

NS/INC18003115/Sqd3er

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

CENTR. MS. TRFES. CODES: ENA/INX/MA

To inspect Vehicle No. \_\_\_\_\_

A/C/Workshop No. \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Policy No. SJN 94591Claim No. 5086039460-01 6/9/17-5/9/18

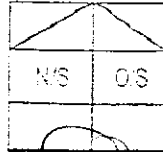
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Claims Record)

Make of veh: \_\_\_\_\_

(Policy Condition)

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



Buyer/Maker Value: \_\_\_\_\_

BAG Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR. Seat: \_\_\_\_\_ Consistent? : Yes or No

Est. Repair: 2 days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date/Time : \_\_\_\_\_ Action/ Instruction: \_\_\_\_\_

SIN 94591 - X

N/A: 15/07/2016

TA 102/18/2012

CLICK

NTWC.

US \$550, 2 days (Red &amp; 5001.50, 90%)

28/07/2018

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time, File Return to?

S. \_\_\_\_\_

Repair Permit: \_\_\_\_\_

Lump Sum / 100% =

7P  
550Days Of Repair: 2Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (S)

☐

Interview (S)

☐

Tech. Insp (S)

☐

Weekend (S)

US + RS: \_\_\_\_\_

P/N/A

Other:

TOTAL

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/INC18003115/Sqd3				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 19-02-2018	
Code: INC4				
<b>1. Policy Particulars - THIRD PARTY CLAIM</b>				
Insured Veh.	SJN 9459J	Veh. Inspected	SHF 463X	
Policy No.	5086039460-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	19/02/2018	
<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	14/02/2018	Inspection Date	14/02/2018	
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/NC180031157 SqA3*  
Policy Type: OD / TP / TP RES / TL / EVA

*SHF 463X*

Case Handler

Typist

**Admin** ( *Nivitas* ): 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"/>		
<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"/>		
<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"/>		

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

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

- C Damaged Vehicle Photographs Uploaded

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

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

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

- C Resurvey photo Uploaded

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

*[Signature]* *24/7/18*  
Case Handler Date

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

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0983795-001	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
2	MT/0981796-002	SMRT TAXIS PTE LTD	SHC 4663A	GBA 6665M
3	MT/0975626-001	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
4	MT/0981648-002	COMFORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
5	MT/0983803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
6	MT/0982121-002	CITYCAB PTE LTD	SHC 813K	FY 9030B
7	MT/0983229-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
8	MT/0981814-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
9	MT/0974867-002	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
10	MT/0983812-001	CITYCAB PTE LTD	SHC 600H	SKH 1597R
11	MT/0981491-002	COMFORT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
12	MT/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
13	MT/0976388-001	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
14	MT/0977790-003	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
15	MT/0983818-001	CITYCAB PTE LTD	SHB 3377M	SJN 6180G
16	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
17	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

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"/>	5086039460-01	CAR RENT DIRECT PTE.LTD.	201604950E	GPC	Third Party	SJN9459J	SJN9459J	06/09/2017	05/09/2018

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

### Vehicle Details

Vehicle No.: SHF463X

Vehicle to be Exported: No

Intended De-registration Date: 19 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2013

Engine No.: 2ZR6428932

Chassis No.: JTDKN36U005720083

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$33,120.00

Original Registration Date: 27 Dec 2013

First Registration Date: 27 Dec 2013

Transfer Count: 0

Actual ARF Paid: \$8,368.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 26 Dec 2021

PARF Rebate Amount:	\$6,276.00
Intended COE Rebate Details	
COE Expiry Date:	26 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$30,210.00
<b>Total Rebate Amount:</b>	<b>\$36,486.00</b>

#### 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 19 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	14/02/2018 12:45
Date Of Accident	14/02/2018 10:00
Exact Location Of Accident	SOUTH BRIDGE ROAD TOWARDS CROSS STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF463X
<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	ZHAO JINGJUN
NRIC No	S8081902A
Date Of Birth	22/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	463B SEMBAWANG DRIVE 16 - 379
Postcode	752463
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

#### 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 SOUTH BRIDGE ROAD TOWARDS CROSS STREET WITH FOUR PASSENGERS (FEMALE JAPANESE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SJN9459J 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	SJN9459J
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHIA GUAN LEE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

[illegible]

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

*[Signature]* 14/2/2018

14/2/2018

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:

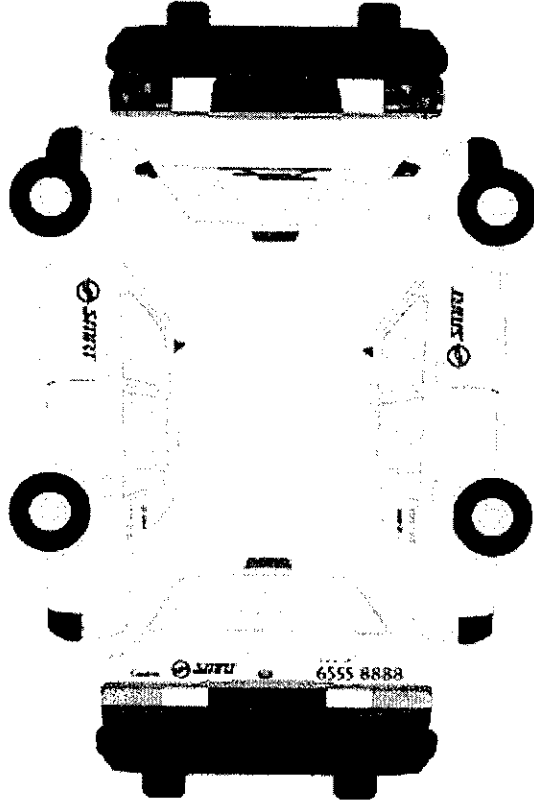
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

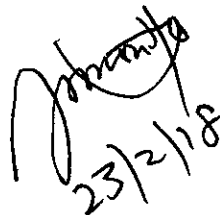
## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHF463X  
 Ref. No : TAX/02/18/2092  
 Reg. Date : 27/12/2013  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS  
 Name of Driver : ZHAO JINGJUN  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 14/02/2018 10:00:00 AM  
 Accident Reported Date / Time : 14/02/2018 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 : 000024094615  
 Special Instruction to ARC, if any :  
 SJN9459J  
 Prepared Date : 14/02/2018 12:52:47 PM



Sebastian.  
 - Long Sun Repair.  
 - Question Mark Item Photo.  
 - Photo After Paint

  
 23/2/18

**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 : JTDKN36U00-5720083

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	: 484.68	494.58
Other Charges	: 120.00	0.00
<b>TOTAL</b>	<b>: 1,320.68</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 1,300.00</b>	<b>0.00</b>
No. of Repair Days	: 3.00	<del>0.00</del>
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sign Off Date	: 14/02/2018 02:40:39 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 14/02/2018 02:40:39 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 :

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
NO REPAIR REAR PORTION	338.00	0.00 <del>338.00</del> 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
NO REPSRAY REAR BUMPER	378.00	0.00 <del>378.00</del> 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
NO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 <del>120.00</del> 30
Total Other Costs	120.00	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
2159-7905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>R</i>	No
2023-2240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace <i>7</i>	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <i>✓N</i>	No <i>SC</i>
TOTAL MATERIALS							618.23	618.22		
TOTAL MATERIALS(Discounted)							484.68	494.58		

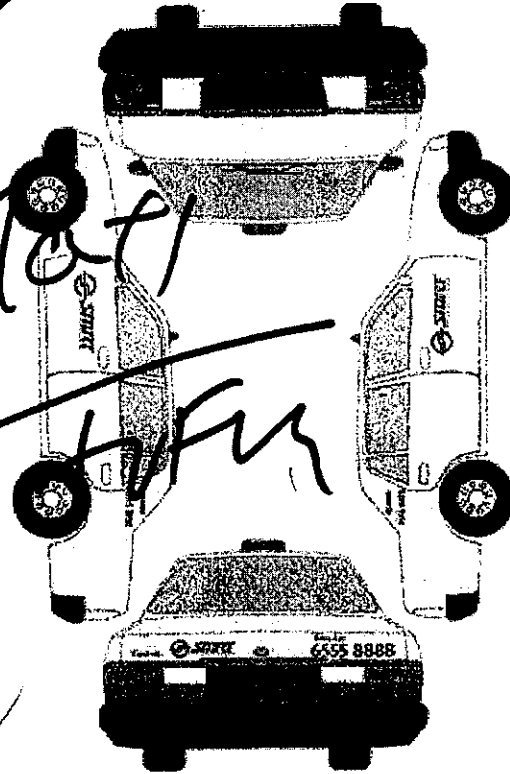
Added Spare Parts / Material Usage After Surveyor Signed off

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 : SHF463X  
Ref. No : TAX/02/18/2092  
Reg. Date : 27/12/2013  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : ZHAO JINGJUN  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 14/02/2018 10:00:00 AM  
Accident Reported Date / Time : 14/02/2018 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 : 000024094615  
Special Instruction to ARC, if any :  
SJN9459J - NTUC IDAC  
BEFORE PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK)  
& Email : sebastianyeang @lkkauto.com HP:90036121  
LUMP SUM REPAIR  
Prepared Date : 14/02/2018 12:52:47 PM



Recording Camera

☐ ☒

Radio Antenna

☐ ☒1<sup>st</sup> witness

Date

14-2-18

2<sup>nd</sup> witness

Date

19-2-18

16:50

19-2-18

reject the rear bumper reinforcement distorted.

21/2/18 10:26 PMS

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

19/2/18

Vehicle Return Time:

1620

SMRT staff sign:

Section A - To be Completed by Service / Workshop / Accident Repair Centre

Chassis No : JTDKN36U00-5720083

Mileage

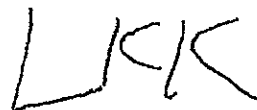
: 0

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	: 175.54	274.27
Other Charges	: 120.00	-124.27
<b>TOTAL</b>	<b>: 1,011.54</b>	<b>550.00</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00 /
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	: 14/02/2018 02:40:39 AM	14/02/2018 03:44:42 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 14/02/2018 02:40:39 AM

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

Quotation No	: QN-1802-0510	Invoice No	:
Quotation Date	: 22/2	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 /
<b>Total Labour</b>	<b>338.00</b>	<b>200.00</b>

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	200.00 /
<b>Total Spray Painting &amp; Panel Beating</b>	<b>378.00</b>	<b>200.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
Lump Sum Adjustment by Surveyor	0.00	-154.27
<b>Total Other Costs</b>	<b>120.00</b>	<b>-124.27</b>

1620.30

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	100.00	0.00	Replace	Repair	No <i>R</i>
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace	No <i>/</i>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <i>/</i>
TOTAL MATERIALS							274.28	274.28		
TOTAL MATERIALS(Discounted)							175.54	274.27		

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									

274.27 /  
+ 200.00 /  
+ 230.00 /

704.27 /  
- 20%

563.42 /

US \$550/-

Sebastian  
26/2/13.

5551.50



# 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/INC18003115/Sqd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 05-03-2018	
Code: INC4				
<b>1. Policy Particulars - THIRD PARTY CLAIM</b>				
Insured Veh.	SJN 9459J	Veh. Inspected	SHF 463X	
Policy No.	5086039460-01	Coverage (\$)	0.00	
Claim No.	MT/0983795-001	Excess (\$)	0.00	
Assign From		Assign Date	19/02/2018	
<b>2. Vehicle Particulars - Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTDKN36U005720083	Colour	MAROON	
Odometer	650587	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyre</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	14/02/2018	Inspection Date	14/02/2018	
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. SHF 463X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Qty Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BUMPER REINFORCEMENT REAR (DISC 25%)	DENTED	205.70	154.28
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER REAR	TO REPAIR	458.60	-
			784.30	274.28
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		458.00	230.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		378.00	200.00
			836.00	430.00
<b>GRAND TOTAL</b>			<b>1,620.30</b>	<b>704.28</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>550.00</b>
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Report Ref No. NS/INC18003115/Sqd3e2

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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