on the front of his bumper.

I wish to state that I am not injured. My taxi had some scratches at the rear bumper. At that point of time, I had a passenger with me (Lewis Chua Tel: 97552807). I exchanged particulars with the driver and rider. I wish to state that nobody was conveyed to hospital and no government property was also damaged. At that point of time, my in-car CCTV was not working.

Signature Of Officer Recording The Report: G / Sgt 2 NAZEEHA BINTE MOHAMAD NASSIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2018 14:22
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt TAN WEN BIN Contact No.: 62447200	Classification Of Case:

Authentication Stamp

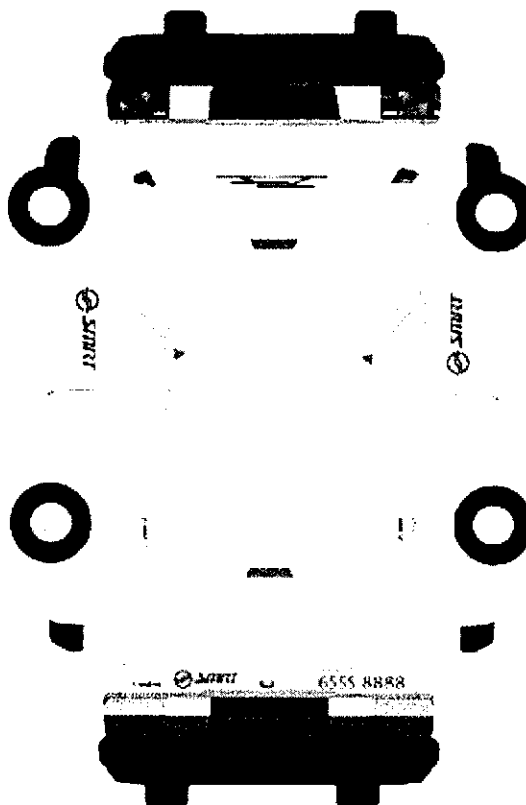
SIGNATURE

## SMRT Accident Vehicle Repair Estimates

*NTC*

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

Reg. No : SHD6368J  
 Ref. No : TAX/01/18/2165  
 Reg. Date : 18/10/2011  
 Vehicle Type : TAXI  
 Make : CHEVROLET EPICA 2.0 VCDI  
 Model : EPICA-2.0  
 Name of Driver : KOH CHEE HWEE  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 27/01/2018 02:00:00 PM  
 Accident Reported Date / Time : 29/01/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by :  
 Vehicle is Towed Back? : Yes  
 Towed Back Date/Time : 27/01/2018  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No : 000024094348  
 Special Instruction to ARC, if any :  
 TOWED \$40 / FBK806K  
 Prepared Date : 29/01/2018 03:04:39 PM



*Sebastian*  
*30/1/18.*  
 - Lump Sum Repair -  
 - Question Mark Item  
 Photo.  
 - Photo After Paint.

**LKK Auto Consultants** hence notify  
 the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:



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

Chassis No : KL1LA69RJBB022151

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	: 378.00	0.00
Total Material Charges	: 1,260.72	1,260.72
Other Charges	: 580.00	0.00
<b>TOTAL</b>	<b>: 2,556.72</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 2,550.00</b>	<b>0.00</b>
No. of Repair Days	: 3.00	<del>0.00</del>
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sing Off Date	: 29/01/2018 04:24:30 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 29/01/2018 04:24:30 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 :

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
Total Spray Painting & Panel Beating	378.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	80.00	0.00 X
TO PROVIDE LABOUR & MATERIAL TO REPLACE SHIELD REAR BUMPER (NET)	140.00	0.00 ✓
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 X
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
Total Other Costs	580.00	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
3745100	REAR	6504569	BUMPER RR	1	1,238.00	10.00	1,114.20	Replace	Replace	No
	REAR		SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	No
6633534	REAR		BRACKET RR BUMPER SIDE RH	1	49.00	10.00	44.10	Replace	Replace	No
6858575		6504584	REFLECTOR REFLEX RR LH	1	264.00	10.00	237.60	Replace	Replace	No
6858576	REAR	6504586	REFLECTOR REFLEX RR RH	1	264.00	10.00	237.60	Replace	Replace	No
TOTAL MATERIALS								1,813.50	1,813.50	
TOTAL MATERIALS(Discounted)							1,260.72	1,260.72		

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 Automotive Service Pte Ltd

50 Woodlands Industrial Park E4, Singapore 757705

FAX Number 53665592

Estimator Telephone Number 88662623

Accident Reporting Number 88662672

## SMRT Accident Vehicle Repair Estimates

30-1-18/14:14

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

Reg. No SHD6368J  
Ref. No TAX/01/18/2165  
Reg. Date 18/10/2011  
Vehicle Type TAXI  
Make CHEVROLET EPICA 2.0 VCDI  
Model EPICA-2.0  
Name of Driver KOH CHEE HWEE  
Type of Accident HEAD TO REAR  
Date / Time of Accident 27/01/2018 02:00:00 PM  
Accident Reported Date / Time 29/01/2018 12:00:00 AM  
Surveyor is Required? Yes  
Survey by Sebastian  
Vehicle is Towed Back? Yes  
Towed Back Date/Time 27/01/2018  
Replacement Vehicle issued? No  
Accident Repair Job Card No 000024094348  
Special Instruction to ARC, if any :

TOWED \$40 / FBK806K NTWC 45  
BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL  
SURVEYOR SEBASTIAN (LKK) & Email: sebastianyeang@lkkauto.com HP: 90036121  
LUMP SUM REPAIR

Prepared Date 29/01/2018 03:04:39 PM

Recording Camera ☐Radio Antenna ☒

1st witness

Date

2nd witness

Date

Vehicle to Waga Date for 30/1/18  
Waga for 1500  
Waga del for 01/0079  
Vehicle sent to SMRT Date for 1-2-2018  
Time 2-30

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

Chassis No KL1LA69RJSB022151

Mileage

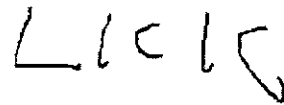
0

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	378.00	200.00
Total Material Charges	461.70	237.60
Other Charges	500.00	12.40
<b>TOTAL</b>	<b>1,677.70</b>	<b>650.00</b>
Lum Sum Total	0.00	0.00
No. of Repair Days	3.00	2.00
Prepared / Adjusted By		SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	29/01/2018 04:24:30 AM	30/01/2018 02:06:56 AM



Prepared / Adjusted Date

Remarks

Prepared Date : 29/01/2018 04:24:30 AM

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

Quotation No

QN-1802-0028

Invoice No

Quotation Date

2/2

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	200.00 /
<b>Total Labour</b>	<b>338.00</b>	<b>200.00</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	200.00 /
<b>Total Spray Painting &amp; Panel Beating</b>	<b>378.00</b>	<b>200.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO PROVIDE LABOUR & MATERIAL TO REPLACE SHIELD REAR BUMPER (NET)	140.00	140.00 /
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00
TO REPLACE SUNDRY PARTS	100.00	20.00 /
TO WASH AND VACUUM	80.00	0.00
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-177.60
<b>Total Other Costs</b>	<b>500.00</b>	<b>12.40</b>

3211

**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
93745100	REAR	6504569	BUMPER RR	2	1,238.00	100.00	0.00	Replace	Repair	No <i>R</i>
	REAR		SENSOR REVERSE	X 1	180.00	0.00	180.00	Replace	Check	No X
96633534	REAR		BRACKET RR	X 1	49.00	10.00	44.10	Replace	Check	No X
			BUMPER SIDE RH	X						X
96856575		6504584	REFLECTOR REFLEX RR LH	X 0	264.00	10.00	0.00	Replace	Not given	No X
96856576	REAR	6504585	REFLECTOR REFLEX RR RH	X 1	264.00	10.00	237.60	Replace	Replace	No
TOTAL MATERIALS							461.70	237.60		
TOTAL MATERIALS(Discounted)							461.70	237.60		

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									

237.60  
 + 200.00  
 + 390.00  


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 827.60  
 - 20%  


---

 662.08  
 US \$662.08

3/1/2012  
 3/1/2012


**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/INC18001980/Svbe2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 13-02-2018	
		Code: INC4	
<b>1. Policy Particulars : THIRD PARTY CLAIM</b>			
Insured Veh.	FBK 806K	Veh. Inspected	SHD 6368J
Policy No.	5093174858	Coverage (\$)	0.00
Claim No.	MT/0980076-002	Excess (\$)	0.00
Assign From		Assign Date	30/01/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	CHEVROLET EPICA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KL1LA69RJBB022151	Colour	MAROON
Odometer	641895	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/55 R15	FALKEN	6 mm
L/H Front Tyre	205/55 R15	FALKEN	6 mm
R/H Rear Tyre	205/55 R15	FALKEN	6 mm
L/H Rear Tyre	205/55 R15	FALKEN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	27/01/2018	Inspection Date	30/01/2018
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 6368J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REFLECTOR REFLEX RR RH (DISC 10%)	CUT	264.00	237.60
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
1	BRACKET RR BUMPER SIDE RH	NOT NECESSARY	49.00	-
1	REFLECTOR REFLEX RR LH	NOT NECESSARY	264.00	-
1	BUMPER RR	TO REPAIR	1,238.00	-
			1,995.00	237.60
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		678.00	370.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		378.00	200.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,216.00	590.00
<b>GRAND TOTAL</b>			<b>3,211.00</b>	<b>827.60</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>650.00</b>

Report Ref No. NS/INC18001980/Svbe2

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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