

REF: NS / TMC 18003827 / Sqbn2

**ASSIGNMENT**

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop no's \_\_\_\_\_

of \_\_\_\_\_

Insured: **SJD 5334P**

Policy No: **5093195710-01 290817**

Claims No: **MT/0982721-02**

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

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S
-----	-----

Bol. or Market Value: \_\_\_\_\_

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

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: **4** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: **S4C 45324** Yr Regd: **8/3/2011**

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

Truck / Trailer or

Make: **Chrysler** C300 Ec **2787**

Colour: **915140 Black** A/C: Insured / Std / NI / NA

Sp. Reading: **915140** T/Radio: Insured / Std / NI / NA

Eng No: \_\_\_\_\_

C/No: **1C3C7CCM9 142162199**

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: ☒ S/Rim / STD A/Rim or

Tyre Size: F: **225/60 R18**

R: **"**

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

TOYO / YOKO or **Pirelli**

Front

R/Bal: **6** mm

L/Bal: **1** mm

D.O.A. **16/2/18**

Rear

R/Bal: **6** mm

L/Bal: **6** mm

D.O.A. **23/2/18**

Survey held at **SMART**

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

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

Date / Time / Action / Instruction

**S4C 45324 - NSN / TMC 18003157 / Y**

**SJD 5334P**

**15/6/4950**, **4 days**, **(Red \$1064340, 68%)**

**SJD 5334P**

**RECEIVED**

Date/Time, File Pass to? ☐ : Preli. Report

**14/3 March** ☐ : Final Report

Date/Time, File Return to? \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.I. (\$) **4950.10**

Days Of Repair: **4**

Resurvey No. of Trip: **2**

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Insp. (\$) ☐ : Weekend (\$)

Survey Fee: **160**

Transportation: **35**

S. + RS. **195**

Phone ☐ : \_\_\_\_\_

Other ☐ : \_\_\_\_\_

**TOTAL 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/INC18003827/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.	SJD 5334P	Veh. Inspected	SHC 4532U
Policy No.	5083195710-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/02/2018

## 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	16/02/2018	Inspection Date	23/02/2018
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.
--

# Survey Department Check List (Case Handler)

Reference No.: NS/INC18003827/Sqb  
Policy Type: OD / TP / TP RES / TL / EVA

SHC 45320

Case Handler

Typist

**Admin** (Cath): Case handler to make sure all information created by the assignment team are ACCURATE.

## (1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	✓			
C Customer Code	✓			
N Assign From				
C Assign Date	✓			
C Veh No (Inspected)	✓			
C Veh No (Insured)	✓			
C D.O.A	✓			
C Policy No	✓			
C Claim No				
C Insurance Authorisation (CA /REV/REP)				
C Report Type	✓			
C Weekend Charges				
N Survey held at/Repairer	✓			
C Excess				

**Surveyor** (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	✓			

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

C Damaged Vehicle Photographs Uploaded	✓			
--	---	--	--	--

## (3) Workshop Estimate/Assignment Form

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

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

C Resurvey photo Uploaded				
---------------------------	--	--	--	--

Check By:

08/3/18

Case Handler

Date

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

21/05/2014

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"/>	5083195710-01	KARZ-TA LEASING	53318368E	GFT	Third Party	SJD5334P	SJD5334P	29/08/2017	

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

**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	21/02/2018 13:28
Date Of Accident	16/02/2018 15:40
Exact Location Of Accident	JALAN BUKT MERAH TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SHC4532U
<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
<b>Vehicle Particulars</b>	
Manufacturer	CHRYSLER
Model	300C-3.0 D (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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	CHEW KAI YAN ( ZHOU JIAYAN )
NRIC No	S8308205D
Date Of Birth	24/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	10/02/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 5 GHIM MOH ROAD

Postcode

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 CHAIN COLLISION

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? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180217/2053 Vide D/20180216/0071. On 16/02/2018 at about 1545hrs, I was travelling with SMRT Black Chrysler limousine SHC4532U, along Jalan Bukit Merah towards Queensway on lane 1 in front of Lamp Post 83 when I met with a traffic accident with 2 vehicles. Whilst travelling, I was slowing down preparing to turn right when my vehicle was hit from the rear by a Black Mitsubishi SJD5334P. Subsequently due to the first impact my car then collided into the rear of Blue Volkswagen SKE1035L causing a second impact. Due to the impacts to my vehicle, I injured my head and was conveyed to SGH by Ambulance. Scene was also attended to by Police. I was given 7 days MC from 16/02/2018 to 22/02/2018 from SGH A&E. I was also referred to a specialist for my head injuries. I am lodging this report for insurance claims and police investigations.

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD5334P

Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TEO TIMOTHY

NRIC/Passport Number S9930468E

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKE1035L  
Vehicle Make/Model/Colour VOLKSWAGEN  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LOW XUAN YI ALAN  
NRIC/Passport Number S8741202D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHEW KAI YAN ( ZHOU JIAYAN )  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC4532U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode



## 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.:





**SINGAPORE  
POLICE FORCE**



T/20180217/2053

1 of 4

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180217/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/02/2018 16:23		Vide Report No.:		Station Diary No.: 55	
<b>Informant's Particulars</b>					
Name of Informant: CHEW KAI YAN			Address: APT BLK 5 GHIM MOH ROAD #09-220 SINGAPORE 270005		
ID Type / ID No.: NRIC NO / S8308205D			Contact No.: Home/Office: Mobile: 94248578		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 24/03/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LIMOUSINE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/02/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH QUEENSWAY ALONG JALAN BUKIT MERAH TOWARDS QUEENSWAY ON LANE 1 Lamp Post Number: 83				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4532U	Car	CHRYSLER		Black	Seriously Damaged	0
SJD5334P	Car	MITSUBISHI		Black	Seriously Damaged	0
SKE1035L	Car	VOLKSWAGO N		Blue	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20180217/2053

2 of 4

Report No. T/20180217/2053

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW KAI YAN	ID No.	S8308205D
Related Vehicle	SHC4532U (Car)	Contact No.	94248578
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/02/2018	Date Discharge	16/02/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	TEO TIMOTHY	ID No.	S9930468E
Related Vehicle	SJD5334P (Car)	Contact No.	90925046
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOW XUAN YI ALAN	ID No.	S8741202D
Related Vehicle	SKE1035L (Car)	Contact No.	92344387
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## Brief Details.

Vide D/20180216/0071. On 16/02/2018, at about 1545hrs, I was travelling with SMRT Black Chrysler limousine SHC4532U, along Jalan Bukit Merah towards Queensway on Lane 1 in front of Lamp Post 83 when I met with a traffic accident with 2 vehicles.

Whilst travelling, I was slowing down preparing to turn right when my vehicle was hit from the rear by a Black Mitsubishi SJD5334P. Subsequently, due to the first impact my car then collided into the rear of Blue Volkswagen SKE1035L causing a second impact. Due to the impacts to my vehicle, I injured my head and was conveyed to SGH by Ambulance. Scene was also attended to by Police. I was given 7



**SINGAPORE  
POLICE FORCE**



T/20180217/2053

3 of 4

Report No. T/20180217/2053

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

CONTINUATION OF REPORT

days MC from 16/02/2018 to 22/02/2018 from SGH A&E. I was also referred to a specialist for my head injuries.

I am lodging this report for insurance claims and Police investigations.



**SINGAPORE  
POLICE FORCE**



T/20180217/2053

4 of 4

Report No. T/20180217/2053

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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:

D /  
Sgt 2 NG SAY-JUEN, NEIL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Signature Of Informant:

Date/Time:

17/02/2018 16:23

Classification Of Case:

Authentication Stamp

NP168



## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

### Vehicle Details

Vehicle No.: SHC4532U

Vehicle to be Exported: No

Intended De-registration Date: 26 Feb 2018

Vehicle Make: CHRYSLER

Vehicle Model: 300C 3.0L AT ABS D/AIRBAG HID 2WD 4DR

Primary Colour: Black

Manufacturing Year: 2009

Engine No.: LTA1601680

Chassis No.: 1C3C96CM4AY102199

Maximum Power Output: 160.0 kW (214 bhp)

Open Market Value: \$40,081.00

Original Registration Date: 08 Mar 2011

First Registration Date: 08 Mar 2011

Transfer Count: 0

Actual ARF Paid: \$40,081.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 07 Mar 2019

PARF Rebate Amount:	\$26,052.00
Intended COE Rebate Details	
COE Expiry Date:	07 Mar 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
QP Paid:	\$27,201.00
COE Rebate Amount:	\$3,484.00
<b>Total Rebate Amount:</b>	<b>\$29,536.00</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 26 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 : SHC4532U  
 Ref. No : TAX/02/18/2125  
 Reg. Date : 08/03/2011  
 Vehicle Type : TAXI  
 Make : CHRYSLER  
 Model : C300  
 Name of Driver : CHEW KAI YAN ( ZHOU JIAYAN )  
 Type of Accident : CHAIN COLLISION  
 Date / Time of Accident : 16/02/2018 03:40:00 PM  
 Accident Reported Date / Time : 21/02/2018 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 : 000024094690  
 Special Instruction to ARC, if any :  
 SJD5334P /TOWED TO TP COMPOUND  
 Prepared Date : 21/02/2018 02:05:05 PM



Sebastian  
 23/2/18

- 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
- Supplemental repairs 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 : 1C3C96CM4AY102199

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	: 1,316.00	0.00
Total Material Charges	: 8,807.01	8,807.01
Other Charges	: 486.00	0.00
<b>TOTAL</b>	<b>: 11,454.01</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 11,450.00</b>	<b>0.00</b>
No. of Repair Days	: 6.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 22/02/2018 07:43:39 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 22/02/2018 07:43:39 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
TO REPAIR FRONT PORTION	338.00	0.00 200
TO REPAIR REAR PORTION	507.00	0.00 200
<b>Total Labour</b>	<b>845.00</b>	<b>0.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	478.00	0.00 200
TO RESPRAY BUMPER BEAM	360.00	0.00
TO REPSRAY REAR BUMPER	478.00	0.00 200
<b>Total Spray Painting &amp; Panel Beating</b>	<b>1,316.00</b>	<b>0.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	126.00	0.00 X
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 30
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
<b>Total Other Costs</b>	<b>486.00</b>	<b>0.00</b>

**Part 4 - Spare Parts / Material Usage**

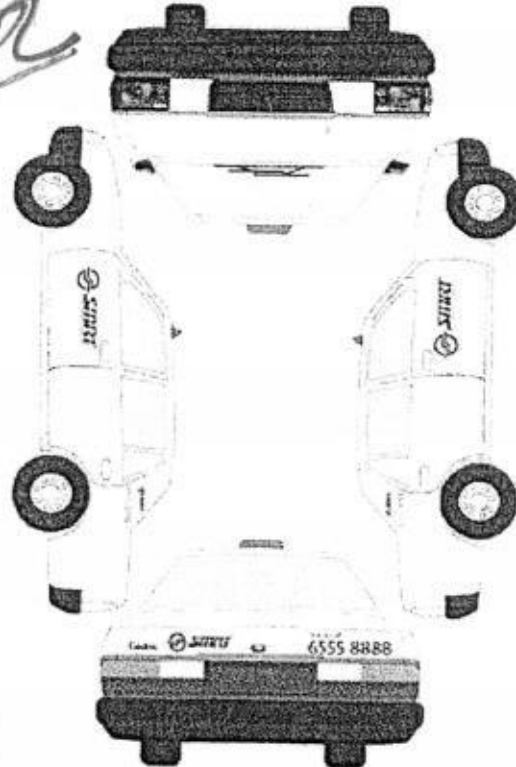
Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
04806287 AD	FRONT		FRONT BUMPER ASSY	1	1,830.00	10.00	1,647.00	Replace	Replace <i>R</i>	No
	FRONT		FRONT NUMBER PLATE	1	35.00	0.00	35.00	Replace	Replace <i>✓ DT</i>	No
	FRONT		FRONT NUMBER PLATE FRAME	1	35.00	0.00	35.00	Replace	Replace <i>✓ CRK</i>	No
	FRONT		SENSOR FRT BUMPER	2	320.00	10.00	576.00	Replace	Replace <i>✓ CRK</i>	No
	FRONT		MOULDING FRT BUMPER LH	1	650.00	10.00	585.00	Replace	Replace <i>✗</i>	No
	FRONT		MOULDING FRT BUMPER RH	1	650.00	10.00	585.00	Replace	Replace <i>✓ CRK</i>	No
04806454 AA	FRONT		ENERGY ABSORBER, FRONT BUMPER	1	408.00	10.00	367.20	Replace	Replace <i>✓ CRK</i>	No
	COMMON		FRONT BUMPER REINFORCEMENT	1	2,973.40	10.00	2,676.06	Replace	Replace <i>?</i>	No
	REAR		REAR BUMPER ASSY	1	2,120.00	10.00	1,908.00	Replace	Replace <i>✓ DT</i>	No
	REAR		REAR BUMPER CLIP BIG	6	10.00	10.00	54.00	Replace	Replace <i>✓ NEG</i>	No
	REAR		REAR BUMPER CLIP SMALL	6	20.00	10.00	108.00	Replace	Replace <i>✓ NEG</i>	No
04805940 AA	REAR		REAR BUMPER STRIP CHROME	1	430.00	10.00	387.00	Replace	Replace <i>✓ CRK</i>	No
	REAR		REAR BUMPER REINFORCEMENT	1	600.00	10.00	540.00	Replace	Replace <i>?</i>	No
04806257 AA	REAR		ENERGY ABSORBER - REAR BUMPER	1	373.00	10.00	335.70	Replace	Replace <i>?</i>	No
	REAR		REAR NUMBER PLATE	1	35.00	0.00	35.00	Replace	Replace <i>✓ DT</i>	No
	REAR		REAR NUMBER PLATE FRAME	1	35.00	0.00	35.00	Replace	Replace <i>✓ CRK</i>	No
04805846 AA	COMMON		LAMP LISCENSE	2	31.00	10.00	55.80	Replace	Replace <i>?</i>	No
	REAR		REVERSE SENSOR	2	420.00	10.00	756.00	Replace	Replace <i>?</i>	No
	COMMON		REAR REVERSE CAMERA	1	320.00	10.00	288.00	Replace	Replace <i>✓ DMG</i>	No
<b>TOTAL MATERIALS</b>								<b>11,008.76</b>	<b>11,008.76</b>	
<b>TOTAL MATERIALS(Discounted)</b>							<b>8,807.01</b>	<b>8,807.01</b>		

**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
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									

**SMRT Accident Vehicle Repair Estimates****Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre**

Reg. No : SHC4532U  
 Ref. No : TAX/02/18/2125  
 Reg. Date : 08/03/2011  
 Vehicle Type : TAXI  
 Make : CHRYSLER  
 Model : C300  
 Name of Driver : CHEW KAI YAN ( ZHOU JIAYAN )  
 Type of Accident : CHAIN COLLISION  
 Date / Time of Accident : 16/02/2018 03:40:00 PM  
 Accident Reported Date / Time : 21/02/2018 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 : 000024094690  
 Special Instruction to ARC, if any :  
 SJD5334P /TOWED TO TP COMPOUND  
 BEFORE PAINT PHOTO AND AFTER PAINT PHOTO ,FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL  
 SURVEYOR SEBASTIAN (LKK) & Email :sebastianyeang @lkkauto.com HP:90036121  
 LUMPSUM REPAIR  
 Prepared Date : 21/02/2018 02:05:05 PM

Recording Camera ☐Radio Antenna ☐1<sup>st</sup> witness

Date

2<sup>nd</sup> witness

Date

E 1/2 F  
KM 915139

QC 28/2/18 14:22 Reject RIR End Panel no spray  
16.12 P455

Vehicle to Wega Date In: 28/2	Towing:
Time In: 1702	Driver: HUB
Wega Job No: 02/0149	
Vehicle sent to SMRT Date In: 28/2/18	Towing:
Time In: 1050	Driver:
Received by (SMRT):	

Chassis No : 1C3C96CM4AY102199 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	1,496.00	500.00
Total Material Charges	9,385.16	5,021.60
Other Charges	360.00	-1,171.50
<b>TOTAL</b>	<b>12,086.16</b>	<b>4,950.10</b>
Lum Sum Total	0.00	0.00
No. of Repair Days	6.00	4.00
Prepared / Adjusted By		SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	22/02/2018 07:43:39 PM	23/02/2018 02:45:27 PM





Prepared / Adjusted Date :  
 Remarks :

Prepared Date : 22/02/2018 07:43:39 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 :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR FRONT PORTION	338.00	200.00
TO REPAIR REAR PORTION	507.00	400.00
<b>Total Labour</b>	<b>845.00</b>	<b>600.00</b>

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	478.00	200.00
TO RESPRAY BUMPER BEAM	360.00	0.00
TO REPSRAY REAR BUMPER	478.00	200.00
TO RESPRAY REAR PANEL	180.00	100.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>1,496.00</b>	<b>500.00</b>

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 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
Lump Sum Adjustment by Surveyor	0.00	-1,231.50
<b>Total Other Costs</b>	<b>360.00</b>	<b>-1,171.50</b>

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
14806287 1D	FRONT		FRONT BUMPER ASSY	1	1,830.00	100.00	0.00	Replace	Repair	No <i>P</i>
	FRONT		FRONT NUMBER PLATE	1	35.00	0.00	35.00	Replace	Replace	No <i>DT</i>
	FRONT		FRONT NUMBER PLATE FRAME	1	35.00	0.00	35.00	Replace	Replace	No <i>CRK</i>
	FRONT		SENSOR FRT BUMPER	2	320.00	10.00	576.00	Replace	Replace	No <i>cut</i>
	FRONT		MOULDING FRT BUMPER LH	0	650.00	10.00	0.00	Replace	Not given	No <i>AW</i>
	FRONT		MOULDING FRT BUMPER RH	1	650.00	10.00	585.00	Replace	Replace	No <i>cut</i>
14806454 1A	FRONT		ENERGY ABSORBER, FRONT BUMPER	1	408.00	10.00	367.20	Replace	Replace	No <i>CRK</i>
	COMMO N		FRONT BUMPER REINFORCEMENT	1	2,973.40	10.00	2,676.06	Replace	Check	No <i>AW</i>
	REAR		REAR BUMPER ASSY	1	2,120.00	10.00	1,908.00	Replace	Replace	No <i>Deform</i>
	REAR		REAR BUMPER CLIP BIG	6	10.00	10.00	54.00	Replace	Replace	No <i>AW</i>
	REAR		REAR BUMPER CLIP SMALL	6	20.00	10.00	108.00	Replace	Replace	No <i>AW</i>
14805940 1A	REAR		REAR BUMPER STRIP CHROME	1	430.00	10.00	387.00	Replace	Replace	No <i>cut</i>
	REAR		REAR BUMPER REINFORCEMENT	1	600.00	10.00	540.00	Replace	Check	No <i>X</i>
14806257 1A	REAR		ENERGY ABSORBER - REAR BUMPER	1	373.00	10.00	335.70	Replace	Check	No <i>X</i>
	REAR		REAR NUMBER PLATE	1	35.00	0.00	35.00	Replace	Replace	No <i>DT</i>
	REAR		REAR NUMBER PLATE FRAME	1	35.00	0.00	35.00	Replace	Replace	No <i>CRK</i>
14805846 1A	COMMO N		LAMP LISCENSE	2	31.00	10.00	55.80	Replace	Check	No <i>X</i>
	REAR		REVERSE SENSOR	2	420.00	10.00	756.00	Replace	Check	No <i>AW</i>
	COMMO N		REAR REVERSE CAMERA	1	320.00	10.00	288.00	Replace	Replace	No <i>DMG</i>
12209852 1B	COMMO N		FRONT BONNET GRILLE	1	676.00	10.00	608.40	Replace	Replace <i>S</i>	No <i>CRK</i>
TOTAL MATERIALS							9,385.16	5,021.60		
TOTAL MATERIALS(Discounted)							9,385.16	5,021.60		

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
2209852 B	COMMO N	FRONT BONNET GRILLE	1	676.00	10.00	608.40	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						608.40			

1AX/02/18/2125

Page: 4

5021.60  
+ 600.00  
+ 560.00

6181.60

- 202

4945.28

Sebastian  
7/3/18

45 \$4950/-





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/INC18003827/Sqbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 15-03-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJD 5334P	Veh. Inspected	SHC 4532U
Policy No.	5083195710-01	Coverage (\$)	0.00
Claim No.	MT/0982721-002	Excess (\$)	0.00
Assign From		Assign Date	23/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	CHRYSLER C300	c.c	2987
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	1C3C96CM4AY102199	Colour	BLACK
Odometer	915140	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60 R18	PIRELLI	6 mm
L/H Front Tyre	225/60 R18	PIRELLI	6 mm
R/H Rear Tyre	225/60 R18	PIRELLI	6 mm
L/H Rear Tyre	225/60 R18	PIRELLI	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	16/02/2018	Inspection Date	23/02/2018
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:	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



Page No.: 1 of 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4532U**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
2	SENSOR FRT BUMPER @\$320.00 (DISC 10%)	CUT	640.00	576.00
1	MOULDING FRT BUMPER RH (DISC 10%)	CUT	650.00	585.00
1	ENERGY ABSORBER,FRONT BUMPER (DISC 10%)	CRACKED	408.00	367.20
1	REAR BUMPER ASSY (DISC 10%)	DEFORMED	2,120.00	1,908.00
6	REAR BUMPER CLIP BIG @\$10.00 (DISC 10%)	NECESSARY	60.00	54.00
6	REAR BUMPER CLIP SMALL @\$20.00 (DISC 10%)	NECESSARY	120.00	108.00
1	REAR BUMPER STRIP CHROME (DISC 10%)	CUT	430.00	387.00
1	REVERSE SENSOR CAMERA (DISC 10%)	DAMAGED	320.00	288.00
1	FRONT BONNET GRILLE (DISC 10%)	CRACKED	676.00	608.40
1	FRONT NUMBER PLATE (SN)	DENTED	35.00	35.00
1	FRONT NUMBER PLATE FRAME (SN)	CRACKED	35.00	35.00
1	REAR NUMBER PLATE (SN)	DENTED	35.00	35.00
1	REAR NUMBER PLATE FRAME (SN)	CRACKED	35.00	35.00
1	MOULDING FRT BUMPER LH	NOT NECESSARY	650.00	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	2,973.40	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	600.00	-
1	ENERGY ABSORBER-REAR BUMPER	NOT NECESSARY	373.00	-
2	LAMP LISCENSE @\$31.00	NOT NECESSARY	62.00	-
2	REVERSE SENSOR @\$420.00	NOT NECESSARY	840.00	-
1	FRONT BUMPER ASSY	TO REPAIR	1,830.00	-
			<b>12,892.40</b>	<b>5,021.60</b>
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,045.00	660.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,496.00	500.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			<b>2,701.00</b>	<b>1,160.00</b>
<b>GRAND TOTAL</b>			<b>15,593.40</b>	<b>6,181.60</b>

Report Ref No. NS/INC18003827/Sqbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,950.00
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Report Ref No. NS/INC18003827/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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