

Surrender

REF:

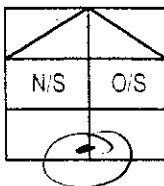
NS/INC 18002317 / Sgbez

## 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: SJB 15312  
 Policy No: 5097477654 18012018 - 17012019  
 Claims No: MT/0980346-002  
 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: 2 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SJB 1556B Yr Regn: 17/3/2019  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: TOYOTA Prins C.O. 1798  
 Colour: Maroon A/O: Insured / Std / NI / NA  
 Sp. Reading: 437570 T. Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: 3715KN 364605238667  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: STD / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/65 R15  
 R: \_\_\_\_\_

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

TOYO / YOKO or

Felling

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 30/01/18D.O.I. 1/2/18

Survey held at

SMRTDes. 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

SJB 1556B - CCB 170111000177 170323

DPA: 107514

01/18/2180

SJB 15312 - CCB 170111000177 170323

DPA: 070415

NIM

Final by \$570, 2 days (Red \$964.60, 63%)

SJB 15312

RECEIVED

Date/Time. File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time. File Return to?

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee

Transportation

\$ - \$ (S)

Photos

Others

TOTAL

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Tech. Insp. \$

☐

Weekend \$

Report Format :

Lump Sum / I.B.I. \$

7P

570

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/INC18002317/Sqb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 06-02-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJB 1531Z	Veh. Inspected	SHB 1556B	
Policy No.	5097477654	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	01/02/2018	
<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	30/01/2018	Inspection Date	01/02/2018	
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.				

# Survey Department Check List (Case Handler)

Reference No. : *NS/NC1800317/SAB*

Policy Type: OD / TP / TP RES / TL / EVA

*SHB1556B*

Case Handler

Typist

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

## (1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Surveyor** (*Sebastian*): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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## (3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

- C Resurvey photo Uploaded

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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Check By:

*[Signature]* *13/2/18*  
Case Handler Date

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0981663-001	COMFORT TRANSPORTATION PTE LTD	SHD 4593M	GY 3194P	01/02/2018	\$ 4,643.92	\$ 1,550.00
2	MT/0980346-002	SMRT TAXI PTE LTD	SHB 1556B	SJB 1531Z	30/01/2018	\$ 1,534.60	\$ 570.00
3	MT/0980595-002	COMFORT TRANSPORTATION PTE LTD	SHA 2887U	SJE 3867B	01/02/2018	\$ 12,288.66	\$ 4,900.00
4	MT/0981274-002	COMFORT TRANSPORTATION PTE LTD	SHC 8777D	SJV 9342U	06/02/2018	\$ 2,711.58	\$ 1,200.00

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

30/01/2018 11:42

Vehicle No.(For Motor)

SJB1531Z

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5097477654	ONG TUCK HWEE (WANG DAWEI)	S7238247A	GPC	drive CLASSIC	SJB1531Z	SJB1531Z	18/01/2018	17/01/2019

Search

## 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	31/01/2018 10:08
Date Of Accident	30/01/2018 16:20
Exact Location Of Accident	NEWTON ROAD TOWARDS NEWTON CIRCUS
Country/State Of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1556B
<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	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	NG WEI TECK COLLIN
NRIC No	S7046116A
Date Of Birth	30/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	536 JELAPNAG ROAD 19-20
Postcode	670536
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

WAS TRAVELLING ALONG NEWTON ROAD TOWARDS NEWTON CIRCUS. A VEHICLE INFRONT OF MY TAXI STOPPED AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SJB1531Z 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?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB1531Z
Vehicle Make/Model/Colour	
Details Of Properties	MITSUBISHI
Vehicle Category	TAXI
Name of Driver	ONG TUCK HWEE (WANG DAWEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Waxton Circus

→ Bt Timah Road (woodlands)

green  
O light

Ny Wei Teck Collin

Hp 94501162

57046116A

A = SHB1556 B (my ver)

$$B = 550 \text{ } 1531 \text{ } \mathbb{Z}$$

Ong Tuck Hwee  
(Wang DaWei)

S 7238247A

9785 2279 (Hp)

(Newton Rd?)

DECLARATION MAR 7

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

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

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:

*[Signature]*

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

*[Signature]* 21/1/2008

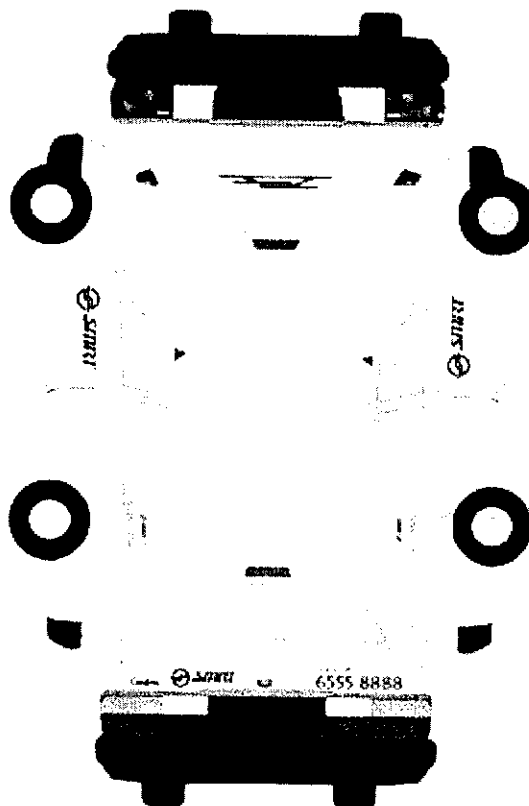
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SMRT Accident Vehicle Repair Estimates

NTur

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

Reg. No : SHB1556B  
Ref. No : TAX/01/18/2180  
Reg. Date : 19/03/2014  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : NG WEI TECK COLLIN  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 30/01/2018 04:20:00 PM  
Accident Reported Date / Time : 31/01/2018 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 : 000024094386  
Special Instruction to ARC, if any :  
SJB1531Z  
Prepared Date : 31/01/2018 10:38:51 AM



Sebastian

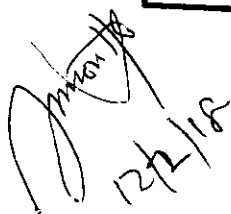
1/2/2018

- Lump Sum Repair
- Question Mark Item Photo
- Photo After Repair

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

Chassis No : JTDKN36U605738667

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	: 463.95	463.95
Other Charges	: 240.00	0.00
<b>TOTAL</b>	<b>: 1,419.95</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 0.00</b>	<b>0.00</b>
No. of Repair Days	: 3.00	<del>0.00</del>
Prepared / Adjusted By	:	1. day
Arc / Surveyor Sing Off Date	: 01/02/2018 08:27:37 AM	01/01/1900 12:00:00 AM

P

Prepared / Adjusted Date :

Remarks :

Prepared Date : 01/02/2018 08:27:37 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 REAR PORTION	338.00	<del>0.00</del> 200
<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	<del>0.00</del> 200
<b>Total Spray Painting &amp; Panel Beating</b>	<b>378.00</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	<del>0.00</del> 30
TO REPLACE SUNDRY PARTS	100.00	<del>0.00</del> 20
TO WASH AND VACUUM	60.00	0.00 X
<b>Total Other Costs</b>	<b>240.00</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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No <i>R</i>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <i>NEK</i>
TOTAL MATERIALS							463.95	463.95		
TOTAL MATERIALS(Discounted)							463.95	463.95		

**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									

3-2-18 / 10:10

3-2-18 / 14:10

## SMRT Accident Vehicle Repair Estimates

1-2-18 / 14:10

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

Reg. No : SHB1556B  
 Ref. No : TAX/01/18/2180  
 Reg. Date : 19/03/2014  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS  
 Name of Driver : NG WEI TECK COLLIN  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 30/01/2018 04:20:00 PM  
 Accident Reported Date / Time : 31/01/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by : Sebastian  
 Vehicle is Towed Back? : No Yes  
 Towed Back Date/Time :  
 Replacement Vehicle Issued? : No  
 Accident Repair Job Card No : 000024094386  
 Special Instruction to ARC, if any :  
 SJB1531Z - NTUC IDAC  
 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 : 31/01/2018 10:38:51 AM



Recording Camera ☐ ☒  
 Radio Antenna ☐ ☒  
 1<sup>st</sup> witness 2 Date 1-2-18  
 2<sup>nd</sup> witness \_\_\_\_\_ Date \_\_\_\_\_

Vehicle to Wega Date In: 01/02 Towing: \_\_\_\_\_  
 Time In: 1600 Driver: 707  
 Wega Job No: 02/0089  
 Vehicle sent to SMRT Date In: 2-2-2018 Towing: \_\_\_\_\_  
 Time In: 3:30 Driver: \_\_\_\_\_  
 Received by (SMRT): \_\_\_\_\_

3/8/18 9:40 p.m.

Chassis No : JTDKN36U605738667

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	: 120.00	120.00
Other Charges	: 240.00	50.00
<b>TOTAL</b>	<b>: 1,076.00</b>	<b>570.00</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	: 01/02/2018 08:27:37 AM	01/02/2018 02:10:40 PM

P

LKK

Prepared / Adjusted Date :

Remarks :

Prepared Date : 01/02/2018 08:27:37 AM

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

Quotation No	: QN-1802-0191	Invoice No	:
Quotation Date	: 7/2	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	200.00 ✓
Total Labour	338.00	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 ✓
Total Spray Painting & Panel Beating	378.00	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	30.00 ✓
TO REPLACE SUNDRY PARTS	100.00	20.00 ✓
TO WASH AND VACUUM	60.00	0.00
Total Other Costs	240.00	50.00

1694.60



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
52159-47805		6505548	BUMPER REAR	<i>R</i> 1	458.80	100.00	0.00	Replace	Repair	No <i>R</i>
			PIXEL STICKER	<i>✓</i> 2	60.00	0.00	120.00	Replace	Replace	No <i>✓</i>
TOTAL MATERIALS							120.00	120.00	<i>NEC</i>	
TOTAL MATERIALS(Discounted)							120.00	120.00		

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									

120.00 /  
 + 200.00 /  
 + 250.00 /  


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 570.00 /

*Sebastian*  
*9/2/18*


**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/INC18002317/Sqbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-02-2018	
Code: INC4				
<b>1. Policy Particulars : THIRD PARTY CLAIM</b>				
Insured Veh.	SJB 1531Z	Veh. Inspected	SHB 1556B	
Policy No.	5097477654	Coverage (\$)	0.00	
Claim No.	MT/0980346-002	Excess (\$)	0.00	
Assign From		Assign Date	01/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JTDKN36U605738667	Colour	MAROON	
Odometer	437570	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	30/01/2018	Inspection Date	01/02/2018	
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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1556B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY  TO REPAIR	120.00	120.00
1	BUMPER REAR		458.60	-
			578.60	120.00
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.	NOT NECESSARY	418.00	230.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		378.00	200.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.		60.00	-
			956.00	450.00
<b>GRAND TOTAL</b>			<b>1,534.60</b>	<b>570.00</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>	<b>570.00</b>
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Report Ref No. NS/INC18002317/Sqbe2

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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