

REF:

NS / INC 18003936 / Sq002

## ASSIGNMENT

Form: \_\_\_\_\_ Date: \_\_\_\_\_

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

CO / TR / WS / TR RES / CO RES / EVA / INV / MV

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

at Workshop No. \_\_\_\_\_

at \_\_\_\_\_

Insured: **SFV 91808**

Policy No. \_\_\_\_\_

Claims No. **MT/0985750-001**

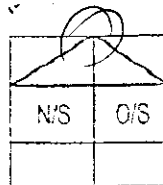
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Vch: \_\_\_\_\_

(Policy Condition)

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



Est. or Market Value: \_\_\_\_\_

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

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Vch No: **SHB 963R**In Page: **30/10/2013**Type: M.Car / M.Cycle / Bus / Van / Lorry / **Car** / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius**cc **1798**Colour: **Maroon**

A/C: Insured / Std / NI / NA

Sp. Reading: **62 C / 70**

T/Radio: Insured / Std / NI / NA

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

G/No: **JTDKN36U10S699772**Gen. Cond: Good / **Fair** / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Modi: **STD** S/Rim / STD A/Rim orTyre Size: **F: 175/65 R15**

R: \_\_\_\_\_

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

TOYO / YOKO or **Falken**

Front

Rear

R/Bal. **6** mmR/Bal. **6** mmL/Bal. **6** mmL/Bal. **6** mmD.O.A. **22/2/13**D.O.I. **23/2/13**Survey held at **3MRT.**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

**SHB 963R - 30/10/2013 15:30 / IN****CA: 290409****TRX/02/18/2131****LKK****NTUC****US \$750, 2 days (Red \$1245.40, 83%)****SFV 91808**

RECEIVED

9340

Date/Time File Pass L?

☐

Prel. Report

☐

Final Report

14/3 11:45 AM

Date/Time File Return L?

at \_\_\_\_\_

Report Format: **7P**Lump Sum / L.B. (S **750**)Days Of Repair: **2**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$ \_\_\_\_\_)

☐

Interview (\$ \_\_\_\_\_)

☐

Tech. Insp (\$ \_\_\_\_\_)

☐

Weekend (\$ \_\_\_\_\_)

) Photos

) Others

TOTAL

**160****160**




# 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/INC18003936/Sqb			
73 BRAS BASAH ROAD		Date: 28-02-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SFV 9180S	Veh. Inspected	SHB 963R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/02/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	22/02/2018	Inspection Date	23/02/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

# Survey Department Check List (Case Handler)

Reference No.: NS/INC18003936/Sq6  
Policy Type: OD / TP / TP RES / TL / EVA

SHB 963R

Case Handler

Typist

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

## (1) Office Assign Form

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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			

**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

✓			
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## (3) Workshop Estimate/Assignment Form

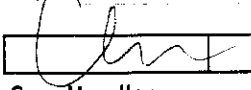
- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

✓			
✓			

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

- C Resurvey photo Uploaded

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Check By:  08/01/18  
Case Handler Date

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

Enquire Transaction History

Transaction History Details

Log Date/Time:	23 Feb 2018 / 10:18:37		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SFV9180S		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20180223101837741020

Search Date / Time: 22 Feb 2018 08:20:00  
Insurance Company: NTUC INCOME INS CO-OP LTD  
Information displayed is correct as at the log date and time.

Enquire Related Logs    OK

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

### Vehicle Details

Vehicle No.: SHB963R

Vehicle to be Exported: No

Intended De-registration Date: 26 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2013

Engine No.: 2ZR5998166

Chassis No.: JTDKN36U105694772

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$33,120.00

Original Registration Date: 30 Oct 2013

First Registration Date: 30 Oct 2013

Transfer Count: 0

Actual ARF Paid: \$8,368.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Oct 2021

PARF Rebate Amount: \$6,276.00

#### Intended COE Rebate Details

COE Expiry Date: 29 Oct 2021

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

PQP Paid: \$61,324.00

COE Rebate Amount: \$28,168.00

**Total Rebate Amount: \$34,444.00**

#### 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 26 Feb 2018

**OK**

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	22/02/2018 11:47
Date Of Accident	22/02/2018 08:20
Exact Location Of Accident	BISHAN TOWARDS JUNCTION 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB963R
<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-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	SEOW CHZE HOWE NIGEL
NRIC No	S8035361H
Date Of Birth	10/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address 213A PUNGGOL WALK

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 2

Passenger 1  
NAME: : UNKNOWN  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

I WAS STATIONARY ALONG BISHAN TOWARDS JUNCTION 8 WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY A VEHICLE SFV9180S WHICH WAS INFRONT OF MY TAXI ROLLED BACK AND HIT ONTO THE FRONT PORTION OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFV9180S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

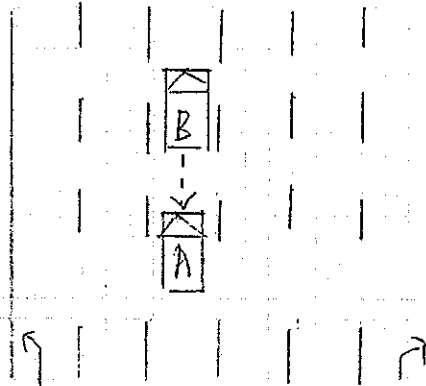
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Bishan (Near Junction 8)



A- SHB463R

B - SFV 91805

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: 27/2/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/2/2018

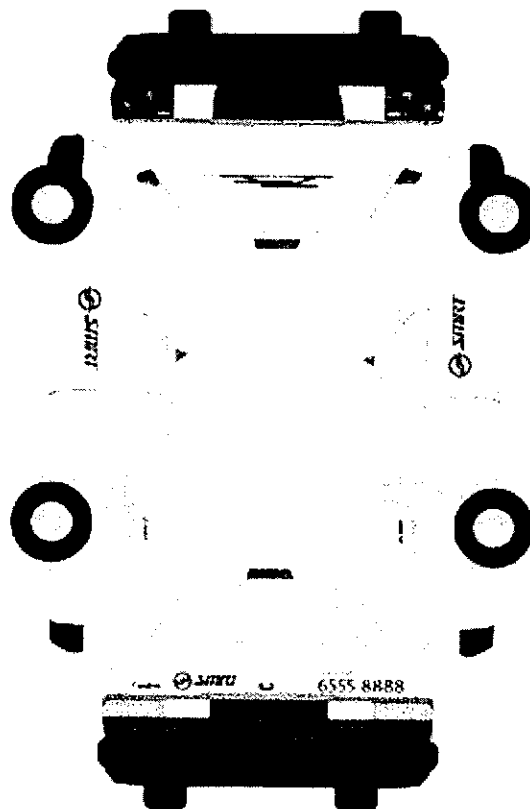
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SMRT Accident Vehicle Repair Estimates

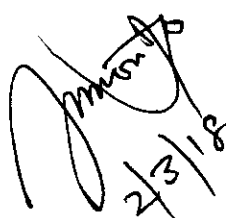
NTHC

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

Reg. No : SHB963R  
Ref. No : TAX/02/18/2131  
Reg. Date : 30/10/2013  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : SEOW CHZE HOWE NIGEL  
Type of Accident : OTHERS  
Date / Time of Accident : 22/02/2018 08:20:00 AM  
Accident Reported Date / Time : 22/02/2018 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 : 000024094724  
Special Instruction to ARC, if any :  
SFV9180S  
Prepared Date : 22/02/2018 02:18:34 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
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Chassis No : JTDKN36U10-5694772

Mileage

: 0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 338.00	0.00
Total Spray Painting Charges	: 378.00	0.00
Total Material Charges	: 369.50	377.04
Other Charges	: 160.00	0.00
<b>TOTAL</b>	<b>: 1,245.50</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 1,250.00</b>	<b>0.00</b>
No. of Repair Days	: 3.00	0.00
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sign Off Date	: 22/02/2018 07:10:34 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 22/02/2018 07:10:34 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	0.00 <del>100</del>
Total Labour	338.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	0.00 <del>200</del>
Total Spray Painting & Panel Beating	378.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	160.00	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
52119-47930		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace	No
52114-47140			BRACKET, FR BUMPER	1	110.40	25.00	82.80	Replace	Replace	No
			NUMBER PLATE	1	15.00	0.00	15.00	Replace	Replace	No
			NUMBER PLATE FRAME	1	12.00	0.00	12.00	Replace	Replace	No
TOTAL MATERIALS								471.30	471.30	
TOTAL MATERIALS(Discounted)							369.50	377.04		

**Added Spare Parts / Material Usage After Surveyor Signed off**

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									





SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

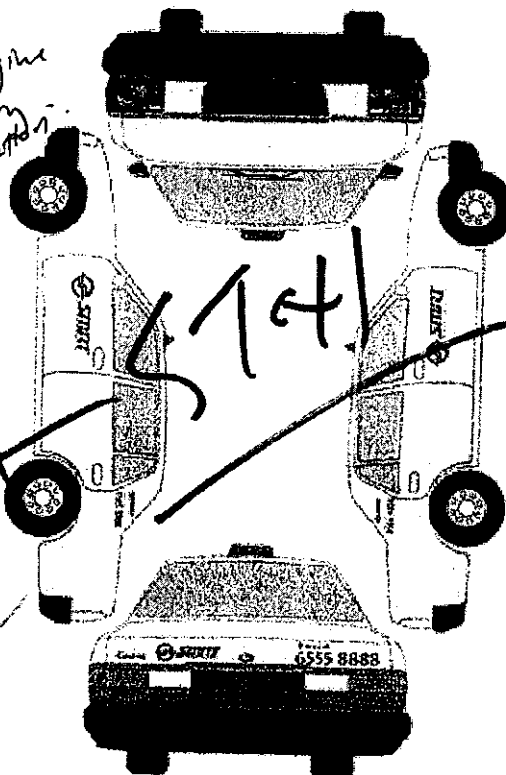
Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB963R  
Ref. No : TAX/02/18/2131  
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Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : SEOW CHZE HOWE NIGEL  
Type of Accident : OTHERS  
Date / Time of Accident : 22/02/2018 08:20:00 AM  
Accident Reported Date / Time : 22/02/2018 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 : 000024094724  
Special Instruction to ARC, if any :  
SFV9180S 45 NTUC  
BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL  
SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang@lkkauto.com HP: 90036121  
Prepared Date : 22/02/2018 02:18:34 PM



Recording Camera

☐ ☒

Radio Antenna

☐ ☒

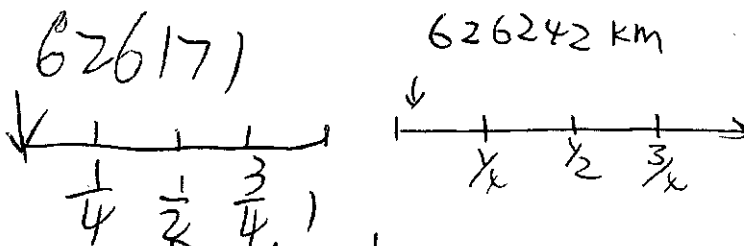
1<sup>st</sup> witness

Date

23-2-18

2<sup>nd</sup> witness

Date



Supplementary  
+ Refer to the Supplementary part 161

QC 26/2/18 15:55 PASS

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 26/02/2018

Vehicle Return Time: 15:20

SMRT staff sign: [Signature]

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

Chassis No : JTDKN36U10-5694772

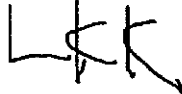
Mileage : 0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, If applicable
Total Labour Charges	: 338.00	100.00
Total Spray Painting Charges	: 378.00	200.00
Total Material Charges	: 7.68	12.00
Other Charges	: 160.00	-62.00
<b>TOTAL</b>	<b>: 883.68</b>	<b>250.00</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00 /
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 22/02/2018 07:10:34 PM	23/02/2018 02:49:25 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 22/02/2018 07:10:34 PM

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

Quotation No	: QN-1803-0103	Invoice No	:
Quotation Date	: 4/3	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	100.00
Total Labour	338.00	100.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	200.00
Total Spray Painting & Panel Beating	378.00	200.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-62.00
Total Other Costs	160.00	-62.00

Part - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
2119-17930		6505517	BUMPER FRT	1	482.00	100.00	0.00	Replace	Repair	No <i>R</i>
2114-17140			BRACKET, FR BUMPER	0	110.40	25.00	0.00	Replace	Not given	No <i>X</i>
			NUMBER PLATE	1	15.00	100.00	0.00	Replace	Repair	No <i>A</i>
			NUMBER PLATE FRAME	1	12.00	0.00	12.00	Replace	Replace	No <i>/</i>
TOTAL MATERIALS							12.00	12.00		
TOTAL MATERIALS(Discounted)							7.68	12.00		

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									

*15.00*  
*12.00*  
*+ 100.00*  
*+ 200.00*  


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*312.00*  
*-20%*  


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*249.60*  
*L/S: \$750*  
*L/S \$250/-*

*(Number Plate)*  
*check supplementary*

*1495.40*

**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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NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003936/Sqbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 20-03-2018	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SFV 9180S	Veh. Inspected	SHB 963R	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/0985250-001	Excess (\$)	0.00	
Assign From		Assign Date	23/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTDKN36U105694772	Colour	MAROON	
Odometer	626170	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	6 mm	
L/H Front Tyre	195/65 R15	FALKEN	6 mm	
R/H Rear Tyre	195/65 R15	FALKEN	6 mm	
L/H Rear Tyre	195/65 R15	FALKEN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	22/02/2018	Inspection Date	23/02/2018	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



# National Assessment Centre Services

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 963R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	NUMBER PLATE (SN)	DENTED	15.00	15.00
1	NUMBER PLATE FRAME (SN)	CRACKED	12.00	12.00
1	BRACKET, FR BUMPER	NOT NECESSARY	110.40	-
1	BUMPER FRT	TO REPAIR	482.00	-
			619.40	27.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		338.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		378.00	200.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			876.00	300.00
<b>GRAND TOTAL</b>			<b>1,495.40</b>	<b>327.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>250.00</b>

Report Ref No. NS/INC18003936/Sqbe2

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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