

REF:

NS/LNC18003818/SHBnz

ASSIGNMENT

From:

Date:

Veh No:

SHB 1331H

Year:

2013

Belonged to:

Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Car~~ / Prime Mover /

OD / TP / WS / TP RES / CO RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No:

Make:

Toyota Prius

cc / 1798

at Workshop nvs

Colour:

Maroon

A/O: Insured / Std / NI / NA

Sp. Reading

632050

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN3C4905718109

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ~~Nil~~ / S/Rim / STD A/Rim or

Tyre Size:

F: 175/65R15

R: "

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

14/2/18

D.O.I.

20/2/18

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

(Policy Condition)

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



Est. or Market Value:

IDAO Accident Report

Consistent? : Yes or No

GIA / PR. Seon:

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time / Action / Instruction

SHB 1331H - C/3 / LOR 17014270 / 324392

DCA: 180717

TAX / 02/18 / 2094

SGZ 9480T - x

LKK

NTUC

Lump Sum \$2150 (Red. 2723.60 : 55%)

SGZ 9480T

RECEIVED 12 MAR 2018

Date/Time: File Pass to:



Prel. Report

Days Of Repair:

4

123 Typist



Final Report

Resurvey No. of Trip:

Date/Time: File Return to:

Survey Fee:

Transportation:

At:

Add Fee:



Site Insp (\$

) \$ + RS =



Interview (\$

) Phone



Tech Insp (\$

) Ours



Weekend (\$

) TOTAL

Report Format:

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

TP
2150

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/INC18003818/Stb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-02-2018



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGZ 9480T	Veh. Inspected	SHB 1331H
Policy No.	5096012962	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/02/2018

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	14/02/2018	Inspection Date	20/02/2018
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.
--

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"/>	5096012962	YIP KEAT FAI	G7567972L	GPC	drive CLASSIC	SGZ9480T	SGZ9480T	28/11/2017	27/11/2018

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 9 March 2018 1:06 PM
To: Denise Tay (LKKAuto)
Subject: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, March 09, 2018 10:41 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

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 co:
1	MT/0985380-001	SMRT TAXIS PTE LTD	SHB 1331H	SGZ 9480T	14/2/2018	\$ 4,873.60	\$

Best Regards,

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	15/02/2018 11:00
Date Of Accident	14/02/2018 13:45
Exact Location Of Accident	YISHUN AVE 5 TOWARDS SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1331H
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17087562MFSH
Cover Note Number	

Driver

Name of Driver	QUAH PENG ENG
NRIC No	S0148380C
Date Of Birth	19/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1974
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	607 ANG MO KIO AVENUE 4 13-1273
Postcode	560607
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180214/2168

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ9480T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIP KEAT FAI
NRIC/Passport Number	G7567982L
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

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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.

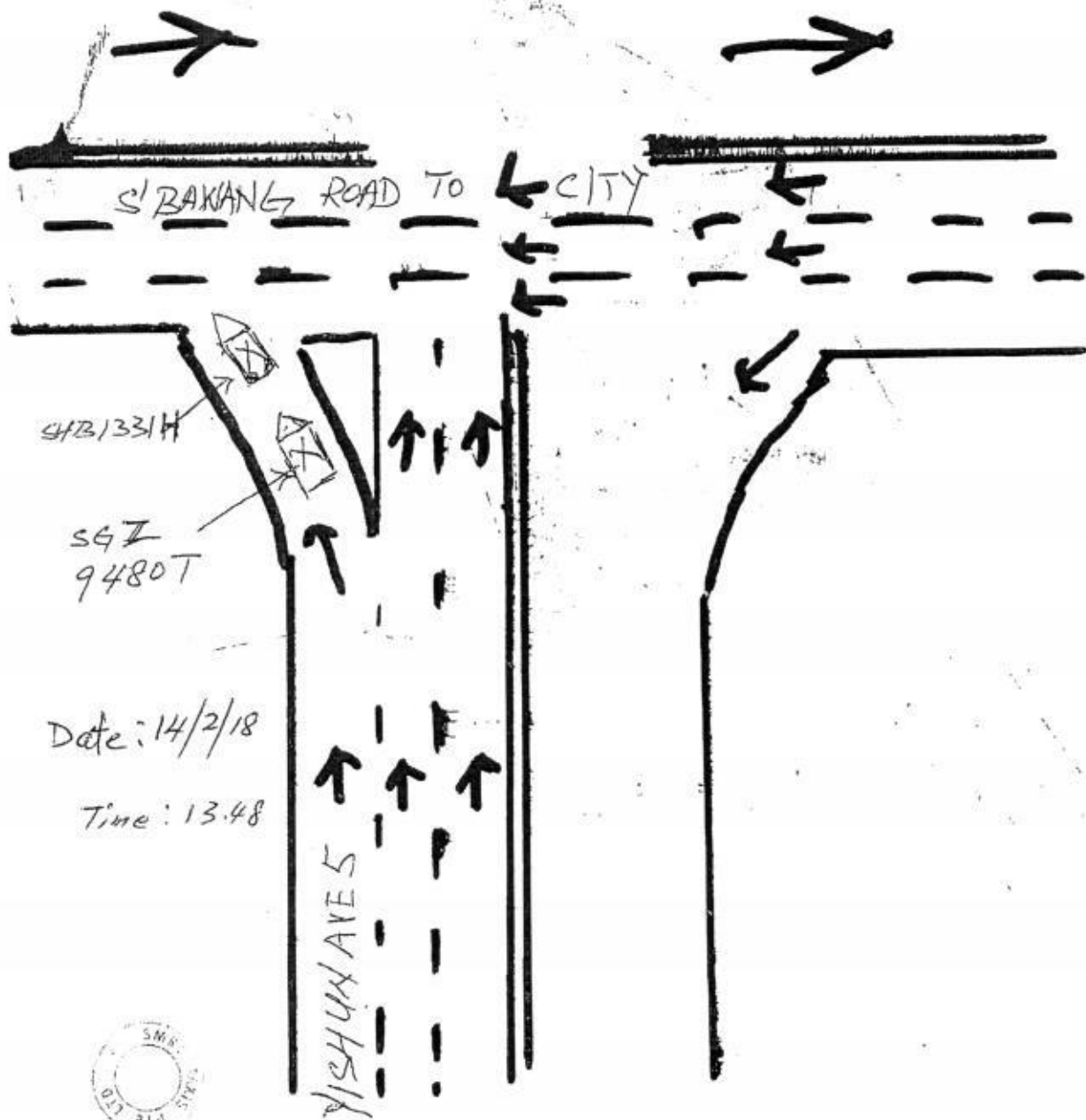


Policyholder's Signature
Date & Time:

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

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

[Signature]
15/3/2018



Date: 14/2/18

Time: 13.48



15/2/2018.



**SINGAPORE
POLICE FORCE**



T/20180214/2168

1 of 3

Report No. T/20180214/2168

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2018 20:26	Vide Report No.:	Station Diary No.: 111
--	------------------	---------------------------

Informant's Particulars				
Name of Informant: QUAH PENG ENG		Address: APT BLK 607 ANG MO KIO AVENUE 4 #13-1273 SINGAPORE 560607		
ID Type / ID No.: NRIC NO / S0148380C		Contact No.: Home/Office: Mobile: 96304910		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 19/07/1954	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2018 13:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 5 SEMBAWANG ROAD Filter lane from Yishun Avenue 5 to Sembawang Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGZ9480T	Car				Slightly Damaged	0
SHB1331H	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180214/2168

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20180214/2168

CONTINUATION OF REPORT

Driver			
Name	YIP KEAT FAI		ID No. G7567982L
Related Vehicle	SGZ9480T (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: 02/07/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	QUAH PENG ENG		ID No. S0148380C
Related Vehicle	SHB1331H (Car)		Contact No. 96304910
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/02/2018 at around 1348hrs, I was driving my taxi bearing registration number SHB1331H. I was at the filter lane making a left turn to Sembawang Road from Yishun Avenue 5, while I was starting to move off, a Grey Honda bearing registration plate number SGZ9480T came from behind and hit onto my vehicle causing dents to my rear right bumper. Me and the other driver then came down from our vehicle and exchanged our particulars and agreed to claim the damages through insurance.

I am lodging this report for record purposes.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20180214/2168

3 of 3

Report No. T/20180214/2168

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 CHUA ZHENG XING, JOHNNY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

14/02/2018 20:26

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

Vehicle Details

Vehicle No.: SHB1331H

Vehicle to be Exported: No

Intended De-registration Date: 21 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2013

Engine No.: 2ZR1404729

Chassis No.: JTDKN36U405718109

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$33,120.00

Original Registration Date: 20 Dec 2013

First Registration Date: 20 Dec 2013

Transfer Count: 0

Actual ARF Paid: \$8,368.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 19 Dec 2021

PARF Rebate Amount:	\$6,276.00
Intended COE Rebate Details	
COE Expiry Date:	19 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$30,005.00
Total Rebate Amount:	\$36,281.00

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 21 Feb 2018

OK



23-2-18 / 11:20.
23-2-18 / 15:20

SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

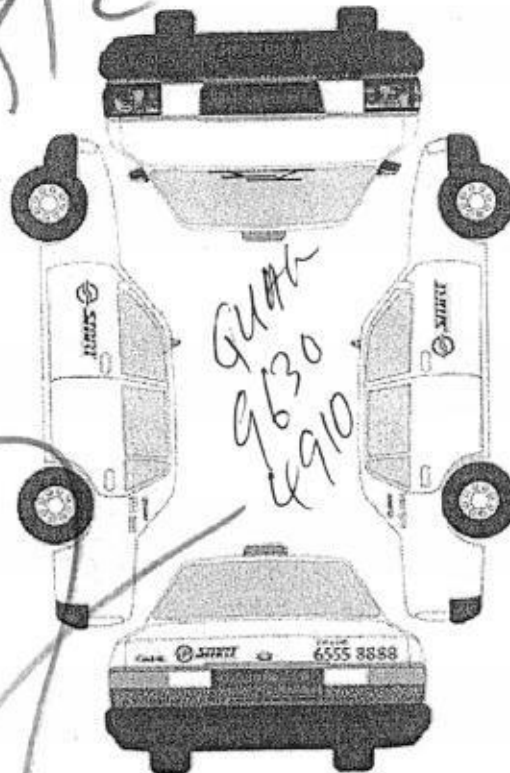
Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

20-2-18 / 15:20

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

Reg. No : SHB1331H
Ref. No : TAX/02/18/2094
Reg. Date : 20/12/2013
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : QUAH PENG ENG
Type of Accident : HEAD TO REAR
Date / Time of Accident : 14/02/2018 01:45:00 PM
Accident Reported Date / Time : 15/02/2018 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 : 000024094641
Special Instruction to ARC, if any :
TOS / SGZ9480T NTAC HS
BEFORE PAINT PHOTO , AFTER REPAIR PHOTO , FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP:90036121
LUMPSUM REPAIR
Prepared Date : 20/02/2018 08:07:42 AM



QC 24/2/18 1.24 Pass 682050

682112 km

Recording Camera

☒ ☐

Radio Antenna

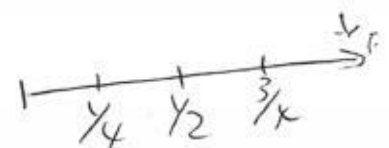
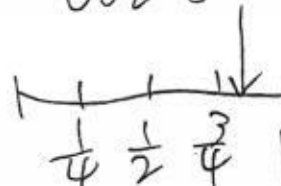
☒ ☐

1st witness

Date 20-2-18

2nd witness

Date



Supplementary

& Refer to the Supplementary part list

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

24/02/2018

Vehicle Return Time:

10:23

SMRT staff sign:

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

Chassis No : JTDKN36U40-5718109

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	600.00
Total Spray Painting Charges	: 936.00	500.00
Total Material Charges	: 1,493.34	1,504.25
Other Charges	: 460.00	-454.25
TOTAL	: 3,734.34	2,150.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 5.00	4.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	: 20/02/2018 08:16:34 AM	20/02/2018 03:20:21 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 20/02/2018 08:16:34 AM

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

Quotation No : QN-1802-0701

Invoice No :

Quotation Date : 27/2

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 2/20/2018 3:20:19 PM

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	845.00	600.00 /
Total Labour	845.00	600.00

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 REAR PANEL	180.00	100.00 /
TO RESPRAY REAR FENDER RH	378.00	200.00 /
Total Spray Painting & Panel Beating	936.00	500.00

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 APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
TO REPLACE SUNDRY PARTS	100.00	20.00 /
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-534.25
Total Other Costs	460.00	-454.25

5418.90

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
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace	No
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Check	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Check	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Check	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace	No
76088-47020		6505617	BUMPER LIP COVER RR/LH	0	72.20	25.00	0.00	Replace	Not given	No
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace	No
76891-47020		6505619	BUMPER LIP REAR	0	228.90	25.00	0.00	Replace	Not given	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	No
58307-47060		6505522	END PANEL	1	602.10	25.00	451.58	Replace	Check	No
	COMMO N	4006314	SEALANT SIKAFLEX	2	37.00	0.00	74.00	Replace	Check	No
81561-47170		6505461	TAIL LAMP LH RH	1	548.40	10.00	493.56	Replace	Replace	No
52563-47010			TAIL LAMP BRACKET, LH RH	1	30.70	25.00	23.03	Replace	Check	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No
62940-16060			DUCT ASSY, QUARTER	1	70.40	25.00	52.80	Replace	Replace	No
TOTAL MATERIALS								2,333.36	1,504.25	
TOTAL MATERIALS(Discounted)								1,493.34	1,504.25	

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
2940-6060		DUCT ASSY, QUARTER	1	70.40	25.00	52.80	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						52.80			

1504.25
 + 600.00
 + 580.00

 2684.25
 - 20%

 2147.40

4/5 \$2150/-
 Sebastian
 7/3/18

SMRT Accident Vehicle Repair Estimates

N/TUC

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

Reg. No : SHB1331H
 Ref. No : TAX/02/18/2094
 Reg. Date : 20/12/2013
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : QUAH PENG ENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 14/02/2018 01:45:00 PM
 Accident Reported Date / Time : 15/02/2018 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 : 000024094641
 Special Instruction to ARC, if any :
 TOS / SGZ9480T
 Prepared Date : 20/02/2018 08:07:42 AM



Sebastian.
 20/2/18.
 - Lump Sum Repair.
 - Question Mark Item
 Photo
 - Photo After 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:

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

Chassis No : JTDKN36U40-5718109

Mileage :

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	0.00
Total Spray Painting Charges	: 558.00	0.00
Total Material Charges	: 2,005.09	2,005.09
Other Charges	: 460.00	0.00
TOTAL	: 3,868.09	0.00
Lum Sum Total	: 3,850.00	0.00
No. of Repair Days	: 5.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 20/02/2018 08:16:34 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 20/02/2018 08:16:34 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	845.00	0.00 400
Total Labour	845.00	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 REAR PANEL	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 30
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00 ?	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	460.00	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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace ✓ CRK	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace ✓ Bt	No
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace ?	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace ?	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace ?	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace ✓ NEC	No
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Replace X	No
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace ✓ Cmt	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace X	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace ✓ DMC	No
58307-47060		6505522	END PANEL	1	602.10	25.00	451.57	Replace	Replace ?	No
	COMMO N	4006314	SEALANT SIKAFLEX	2	37.00	0.00	74.00	Replace	Replace X	No ?
81561-47170		6505461	TAIL LAMP LH RH	1	548.40	10.00	493.56	Replace	Replace ✓ SCR	No
52563-47010			TAIL LAMP BRACKET, LH RH	1	30.70	25.00	23.02	Replace	Replace ?	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace ✓ NEC	No
TOTAL MATERIALS							2,506.39	2,506.36		
TOTAL MATERIALS(Discounted)							2,005.09	2,005.09		

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									

**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/INC18003818/Stbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 13-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGZ 9480T	Veh. Inspected	SHB 1331H
Policy No.	5096012962	Coverage (\$)	0.00
Claim No.	MT/0985380-001	Excess (\$)	0.00
Assign From		Assign Date	20/02/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTDKN36U405718109	Colour	MAROON
Odometer	682050	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 O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	14/02/2018	Inspection Date	20/02/2018
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:	4 Working Days
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**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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1331H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER REAR (DISC 25%)	CRACKED	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.27
1	BUMPER SIDE RETAINER RR/RH (DISC 25%)	NECESSARY	94.80	71.10
1	BUMPER LIP COVER RR/RH (DISC 25%)	CUT	118.10	88.57
1	DUCT ASSY,QUARTER (DISC 25%)	NECESSARY	70.40	52.80
1	TAIL LAMP RH (DISC 10%)	SCRATCHED	548.40	493.56
1	SENSOR REVERSE (SN)	DAMAGED	180.00	180.00
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	ARM SUB-ASSY,RR BUMPER LH	NOT NECESSARY	139.60	-
1	ARM SUB-ASSY,RR BUMPER RH	NOT NECESSARY	139.60	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
1	BUMPER LIP REAR	NOT NECESSARY	228.90	-
1	END PANEL	NOT NECESSARY	602.10	-
2	SEALANT SIKAFLEX @\$37.00	NOT NECESSARY	74.00	-
1	TAIL LAMP BRACKET RH	NOT NECESSARY	30.70	-
			3,177.90	1,504.25
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,045.00	660.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,036.00	500.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
	-		-	-
	-		-	-
	-		-	-
			2,241.00	1,180.00
GRAND TOTAL			5,418.90	2,684.25



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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,150.00
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Report Ref No. NS/INC18003818/Stbn2

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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