

REF:

NS/INC 1800 2546 / Sub 2

SIRVZUW

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: SJH 75344Policy No. 5075344208-01 220217 - 210218Claims No. MT/0980 980-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seon: _____ 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: 514 D6289D Yr Regn: 5/10/2015Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour Maroon A/C: Insured / Std / NI / NASp. Reading 201109 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN364X 05766035Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: "

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

TOYO / YOKO or Falken

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 3/2/18Survey held at SMART

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 6/2/18

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

Rear N/S

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

Date / Time / Action / Instruction

2017 52510 - XTA X / 02/19/2020SJH 75344 - 755/10113017011 7/6/187/6/18UKKNTUC14/2/18 Final fig \$ 1065.62 confirmed by email (Real 1690.18, 619)2017 52510 - 755/10113017011 7/6/18

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) 15/2- typist

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

\$ + RS. _____

Photos _____

Others _____

Report Format :

Lump Sum / I.B.I: (\$ 1065.62)

TOTAL

16035195

Survey Department Check List (Case Handler)

Reference No. : HS/INC18002546/SV5
 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 15/5/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014




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/INC18002546/Svb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 08-02-2018	
Code: INC4			
1. Policy Particulars - THIRD PARTY CLAIM			
Insured Veh.	SJH 7534U	Veh. Inspected	SHD 6289D
Policy No.	5075341208-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/02/2018
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	03/02/2018	Inspection Date	06/02/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0980348-002	SMRT TAXIS	SHB 1220U	SGB 4394T	30/1/2018
2	MT/0971146-002	SMRT BUS	SG 5580Y	SJS 5536U	25/11/2017
3	MT/0982534-001	COMFORT TRANSPORTATION PTE LTD	SHC 3146H	SLL 8920L	10/2/2018
4	MT/0982203-002	CITYCAB	SHA 9342D	SDD 8298L	12/2/2018
5	MT/0978056-002	SMRT TAXIS	SHB 1892E	SFY 6726Y	12/1/2018
6	MT/0982536-001	COMFORT TRANSPORTATION PTE LTD	SHC 2230D	PC 7662M	13/2/2018
7	MT/0980412-002	SMRT TAXIS	SHF 248B	SKD 6621S	31/1/2018
8	MT/0980980-002	SMRT TAXIS	SHD 6289D	SIH 7534U	3/2/2018
9	MT/0980928-002	SMRT TAXIS	SHB 1319U	FBC 5857Y	4/2/2018
10	MT/0982537-001	SMRT TAXIS	SHB 628J	FBH 2102K	4/2/2018
11	MT/0981878-002	COMFORT TRANSPORTATION PTE LTD	SHC 7245D	SJF 9837T	11/2/2018
12	MT/0982037-002	COMFORT TRANSPORTATION PTE LTD	SHC 8089G	GBG 9309R	10/2/2018

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075341208-01	SNG CHIEN WEI ERROL	S70422218	GPC	drive CLASSIC	SJH7534U	SJH7534U	22/02/2017	21/02/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	5369K

Vehicle Details

Vehicle No.:	SHD6289D
Vehicle to be Exported:	No
Intended De-registration Date:	08 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6525498
Chassis No.:	JTDKN36UX05766035
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	05 Oct 2015
First Registration Date:	05 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Oct 2023

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 04 Oct 2023

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

COE Period(Years): 8

PQP Paid: \$45,439.00

COE Rebate Amount: \$32,120.00

Total Rebate Amount: \$35,870.00

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 08 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	05/02/2018 10:35
Date Of Accident	03/02/2018 11:15
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6289D
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-800000000

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	LEE KOK PENG
NRIC No	S1674784Z
Date Of Birth	29/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1982
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	199D PUNGGOL FIELD 14-443
Postcode	824199
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 HOUGANG AVE 8 LOOKING FOR THE ONCOMING TRAFFIC BEFORE I COULD MAKE A RIGHT TURN TO THE CAR PARK WHEN THE VEHICLE SJH7534U FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY TAXI

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH7534U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.



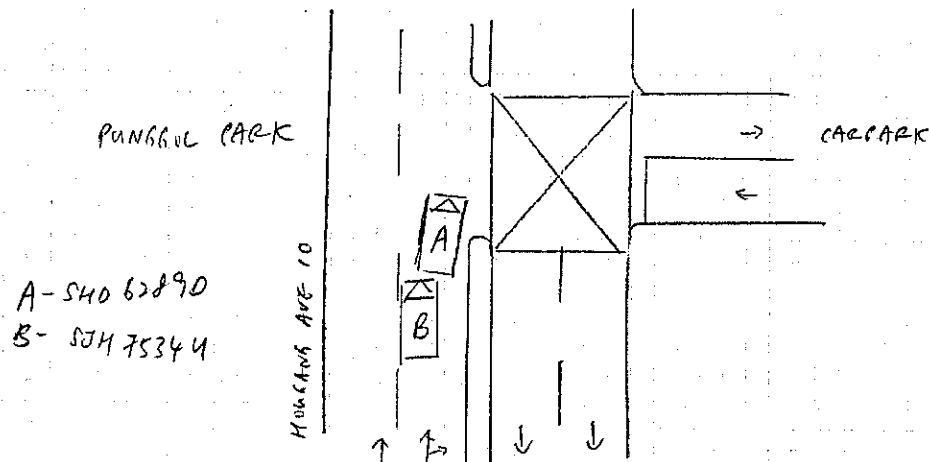
Policyholder's Signature
Date & Time:

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there is a vertical margin line, creating a narrow left margin. At the bottom left corner, there is a small, faint circular stamp or logo. The rest of the page is blank, with no handwriting or other markings.

DECLARATION

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:

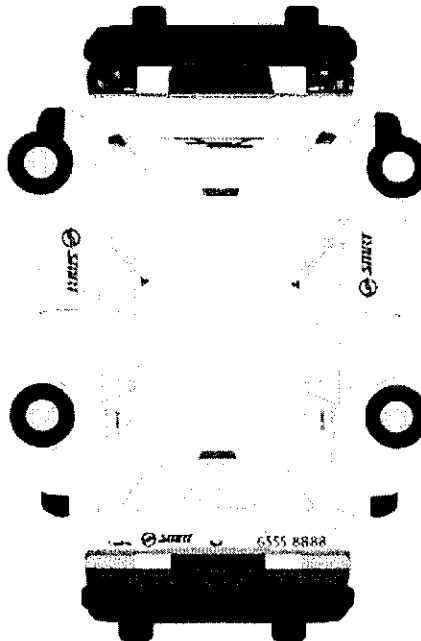
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SMRT Accident Vehicle Repair Estimates

ARC
6/18

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

Reg. No : SHD6289D
 Ref. No : TAX/02/18/2020
 Reg. Date : 05/10/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : LEE KOK PENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 03/02/2018 11:15:00 AM
 Accident Reported Date / Time : 05/02/2018 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 : 000024094481
 Special Instruction to ARC, if any :
 DROVE IN / SJH7534U
 Prepared Date : 05/02/2018 02:32:47 PM


*Sebastian
6/2/18*

- Part by part repair
- Question Mark Item
Photo
- Photo Before 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:


12/2/18

Chassis No : JTDKN36UX05766035

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	: 558.00	0.00
Total Material Charges	: 1,199.84	1,199.84
Other Charges	: 360.00	0.00
TOTAL	: 2,455.84	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	0.00
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sign Off Date	: 05/02/2018 04:31:17 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 05/02/2018 04:31:06 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 LH 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
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 CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	360.00	0.00

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
2159-7905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
6088-7020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
6891-7020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
2576-7020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
2023-2240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
2016-7030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
TOTAL MATERIALS								1,199.85	1,199.84	
TOTAL MATERIALS(Discounted)							1,199.84	1,199.84		

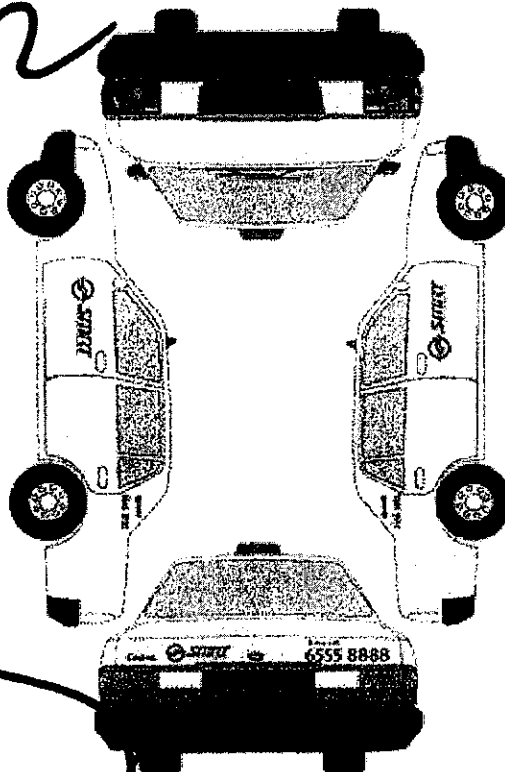
Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

SMRT Accident Vehicle Repair Estimates

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

Reg. No : 8HD6289D
Ref. No : TAX/02/18/2020
Reg. Date : 05/10/2015
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : LEE KOK PENG
Type of Accident : HEAD TO REAR
Date / Time of Accident : 03/02/2018 11:15:00 AM
Accident Reported Date / Time : 05/02/2018 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 : 000024094481
Special Instruction to ARC, if any :
DROVE IN / SJH7534U NTAC P/P
BEFORE PAINT PHOTO FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK)
& Email : sebastianyeang @lkkauto.com HP:90036121
Prepared Date : 05/02/2018 02:32:47 PM



Recording Camera

Radio Antenna

1st witness

2nd witness

Date

Date

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

Vehicle Return Time:

SMRT staff sign:

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

Chassis No : JTDKN36UX05766035

Mileage

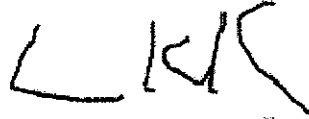
0

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	: 558.00	200.00
Total Material Charges	: 1,145.69	635.62
Other Charges	: 360.00	30.00
TOTAL	: 2,401.69 <i>2755.80</i>	1,065.62
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	: 05/02/2018 04:31:17 PM	06/02/2018 03:05:56 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 05/02/2018 04:31:06 PM

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

Quotation No :

QN-1802-0204

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount :

2755.80

Prepared Date :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH 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 /
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 CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Total Other Costs	360.00	30.00

2755.80

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
2159-7905		6505548	BUMPER REAR	✓ 1	458.60	25.00	343.95	Replace	Replace	No ✓ Defect
6088-17020		6505617	BUMPER LIP COVER RR/LH	✗ 0	72.20	25.00	0.00	Replace	Not given	No ✗ N/A
6891-17020		6505619	BUMPER LIP REAR	✓ 1	228.90	25.00	171.67	Replace	Replace	No ✓ Defect
			SENSOR REVERSE	✗ 1	180.00	0.00	180.00	Replace	Check	No ✗ N/A
			PIXEL STICKER	✓ 2	60.00	0.00	120.00	Replace	Replace	No ✓ NEC
52576-17020		6505550	BUMPER SIDE RETAINER RR/LH	✗ 1	94.80	25.00	71.10	Replace	Check	No ✗
52023-12240		6505547	BUMPER REINFORCEMENT REAR	✗ 1	205.70	25.00	154.28	Replace	Check	No ✗
52016-17030			ARM SUB-ASSY, RR BUMPER LH	✗ 1	139.60	25.00	104.70	Replace	Check	No ✗ N/A
TOTAL MATERIALS							1,145.70	635.62		
TOTAL MATERIALS(Discounted)							1,145.69	635.62		

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									

635.62 /
 200 /
 + 230 /

 1065.62 /

Sebastian
 14/2/18

Veron Chen (LKKAuto)

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <YeoPohsuan@smrt.com.sg>
Sent: Wednesday, 14 February 2018 3:02 PM
To: Sebastian Yeang (LKK Auto)
Cc: CS A Team; SUR
Subject: RE: SHD6289D

Hi

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

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

From: Sebastian Yeang (LKK Auto) [mailto:SebastianYeang@lkkauto.com]
Sent: 14 February 2018 09:52
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Cc: CS A Team; SUR
Subject: RE: SHD6289D

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: Saturday, 10 February 2018 8:53 AM
To: Sebastian Yeang (LKK Auto)
Cc: CS A Team; SUR
Subject: SHD6289D

Hi Sebastian,

Attached herewith the repair estimate of SHD 6289D having Case No: TAX/02/18/2020.

There is no change to the approved amount of \$1,065.62 @ 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: 10 February 2018 08:39

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/INC18002546/Svbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 22-02-2018	
Code: INC4				
1. Policy Particulars : THIRD PARTY CLAIM				
Insured Veh.	SJH 7534U		Veh. Inspected	SHD 6289D
Policy No.	5075341208-01		Coverage (\$)	0.00
Claim No.	MT/0980980-002		Excess (\$)	0.00
Assign From			Assign Date	06/02/2018
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS		c.c	1798
Engine No.	HIDDEN		Year of Reg.	2015
Chassis No.	JTDKN36UX05766035		Colour	MAROON
Odometer	201109		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 N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	03/02/2018		Inspection Date	06/02/2018
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

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6289D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.67
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER REINFORCEMENT REAR	NOT NECESSARY	205.70	-
1	ARM SUB-ASSY, RR BUMPER LH	NOT NECESSARY	139.60	-
			1,499.80	635.62
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		538.00	230.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		558.00	200.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,256.00	430.00
	GRAND TOTAL		2,755.80	1,065.62
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,065.62

Report Ref No. NS/INC18002546/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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