

REF:

NS/TNC18001983/Sheet

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: GT 2590L

Policy No. 5090567673 230517 - 220518

Claims No. MT/0979829-002

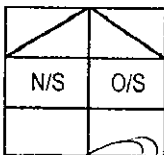
Sum Insured: _____ Excess: _____

(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 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: SHB5705L Yr Regn: 4/3/2016

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 289888 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN3647057-67479

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NA / 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 Fallen

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 28/1/18 D.O.I. 30/1/18

Survey held at SMRT

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time | Action / Instruction

SHB 5705L - 03/11/2016 (13/11/2016)
GT 2590L

2016-01-18 TAX / 01/18 / 2016
CHK

NTUC

8/1/18 Sebastian confirmed \$1093.95 (Red 1354.95, 5590)

RECEIVED 30/1/2018

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 9/2 - typist

Add Fee: ☐ : Site Insp (\$ _____) S + RS. SI

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I. (\$ 1093.95)

TOTAL

160

35

195

Survey Department Check List (Case Handler)

Reference No.: NS/INC/18001983/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

21/05/2018




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/INC18001983/Svb | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 01-02-2018 |  |
| Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | GT 2590L | Veh. Inspected | SHB 5705L |
| Policy No. | 5090567673 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 30/01/2018 |
| 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 | 28/01/2018 | Inspection Date | 30/01/2018 |
| 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. | | | |

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



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 |
|------|-----------------------|---------------------------------|----------------------|----------------|
| 1 | MT/0980076-002 | SMRT TAXIS PTE LTD | SHD 6368J | FBK 806K |
| 2 | MT/0979829-002 | SMRT TAXIS PTE LTD | shb 5705l | GT 2590L |

| 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="28/01/2018 11:44"/> | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="GT2590L"/> | <input type="button" value="Search"/> | | | | | | | |
| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 5090567673 | SM WASTE MANAGEMENT | 53256536C | GCV | Third Party, Fire & Theft | GT2590L | GT2590L | 23/05/2017 | 22/05/2018 |
| <input type="button" value="Continue"/> | | | | | | | | | |

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

Vehicle Details

Vehicle No.: SHB5705L

Vehicle to be Exported: No

Intended De-registration Date: 01 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2015

Engine No.: 2ZR6580181

Chassis No.: JTDKN36U705767479

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$29,508.00

Original Registration Date: 04 Mar 2016

First Registration Date: 04 Mar 2016

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 03 Mar 2024

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 03 Mar 2024

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

COE Period(Years): 8

PQP Paid: \$39,633.00

COE Rebate Amount: \$30,164.00

Total Rebate Amount: \$33,914.00

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 09:31 |
| Date Of Accident | 28/01/2018 02:25 |
| Exact Location Of Accident | BLK 354 JURONG EST ST 31 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHB5705L |
| 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 | CHU YONG BENG |
| NRIC No | S7015597D |
| Date Of Birth | 12/05/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/01/2005 |
| Driving Experience | 13 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | 120B CANBERRA CRESCENT 752120 |
| Postcode | |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | 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) | 1 |

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 STATIONARY ALONG BLK 354 JURONG EST ST 31 AS I WAS WAITING FOR THE BARRIER ARM TO BE LIFTED AND SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE GT2590L HAD COLLIDED ONTO THE REAR OF MY TAXI.

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 | GT2590L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | SM WASTE MANAGEMENT |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | HARINJINDER SINGH |
| NRIC/Passport Number | G8236532Q |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

SKETCH PLAN

Jurong East Blk 354 st 31

| |
|---|
| A |
| B |

A- 5HB5705L

B - GT 1590 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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



Policyholder's Signature _____

Date & Time:

29/01/2018

Driver's Signature
(If driver is not the policyholder)

Date & Time:

29/1/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

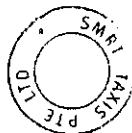
SKETCH PLAN

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:

 29/01/2018

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

 29/1/2018

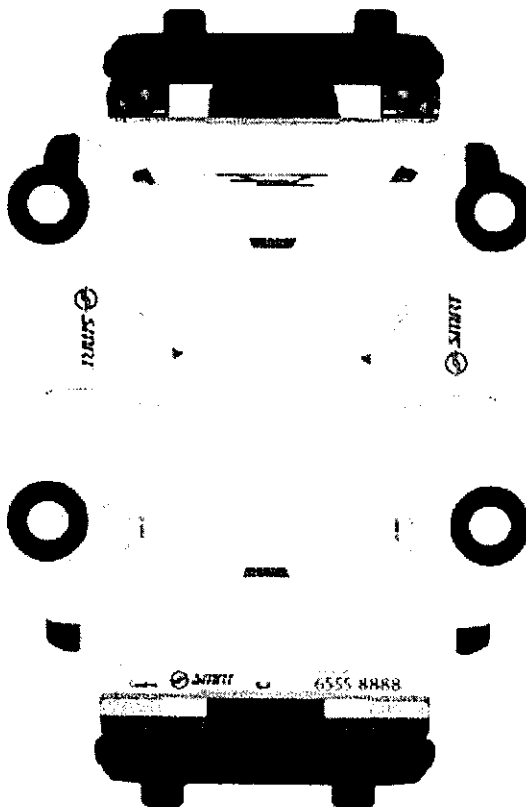
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SMRT Accident Vehicle Repair Estimates

NTK

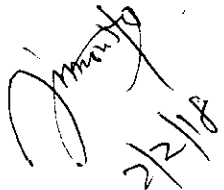
Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHB5705L
 Ref. No : TAX/01/18/2161
 Reg. Date : 04/03/2016
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : CHU YONG BENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 28/01/2018 02:27:00 AM
 Accident Reported Date / Time : 29/01/2018 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 : 000024094332
 Special Instruction to ARC, if any :
 DROVE IN /GT2590L
 Prepared Date : 29/01/2018 09:52:04 AM



Sebastian
 30/1/18.

- Part by part repair.
 - Question Mark Item
 Photo.
 - Photo Before Paint.


 2/2/18

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 : JTDKN36U705767479

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|------------------------------|--------------------------|-------------------------------------|
| Total Labour Charges | : 507.00 | 0.00 |
| Total Spray Painting Charges | : 558.00 | 0.00 |
| Total Material Charges | : 902.92 | 902.92 |
| Other Charges | : 280.00 | 0.00 |
| TOTAL | : 2,247.92 | 0.00 |
| Lum Sum Total | : 0.00 | 0.00 |
| No. of Repair Days | : 4.00 | 0.00 |
| Prepared / Adjusted By | : | 2 days |
| Arc / Surveyor Sing Off Date | : 29/01/2018 10:12:05 AM | 01/01/1900 12:00:00 AM |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 29/01/2018 10:12:05 AM

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 RH REAR PORTION | 507.00 | 0.00 200 |
| Total Labour | 507.00 | 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 BUMPER BEAM | 180.00 | 0.00 ? |
| Total Spray Painting & Panel Beating | 558.00 | 0.00 |

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

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| 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 |
| Total Other Costs | 280.00 | 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 |
|-----------------------------|---------|----------|----------------------------|-----|-----------------|--------------|------------------|-----------------|-------------------|-----------------|
| 2159-17905 | | 6505548 | BUMPER REAR | 1 | 458.60 | 25.00 | 343.95 | Replace | Replace | No |
| | | | PIXEL STICKER | 2 | 60.00 | 0.00 | 120.00 | Replace | Replace | No |
| | | | SENSOR REVERSE | 1 | 180.00 | 0.00 | 180.00 | Replace | Replace | No |
| 2023-2240 | | 6505547 | BUMPER REINFORCEMENT REAR | 1 | 205.70 | 25.00 | 154.27 | Replace | Replace | No |
| 2015-7050 | | | ARM SUB-ASSY, RR BUMPER RH | 1 | 139.60 | 25.00 | 104.70 | Replace | Replace | No |
| TOTAL MATERIALS | | | | | | | | 902.93 | 902.92 | |
| TOTAL MATERIALS(Discounted) | | | | | | | | 902.92 | 902.92 | |

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 | | | | | | | | | |



50 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

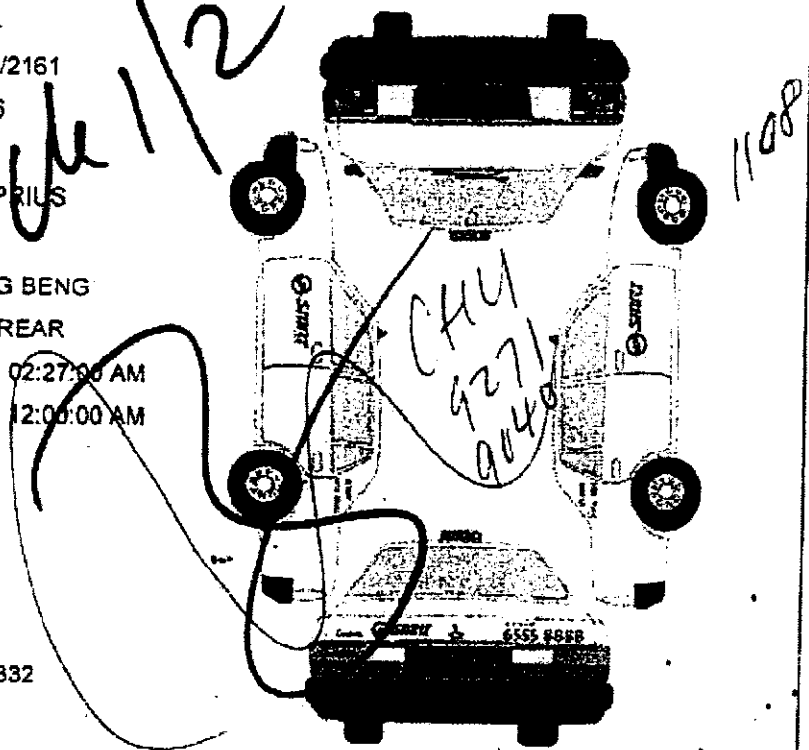
Accident Reporting Number : 68662672

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 : SHB5705L
 Ref. No : TAX/01/18/2161
 Reg. Date : 04/03/2016
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : CHU YONG BENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 28/01/2018 02:27:00 AM
 Accident Reported Date / Time : 29/01/2018 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 : 000024094332
 Special Instruction to ARC, if any :
 DROVE IN /GT2590L NTAC P/P
 BEFORE PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK).
 & Email : sebastianeang @lkkauto.com HP:90036121
 Prepared Date : 29/01/2018 09:52:04 AM



Recording Camera

☐☒

Radio Antenna

☐☒1st witness

Date

30-1-18

2nd witness

Date

289888

1/4 1/2 3/4 F 6格油

Supplementary

QC 2/2/18 11:00 PASS

to Referto the Supplementary part 1st ✓

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

01/02/2018

Vehicle Return Time:

15:32

SMRT staff sign:

X/01/18/2161

289951

1/2/18

Page

4-32

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

Chassis No : JTDKN36U705767479

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|------------------------------|------------------------|-------------------------------------|
| Total Labour Charges | 507.00 | 200.00 |
| Total Spray Painting Charges | 558.00 | 200.00 |
| Total Material Charges | 902.92 | 643.95 |
| Other Charges | 280.00 | 50.00 |
| TOTAL | 2,247.92 | 1,093.95 |
| Lum Sum Total | 0.00 2448.90 | 0.00 |
| No. of Repair Days | 4.00 | 2.00 |
| Prepared / Adjusted By | | SEBASTIAN (LKK) |
| Arc / Surveyor Sign Off Date | 29/01/2018 10:12:05 AM | 30/01/2018 02:14:27 PM |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 29/01/2018 10:12:05 AM

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

Quotation No : QN-1802-0A4

Invoice No :

Quotation Date : 6/2

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 RH REAR PORTION | 507.00 | 200.00 / |
| Total Labour | 507.00 | 200.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------------|--------------------|-------------------------------------|
| TO REPSRAY REAR BUMPER | 378.00 | 200.00 / |
| TO RESPRAY BUMPER BEAM | 180.00 | 0.00 |
| Total Spray Painting & Panel Beating | 558.00 | 200.00 |

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

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | 120.00 | 30.00 / |
| TO REPLACE SUNDRY PARTS | 100.00 | 20.00 / |
| TO WASH AND VACUUM | 60.00 | 0.00 |
| Total Other Costs | 280.00 | 50.00 |

2448.80

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 | No <i>cut</i> |
| | | | PIXEL STICKER | 2 | 60.00 | 0.00 | 120.00 | Replace | Replace | No <i>NEC</i> |
| | | | SENSOR REVERSE | 1 | 180.00 | 0.00 | 180.00 | Replace | Replace <i>S</i> | No <i>DMC</i> |
| 52023-12240 | | 6505547 | BUMPER REINFORCEMENT REAR | 1 | 205.70 | 25.00 | 154.28 | Replace | Check | No <i>X</i> |
| 52015-47050 | | | ARM SUB-ASSY. RR BUMPER RH | 1 | 139.60 | 25.00 | 104.70 | Replace | Check | No <i>X</i> <i>NR</i> |
| TOTAL MATERIALS | | | | | | | 902.93 | 643.95 | | |
| TOTAL MATERIALS(Discounted) | | | | | | | 902.92 | 643.95 | | |

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 | | | | | | | | | |

643.95 /
+ 200.00 /
+ 250.00 /

1093.95 /

Substation
8/2/2018

Veron Chen (LKKAuto)

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <YeoPohsuan@smrt.com.sg>
Sent: Friday, 9 February 2018 10:49 AM
To: Sebastian Yeang (LKK Auto)
Cc: CS A Team; SUR
Subject: RE: SHB5705L

Hi

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

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

From: Sebastian Yeang (LKK Auto) [mailto:SebastianYeang@lkkauto.com]
Sent: 09 February 2018 09:50
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Cc: Celine Fong (LKKAuto)
Subject: RE: SHB5705L

Dear Poh Suan

Please refer to attachment for the finalization.

Thank You

Best Regards,
Sebastian | Automotive Assessor
LKK Auto Consultants
phone: 6256-3561 email: sebastianyeang@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) [mailto:YeoPohsuan@smrt.com.sg]
Sent: Tuesday, 6 February 2018 3:58 PM
To: Sebastian Yeang (LKK Auto)
Cc: Celine Fong (LKKAuto)
Subject: SHB5705L

Hi Sebastian,

Attached herewith the repair estimate of SHB 5705L having Case No: TAX/01/18/2161.

There is no change to the approved amount of \$1,093.95 @ 2 working days under part by part repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)

Sent: 06 February 2018 03:59

To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)

Subject: Scan Data from FX-D421D6

**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/INC18001983/Svbe2 | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 13-02-2018 |  |
| | | Code: INC4 | |
| 1. Policy Particulars - THIRD PARTY CLAIM | | | |
| Insured Veh. | GT 2590L | Veh. Inspected | SHB 5705L |
| Policy No. | 5090567673 | Coverage (\$) | 0.00 |
| Claim No. | MT/0979829-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 30/01/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | JTDKN36U705767479 | Colour | MAROON |
| Odometer | 289888 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | FAIR | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 195/65 R15 | FALKEN | 6 mm |
| L/H Front Tyre | 195/65 R15 | FALKEN | 6 mm |
| R/H Rear Tyre | 195/65 R15 | FALKEN | 6 mm |
| L/H Rear Tyre | 195/65 R15 | FALKEN | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 28/01/2018 | Inspection Date | 30/01/2018 |
| 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: | | 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. SHB 5705L

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | BUMPER REAR (DISC 25%) | CUT | 458.60 | 343.95 |
| 2 | PIXEL STICKER @\$60.00 (SN) | NECESSARY | 120.00 | 120.00 |
| 1 | SENSOR REVERSE (SN) | DAMAGED | 180.00 | 180.00 |
| 1 | BUMPER REINFORCEMENT REAR | NOT NECESSARY | 205.70 | - |
| 1 | ARM SUB-ASSY, RR BUMPER RH | NOT NECESSARY | 139.50 | - |
| | | | 1,103.80 | 643.95 |
| LABOUR | | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 627.00 | 230.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 558.00 | 200.00 |
| | TO REPLACE SUNDRY PARTS. | | 100.00 | 20.00 |
| | TO WASH AND VACUUM. | NOT NECESSARY | 60.00 | - |
| | | | 1,345.00 | 450.00 |
| GRAND TOTAL | | | 2,448.80 | 1,093.95 |

| | | | |
|--|--|--|-----------------|
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | 1,093.95 |
|--|--|--|-----------------|

Report Ref No. NS/INC18001983/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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