

Poh Suan

REP:

NS / UNC 1800 2896 / R17b02

450102331123

Project: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

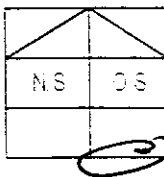
To inspect vehicle No: _____
at Workshop No: _____
of: _____
Insured: **SK17 4629T**
Policy No: **5078108090-01 140617-310318**
Claims No: **MT/0981868-002**
Sum Insured: _____ Excess: _____

Client's Record

Make of veh

(Policy Condition)

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



Ball or Market Value

ADAC Accident Report: _____ Consistent? : Yes or No
GIA / PP Seen: _____ Consistent? : Yes or No
Est. Repairs: **2** days Res: Yes or No
Lum Sum: _____ % 3 Year: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle IN / OUT

SHD 6454T Page 2012 May
Type: M/Gar / M/Dye / Bus / Van / Lorry / Taxi / Prime Mover
Truck / Trailer or

Make: **CHEVROLET CRICA** to **1991**
Colour: **MARON** A/C Insured / Std / Nil / NA
So Reading: **713427** T Radio Insured / Std / Nil / NA
Eng No:

C.No: **KULABR 3AB126238**

Gen. Cond. Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Mod Nil / STD A/Rim or

Tyre Size: **205/65R15**
R:

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

TOYO / YOKO or **FALKEN**

Front: _____ Rear: _____
R.Bal: **5** mm R.Bal: **5** mm
L.Bal: **5** mm L.Bal: **5** mm
D.O.A. **09/02/18** D.O.A. **12/02/18**
Survey held at: **SMART**

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

REAR O/S
The U/C - Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

SHD 6454T - NS / UNC 1800 2896 / R17b02
SK17 4629T - X

Rep: **2012**

02/18/2011

6/3 10.30am Confirmed LS & 1700f and 5 days with Poh Suan. (Cred \$1268, 43%)

NTUC

SK17 4629T

RECEIVED 02/18/2011

Date Time File Pass: ☐ Preli. Report
typist ☒ Final Report

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

Date Time File Return: _____

Add Fee: ☐ Site Insp: **5**
☐ Int. Insp: **5**
☐ Test: **1**
☐ Fee: **1**

Survey Fee: **160**
Transport: **35**
195

Report Format: **TP**
Lum Sum: **1700f**

TP Claims against NTUC Income: Follow-Through Survey

Date : 07/03/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0982884-002	SMRT AUTOMOTIVE	SHB 1554G	GBF 8697G	17/02/2018	9:40	\$ 2,962.68	\$ 1,050.00
2	MT/0982845-002	SMRT AUTOMOTIVE	SHF 74K	SIG 8978X	15/02/2018	23:40	\$ 6,339.74	\$ 1,221.85
3	MT/0985155-001	SMRT AUTOMOTIVE	SMB 1414T	SGZ 5400B	06/11/2017	23:52	\$ 1,758.00	\$ 700.00
4	MT/0901189-001	SMRT AUTOMOTIVE	SMB 237U	SGZ 2829T	15/05/2017	19:00	\$ 976.00	\$ 589.00
5	MT/0982495-002	SMRT AUTOMOTIVE	SHD 6304T	SGI 8622S	08/02/2018	16:40	\$ 2,121.00	\$ 350.00
6	MT/0981868-002	SMRT AUTOMOTIVE	SHD 6454T	SKG 4629T	09/02/2018	14:30	\$ 2,968.00	\$ 1,700.00
7	MT/0985159-001	COMFORT	SH 8764J	FH9765D	24/02/2018	7:30	\$ 6,563.72	\$ 2,800.00



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/INC18002876/R1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKG 4629T	Veh. Inspected	SHD 6454T
Policy No.	5078108090-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

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

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5. General Information

Accident Date	09/02/2018	Inspection Date	12/02/2018
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.
--

Celine Fong (LKKAuto)

From: Celine Fong (LKKAuto)
Sent: Tuesday, 6 March 2018 10:30 AM
To: 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)'; Rasul (LKKAuto)
Cc: SUR; CS A Team
Subject: RE: SHD6454T

Dear Poh Suan,

Confirmed lump sum \$1,700.00, 2 days.

Please forward after repair photos.

Best Regards,

Celine Fong

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: celinefong@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: Monday, 26 February 2018 6:44 PM
To: Rasul (LKKAuto) <Rasul@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; 'Leong Chee kwong' <cheekwongwega@gmail.com>
Subject: SHD6454T

Hi Rasul,

Attached herewith the repair estimate of SHD 6454T having Case No: TAX/02/18/2071.

There is no change to the approved amount of \$1,700 @ 2 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Aside Kwong,

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

Thanks & Regards

Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Sent: Monday, 26 February 2018 2:22 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Subject: Scan Data from FX-D421D6

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078108090-01	KHOO YA LIN, LAURA	S9023050F	GPC	Third Party, Fire & Theft	SKG4629T	SKG4629T	14/06/2017	31/03/2018

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	10/02/2018 11:10
Date Of Accident	09/02/2018 14:30
Exact Location Of Accident	YISHUN AVE 1 TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6454T
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	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	LIM BENG POH
NRIC No	S0011077I
Date Of Birth	12/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	414 SERANGOON CENTRAL 05-363
Postcode	550414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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 TRAVELLING ALONG YISHUN AVE 1 TURNING RIGHT TOWARDS ANG MO KIO. WHILST I WAS IN MY LANE I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SKG4629T HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI.

Attachment(s)

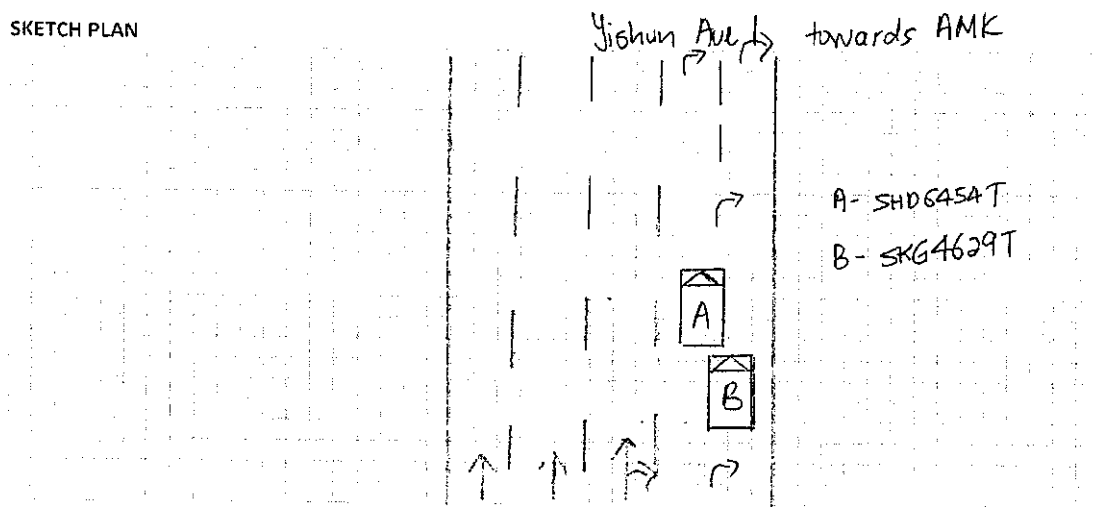
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG4629T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH SOON SOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.:

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 10/7/18

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

Signature 10/2/2018

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

Chassis No : KL1LA69RJBB126238

Mileage

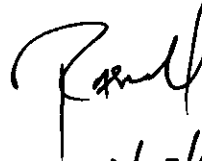
: 0

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	: 1,290.96	1,290.96
Other Charges	: 440.00	0.00
TOTAL	: 2,446.96	0.00
Lum Sum Total	: 2,450.00	0.00
No. of Repair Days	: 3.00	0.00 2 days / Lumpsum
Prepared / Adjusted By	:	
Arc / Surveyor Sing Off Date	: 10/02/2018 11:21:10 AM	01/01/1900 12:00:00 AM

12/02/18 P 1440



19/2/18

Prepared / Adjusted Date :

Remarks :

Prepared Date : 10/02/2018 11:21:10 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 :

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	338.00	0.00 200 200
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 CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 40 40
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 60
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	140.00	0.00 net / 140
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
93745100	REAR	6504569	BUMPER RR	1	1,238.00	10.00	1,114.20	Replace	Replace <i>PE</i> ✓	No
96633534	REAR		BRACKET RR BUMPER SIDE RH	1	49.00	10.00	44.10	Replace	Replace <i>nm</i> ✓	No
96858576	REAR	6504586	REFLECTOR REFLEX RR RH	1	264.00	10.00	237.60	Replace	Replace <i>cm</i> ✓	No
	REAR		SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace <i>X</i>	No <i>SVC</i>
96873820	REAR		COVER TOWING EYE RR	1	21.00	10.00	18.90	Replace	Replace <i>X</i>	No <i>SVC</i>
TOTAL MATERIALS							1,594.80	1,594.80		
TOTAL MATERIALS(Discounted)							1,290.96	1,290.96		

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

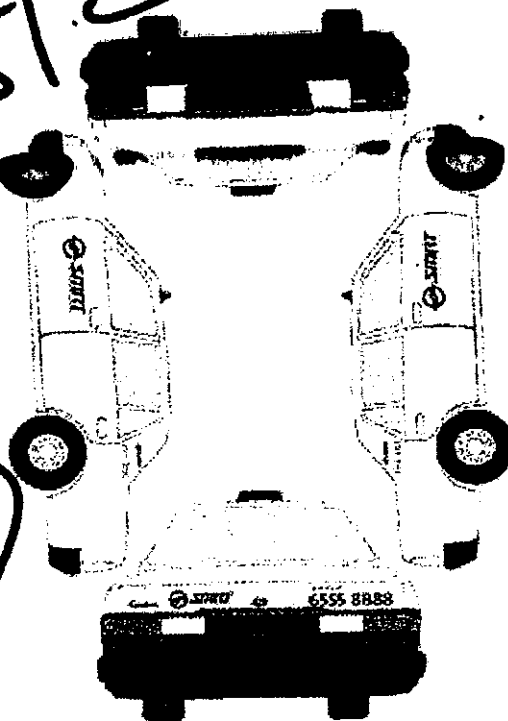
13-2-18/08:00

14-2-18 / 13:00

15-2-18 / 08:00

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

Reg. No : SHD6454T
Ref. No : TAX/02/18/2071
Reg. Date : 04/05/2012
Vehicle Type : TAXI
Model : CHEVROLET EPICA 2.0 VXR
Name of Driver : LIM BENG POH
Type of Accident : HEAD TO REAR
Date / Time of Accident : 09/02/2018 02:30:00 PM
Accident Reported Date / Time : 10/02/2018 12:00:00 AM
Surveyor Is Required? : Yes
Survey by : Rasul
Vehicle Is Towed Back? : Yes
Towed Back Date/Time : 09/02/2018
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024094569
Special Instruction to ARC, if any :
TOWED \$40 / SKG4629T NTUE LLS
Resurvey after repair, FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP : 9001
0068. email: rasul@lkkauto.com
lumpsum repair
12-2-18 / 16:50
Prepared Date : 10/02/2018 11:08:09 AM



13:50

14-2-18

pass

Recording Camera

☐ ☒

Radio Antenna

☐ ☒

1st witness

A

Date 13-2-18

2nd witness

Date

E 1/2 KM 7/3427

13/02	1400	Haris
02/0123	14-2-2018	13-20
ef		

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

Chassis No : KL1LA69RJBB126238

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	: 1,395.90	1,395.90
Other Charges	: 500.00	-95.90
TOTAL	: 2,611.90 2968	1,700.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00
Prepared / Adjusted By	:	RASUL (LKK)
Arc / Surveyor Sign Off Date	: 10/02/2018 11:21:10 AM	12/02/2018 05:20:46 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 10/02/2018 11:21:10 AM

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

Quotation No : QN-1802-0439

Invoice No :

Quotation Date : 15/2

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
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	40.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	60.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	140.00	140.00
Lump Sum Adjustment by Surveyor	0.00	-395.90
Total Other Costs	500.00	-95.90

2968

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	1	1,238.00	10.00	1,114.20	Replace	Replace	No <input checked="" type="checkbox"/>
96633534	REAR		BRACKET RR BUMPER SIDE RH	1	49.00	10.00	44.10	Replace	Replace	No <input checked="" type="checkbox"/>
96858576	REAR	6504586	REFLECTOR REFLEX RR RH	1	264.00	10.00	237.60	Replace	Replace	No <input checked="" type="checkbox"/>
	REAR		SENSOR REVERSE	0	180.00	0.00	0.00	Replace	Not given	No <input checked="" type="checkbox"/>
96873820	REAR		COVER TOWING EYE RR	0	21.00	10.00	0.00	Replace	Not given	No <input checked="" type="checkbox"/>
TOTAL MATERIALS							1,395.90	1,395.90		
TOTAL MATERIALS(Discounted)							1,395.90	1,395.90		

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									

1395.90
 + 200.00
 + 500.00

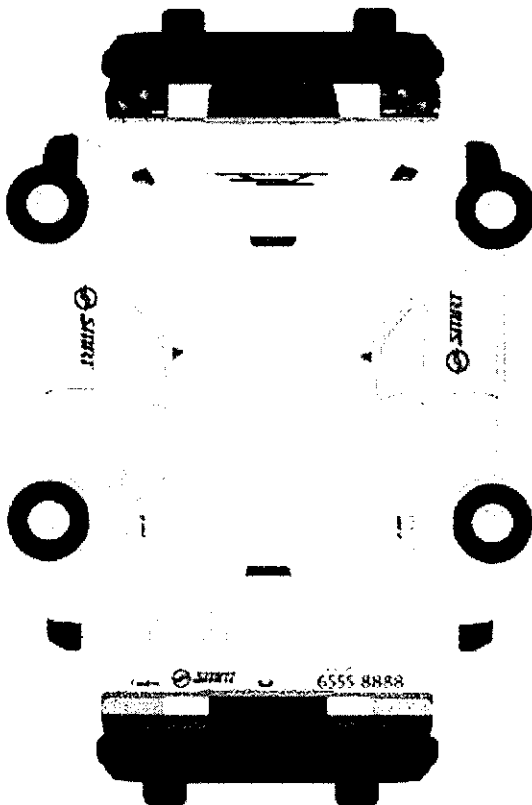
 2095.90
 - 202

 1676.72
 45 \$1700/-

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6454T
Ref. No : TAX/02/18/2071
Reg. Date : 04/05/2012
Vehicle Type : TAXI
Make : CHEVROLET EPICA 2.0 VCDI
Model : EPICA-2.0
Name of Driver : LIM BENG POH
Type of Accident : HEAD TO REAR
Date / Time of Accident : 09/02/2018 02:30:00 PM
Accident Reported Date / Time : 10/02/2018 12:00:00 AM
Surveyor is Required? : Yes
Survey by :
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 09/02/2018
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024094569
Special Instruction to ARC,if any :
TOWED \$40 / SKG4629T / *none/resuming after repair*
Prepared Date : 10/02/2018 11:08:09 AM



**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/INC18002876/R1rbe2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 09-03-2018	
		Code: INC4	
1. Policy Particulars: THIRD PARTY CLAIM			
Insured Veh.	SKG 4629T	Veh. Inspected	SHD 6454T
Policy No.	5078108090-01	Coverage (\$)	0.00
Claim No.	MT/0981868-002	Excess (\$)	0.00
Assign From		Assign Date	12/02/2018
2. Vehicle Particulars & Condition			
Make & Model	CHEVROLET EPICA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KL1LA69RJBB126238	Colour	MAROON
Odometer	713427	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/65 R15	FALKEN	5 mm
L/H Front Tyre	205/65 R15	FALKEN	5 mm
R/H Rear Tyre	205/65 R15	FALKEN	5 mm
L/H Rear Tyre	205/65 R15	FALKEN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/02/2018	Inspection Date	12/02/2018
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	



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6454T

Qty	Description of Parts	Condition	Estimated Repair Cost	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER RR (DISC 10%)	DEFORMED	1,238.00	1,114.20
1	BRACKET RR BUMPER SIDE RH (DISC 10%)	NECESSARY	49.00	44.10
1	REFLECTOR REFLEX RR RH (DISC 10%)	CRACKED	264.00	237.60
1	ADVERTISEMENT STICKER (SN)	NECESSARY	140.00	140.00
1	SENSOR REVERSE	SERVICEABLE	180.00	-
1	COVER TOWING EYE RR	SERVICEABLE	21.00	-
			1,892.00	1,535.90
LABOUR				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			538.00	300.00
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	40.00
			1,076.00	560.00
GRAND TOTAL			2,968.00	2,095.90

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1700.00
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Report Ref No. NS/INC18002876/R1rbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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