

NS/TNC 18003819 / Sq n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CC / TP / WS / TP RES / CD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop no: _____

At: _____

Insured: SX 8877HPolicy No: 5053834740-05 01.05.17 - 300418Claims No: MT/0982798-002

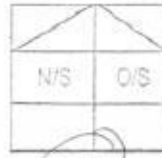
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAO Accident Report: _____ Consistent? : Yes or No

GIA / PR. Scant: _____ Consistent? : Yes or No

Est. Repair: 3 days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 4153E Tr Regn: 22/11/13Type: M. Car / M. Cycle / Bus / Van / Lorry (X) / Prime Mover /

Truck / Trailer or

Make: Toyota Prius cc 1798Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 627159 T/Radio: Insured / Std / NI / NA

Eng No: _____

Ch No: J10K N 361 805706156Gen. Cond: Good / (X) / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: (X) / In order / Jammed / Leaked / Burnt orMod: (X) / 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. 19/2/19Survey held at SMARTDes. of Damages: Frt. / (X) / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time : Action / Instruction

SHC 4153E - NS/TNC 16014435/Kgh392 DUA: 016816 TAX/02/18/2102SX 8877H - X LKICUS \$1310, 3 days (Pia \$195.70, 60%) N/TNCSX 8877H

RECEIVED 1-2 MAR 2018

Date/Time, File Pass to? ☐ : Preli. Report09/3/18 ☐ : Final Report

Date/Time, File Return to?

31/3/18

Report Format: 7PLump Sum / I.D.R. (\$) 1300Days Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$) _____☐ : Interview (\$) _____☐ : Tech. Invs (\$) _____☐ : Weekend (\$) _____

Survey Fee

Transportation

) \$ + RS (\$) _____

) Phone _____

) 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/INC18003819/Sqb

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.	SX 8877H	Veh. Inspected	SHC 4153E
Policy No.	5053834740-05	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

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5. General Information

Accident Date	18/02/2018	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.

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/0982825-003	SMRT TAXIS PTE LTD	SHB 5105T	SLC 7621D	19/2/2018
2	MT/0983862-002	COMFORT TRANSPORTATION PTE LTD	SH 7081C	SGJ 7987X	27/2/2018
3	MT/0982798-002	SMRT TAXIS PTE LTD	SHC 4153E	SX 8877H	18/2/2018
4	MT/0982721-002	SMRT TAXIS PTE LTD	SHC4532U	SJD 5334P	16/2/2018
5	MT/0985250-001	SMRT TAXIS PTE LTD	SHB 963R	SFV 9180S	22/2/2018

Survey Department Check List (Case Handler)

Reference No. : *NS/INC180038191 Sqb*
 Policy Type: OD / *TP* / TP RES / TL / EVA

SHC 4153E

Case Handler

Typist

Admin (*Cather*): 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.	<i>✓</i>			
C Customer Code	<i>✓</i>			
N Assign From				
C Assign Date	<i>✓</i>			
C Veh No (Inspected)	<i>✓</i>			
C Veh No (Insured)	<i>✓</i>			
C D.O.A	<i>✓</i>			
C Policy No	<i>✓</i>			
C Claim No				
C Insurance Authorisation (CA /REV/REP)				
C Report Type	<i>✓</i>			
C Weekend Charges				
N Survey held at/Repairer	<i>✓</i>			
C Excess				

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

(1) Assignment Form

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

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<i>✓</i>			
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(3) Workshop Estimate/Assignment Form

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

(4) System - (Views/Merimen)

C Resurvey photo Uploaded				
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Check By:

Cather *08/03/18*
 Case Handler Date

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 checked="" type="radio"/>	5053834740-05	WONG KEONG	S1195653Z	GPC	Third Party	SX8877H	SX8877H	01/05/2017	30/04/2018

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	19/02/2018 18:01
Date Of Accident	18/02/2018 12:25
Exact Location Of Accident	SLIP ROAD FROM LOYANG AVE TOWARDS TPE(ECP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4153E
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	NYAN SEE WEY
NRIC No	S7032675B
Date Of Birth	29/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	298A COMPASSVALE STREET 06-188
Postcode	541298
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?	YES
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	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

REFER TO POLICE REPORT - T/20180218/2058

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	SX8877H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG1289Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NYAN SEE WEY
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC4153E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC4153E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC4153E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4153E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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. There is no handwriting or other markings on the paper.

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.
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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:

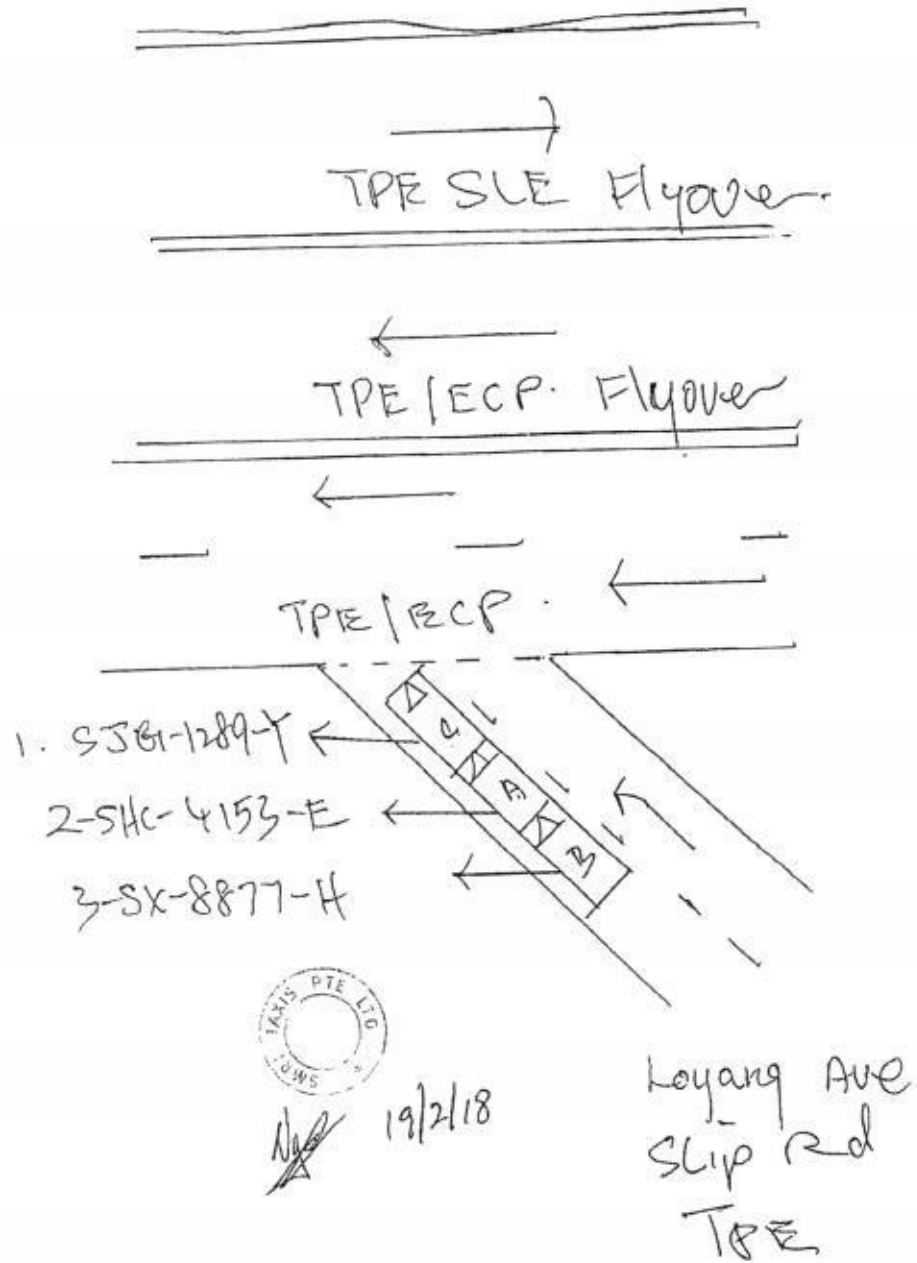
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:





**SINGAPORE
POLICE FORCE**



T/20180218/2058

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Report No. T/20180218/2058

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 17:26	Video Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: NYAN SEE WEY			Address: APT BLK 298A COMPASSVALE STREET #06-188 SINGAPORE 541298		
ID Type / ID No.: NRIC NO / S7032675B			Contact No.: Home/Office: Mobile: 93255726		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 29/09/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/02/2018 12:25	Type of Location: pedestrian crossing
Location: Along Road 1 LOYANG AVENUE				
Slip road towards TPE (ECP)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHC4153E	TAXI				Slightly Damaged	3
SJG1289Y	Car					0
SX8877H	Car					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20180218/2058

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Report No. T/20180218/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	NYAN SEE WEY	ID No.	S7032675B
Related Vehicle	SHC4153E (TAXI)	Contact No.	93255726
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2018	Date Discharge	18/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJG1289Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SX8877H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/02/2018 at about 1225hrs I was driving my taxi along Loyang Ave turning into the slip road of TPE (ECP). I signaled left and turn into the pedestrian crossing. In front of me there was a car (SJG 1289X) suddenly hit onto the brakes. Upon seeing the brake lights I immediately stepped onto my brake.

Out of sudden I felt an impact on the rear of my car. Due to the impact my car inch forward and came in contact with the car in front of me. However the driver (SJG 1289X) informed me that there are no damages to his vehicle. I then came out and noticed one car (SX 8877H) hit onto the rear of my taxi. I then took pictures of the damages and left the location.



**SINGAPORE
POLICE FORCE**



T/20180218/2058

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Report No. T/20180218/2058

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

I then checked with my passengers who are my family members who infd that they feel pain on their arms., Hence I brought them to the clinic and all my passengers including myself was given a total of 03 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20180218/2058

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Report No. T/20180218/2058

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:
G /
Sgt 1 SATHIYSH S/O THILLAIVENDHAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 85476430

Authentic SINGAPORE
NP168 POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:
18/02/2018 17:26

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

5369K

Vehicle Details

Vehicle No.:

SHC4153E

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.:

2ZR1351255

Chassis No.:

JTDKN36U805706156

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$33,120.00

Original Registration Date:

22 Nov 2013

First Registration Date:

22 Nov 2013

Transfer Count:

0

Actual ARF Paid:

\$8,368.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

21 Nov 2021

PARF Rebate Amount:	\$6,276.00
Intended COE Rebate Details	
COE Expiry Date:	21 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$63,297.00
COE Rebate Amount:	\$29,670.00
Total Rebate Amount:	\$35,946.00

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

SMRT Accident Vehicle Repair Estimates

NTUC

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

Reg. No : SHC4153E
 Ref. No : TAX/02/18/2102
 Reg. Date : 22/11/2013
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : NYAN SEE WEY
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 18/02/2018 12:25:00 PM
 Accident Reported Date / Time : 19/02/2018 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 : 000024094648
 Special Instruction to ARC, if any :
 SX8877H
 Prepared Date : 20/02/2018 08:34:29 AM



Sebastian
20/2/18

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

[Signature]
28/2/18

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 : JTDKN36U80-5706156

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 507.00	0.00
Total Spray Painting Charges	: 558.00	0.00
Total Material Charges	: 1,092.60	1,114.90
Other Charges	: 460.00	0.00
TOTAL	: 2,617.60	0.00
Lum Sum Total	: 2,600.00	0.00
No. of Repair Days	: 4.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 20/02/2018 08:44:43 AM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 20/02/2018 08:44:43 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 :

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	507.00	0.00 300
Total Labour	507.00	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 APPLY RUST-PROOFING ON AFFECTED AREA	100.00	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	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 ✓ Deform	No
90467-07211			BUMPER CLIPS	1	2.10	25.00	1.57	Replace	Replace ✓ Nec	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	Replace ?	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace ?	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace ?	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 ?	No
89997-30070			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	10.00	141.66	Replace	Replace ?	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace ✓	No Nec
TOTAL MATERIALS							1,393.64	1,393.62		
TOTAL MATERIALS(Discounted)							1,092.60	1,114.90		

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									

23-2-18 / 10:04.
23-2-18 / 14:04.

SMRT Accident Vehicle Repair Estimates

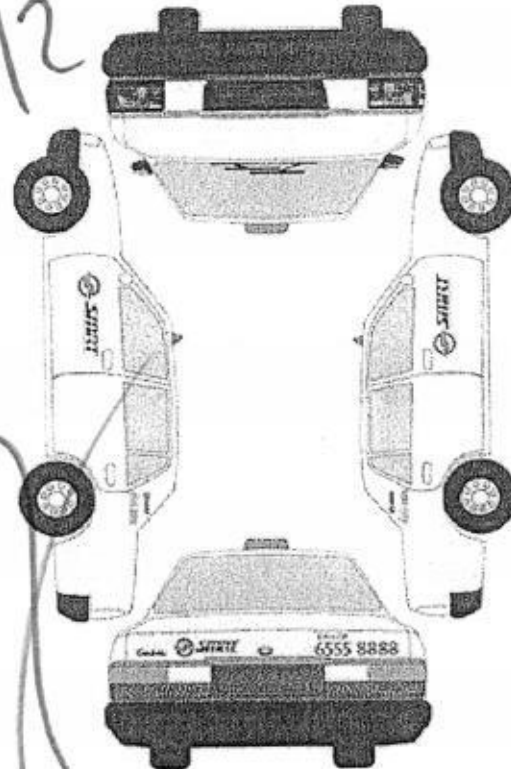
20-2-18 / 14:04.

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

Reg. No : SHC4153E
Ref. No : TAX/02/18/2102
Reg. Date : 22/11/2013
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : NYAN SEE WEY
Type of Accident : HEAD TO REAR
Date / Time of Accident : 18/02/2018 12:25:00 PM
Accident Reported Date / Time : 19/02/2018 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 : 000024094648
Special Instruction to ARC, if any :

SX8877H NTHC 45
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 08:34:29 AM



23/2/18, 15:40 Q/L 1613712955

Recording Camera

☒ ☐

Radio Antenna

☒ ☐

1st witness

Date 20-2-18

2nd witness

Date

627159
1 1 1 1
4 2 4 1

Supplementary
of Report to the Supplementary part 1st ✓

627223
LEE SHENG AUTO PTE LTD

Vehicle Return Date:

23-2-2018

Vehicle Return Time:

15:25

SMRT staff sign:

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

Chassis No : JTDKN36U80-5706156

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	507.00	300.00
Total Spray Painting Charges	558.00	300.00
Total Material Charges	782.05	1,009.19
Other Charges	460.00	-309.19
TOTAL	2,307.05	1,300.00
Lum Sum Total	0.00	0.00
No. of Repair Days	4.00	3.00
Prepared / Adjusted By		SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	20/02/2018 08:44:43 AM	20/02/2018 02:04:31 PM

M

LKK

Prepared / Adjusted Date

Remarks

Prepared Date : 20/02/2018 08:44:43 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 : 0.00

Prepared Date : 2/20/2018 2:04:28 PM

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	507.00	300.00
Total Labour	507.00	300.00

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	100.00
Total Spray Painting & Panel Beating	558.00	300.00

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 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	0.00
TO WASH AND VACUUM	60.00	0.00
Jump Sum Adjustment by Surveyor	0.00	-339.19
Total Other Costs	460.00	-309.19

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
12159-17905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No ✓
10467-17211			BUMPER CLIPS	1	2.10	25.00	1.57	Replace	Replace	No ✓
12023-2240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace S	No ✓
12016-17030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace S	No ✓
12015-17050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace S	No ✓
12575-17020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Check	No X
16891-17020		6505619	BUMPER LIP REAR	0	228.90	25.00	0.00	Replace	Not given	No X
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace S	No ✓
19997-10070			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	10.00	141.66	Replace	Check	No X
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No ✓
TOTAL MATERIALS							1,221.96	1,009.20		
TOTAL MATERIALS(Discounted)							782.05	1,009.19		

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									

1009.19
+ 300.00
+ 330.00

1639.19

- 20%

1311.35

US \$1300/-

3251.70

Sebastian
7/3/18



Thatcham escribe

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/INC18003819/Sqbn2

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.	SX 8877H	Veh. Inspected	SHC 4153E
Policy No.	5053834740-05	Coverage (\$)	0.00
Claim No.	MT/0982798-002	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.	JTDKN36U805706156	Colour	MAROON
Odometer	627159	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 PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	18/02/2018	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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4153E

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 CLIPS (DISC 25%)	NECESSARY	2.10	1.57
1	BUMPER REINFORCEMENT REAR (DISC 25%)	DENTED	205.70	154.28
1	ARM SUB-ASSY,RR BUMPER LH (DISC 25%)	BENT	139.60	104.70
1	ARM SUB-ASSY,RR BUMPER RH (DISC 25%)	BENT	139.60	104.70
1	SENSOR REVERSE (SN)	DAMAGED	180.00	180.00
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	BUMPER LIP REAR	NOT NECESSARY	228.90	-
1	ANTENNA ELECTRICAL LOWER REAR	NOT NECESSARY	157.40	-
			1,726.70	1,009.20
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		707.00	330.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		658.00	300.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,525.00	630.00
GRAND TOTAL			3,251.70	1,639.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,300.00

Report Ref No. NS/INC18003819/Sqbn2

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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