

SYDNEY WCL

REF: INC NS/ZNC 1800 4200 / Gvbz2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s SMRT
 of _____
 Insured: SBX 57L
 Policy No: 5096367499 30.11.17 - 29.11.18
 Claims No: MT/0984416-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHC 4338P Yr Regn: 06 Dec 2013
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius cc 1798
 Colour: Maroon A/C Insured / Std / NI / NA
 Sp/Reading: 452369 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTRKN36U705713418
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Order / Jammed / Leaked / Burnt or
 Brake: In Order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: 11

N/S	O/S
	<input checked="" type="checkbox"/>

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FALKEN
 Front Rear
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. _____ D.O.I. 02-03-18
 Survey held at w/s 4pm
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt.: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHC 4338P - NS/ZNC 1400 6613 / Kl/m3/w2
	SBX 57L - 004 / 1800 4155 / Ujbs
	DA: 070414
	DA: 010318

12/3/18 LS \$800 confirmed by email (Red 3631.80, 8>19)

RECEIVED 14 MAR 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?
 1) _____
 2) 14/3 - typist
 Report Format: TP
 Lump Sum / I.B.I: (\$) 800/h

Days Of Repair: 2
 Resurvey No. of Trip: _____ Survey Fee: _____
 Transportation: _____
 Add Fee: Site Insp (\$) _____
 Interview (\$) _____
 Tech. Invs (\$) _____
 Weekend (\$) _____
 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/INC18004200/Gvb			
73 BRAS BASAH ROAD		Date: 05-03-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SBX 57L	Veh. Inspected	SHC 4338P
Policy No.	5096367499	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	02/03/2018
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	01/03/2018	Inspection Date	02/03/2018
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.			

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 14 March 2018 11:44 AM
To: Veron Chen (LKKAuto)
Subject: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

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



From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, March 14, 2018 10:01 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0984416-002	SMRT TAXIS PTE LTD	SHC 4338P	SBX 57L
2	MT/0980302-002	SMRT BUSES LTD	SG 1129U	SKC 1840P

D.O.A	Time of Accident	Estimate	Tentative repair cost
1/3/2018	17:55	\$4,431.80	\$800.00
30/1/2018	19:55	\$1,322.00	\$995.00

Best Regards,

Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Bik 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5096367499	NORI BIN BARI	50058796F	GCV	Preferred Workshop Plan	SBX57L	SBX57L	30/11/2017	29/11/2018

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 12 March 2018 5:19 PM
To: 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)'; Guo Qiang (LKKAuto)
Cc: SUR; CS A Team; 'Leong Chee kwong'
Subject: RE: SHC4338P

Dear Poh Suan,

Confirmed Lump Sum amount of \$800 @ 2 working days

Best Regards,
Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) [mailto:YeoPohsuan@smrt.com.sg]
Sent: Monday, 12 March 2018 5:07 PM
To: Guo Qiang (LKKAuto) <GuoQiang@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; 'Leong Chee kwong' <cheekwongwega@gmail.com>
Subject: SHC4338P

Hi Guo Qiang,

Attached herewith the repair estimate of SHC 4338P having Case No: TAX/03/18/2008.

There is no change to the approved amount of \$800 @ 2 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Aside Kwong,

Please provide the before / after paint photos as per surveyor's request.

Thanks & Regards
Poh Suan

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Sent: Monday, 12 March 2018 4:33 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Subject: Scan Data from FX-D421D6

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	5369K

Vehicle Details

Vehicle No.:	SHC4338P
Vehicle to be Exported:	No
Intended De-registration Date:	05 Mar 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2013
Engine No.:	2ZR5921032
Chassis No.:	JTDKN36U305713418
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	06 Dec 2013
First Registration Date:	06 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$8,368.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Dec 2021
PARF Rebate Amount:	\$6,276.00

Intended COE Rebate Details

COE Expiry Date:	05 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$29,409.00
Total Rebate Amount:	\$35,685.00

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 05 Mar 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	02/03/2018 09:20
Date Of Accident	01/03/2018 17:55
Exact Location Of Accident	ECP TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4338P
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

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

Insurance Company

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

Driver

Name of Driver	PER KIM KOK
NRIC No	S1627290F
Date Of Birth	21/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 720
 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? 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 TRAVELLING ALONG ECP AT THE RIGHT MOST LANE WITH A PASSENGER ON BOARD AND HAD STOPPED DUE TO TRAFFIC CONGESTED AHEAD. AFTER WHICH, I FELT AN IMPACT FROM BEHIND, THE VEHICLE SBX57L HAD COLLIDED ONTO THE REAR PORTION OF MY TAXI. WHEN I ALIGHTED AND CHECKED, I REALISED THAT THERE WAS ANOTHER VEHICLE SHA6625H WHICH WAS BEHIND THE VEHICLE SBX57L ALSO INVOLVED IN THIS ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBX57L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE HIRE
 Name of Driver NORI BIN BARI
 NRIC/Passport Number S0058796F
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA6625H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIT SOONG LIP
NRIC/Passport Number	S0178650D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.



[Handwritten signature]

[Handwritten signature] 13/2/18

Policyholder's Signature
Date & Time:

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

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

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHC4338P
 Ref. No : TAX/03/18/2008
 Reg. Date : 06/12/2013
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : PER KIM KOK
 Type of Accident : CHAIN COLLISION
 Date / Time of Accident : 01/03/2018 05:55:00 PM
 Accident Reported Date / Time : 02/03/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by :
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 01/03/2018
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024094844
 Special Instruction to ARC, if any :
 TOWED \$40 / SBX57L
 Prepared Date : 02/03/2018 09:46:53 AM



2 Days.
 Lumpsum repair.
 After repair photos.
 Gme Q: 09 - 8288 0282
 02/3/18.

[Handwritten Signature]
 6/3/18

- 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) 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 : JTDKN36U30-5713418

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	676.00	0.00
Total Spray Painting Charges :	756.00	0.00
Total Material Charges :	1,450.16	1,479.75
Other Charges :	785.00	0.00
TOTAL :	3,667.16	0.00
Lum Sum Total :	3,650.00	0.00
No. of Repair Days :	4.00	0.00
Prepared / Adjusted By :		
Arc / Surveyor Sing Off Date :	02/03/2018 02:21:03 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 02/03/2018 02:21:03 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 LH REAR PORTION	676.00	0.00
Total Labour	676.00	0.00 26 150

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	0.00 200
TO RESPRAY REAR FENDER LH	378.00	0.00 X NN
Total Spray Painting & Panel Beating	756.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	80.00	0.00 X
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 40
TO REMOVE & REFIT REAR QUARTER GLASS LH	120.00	0.00 X
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0.00 X NN
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	785.00	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 <i>ee</i>	1	458.60	25.00	343.95	Replace	Replace	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR <i>?</i>	1	205.70	25.00	154.27	Replace	Replace	No
52016-47030			ARM SUB-ASSY RR BUMPER LH <i>?</i>	1	139.60	25.00	104.70	Replace	Replace	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH <i>/ML</i>	1	94.80	25.00	71.10	Replace	Replace	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH <i>/ML</i>	1	94.80	25.00	71.10	Replace	Replace	No
			PIXEL STICKER <i>/ML</i>	2	60.00	0.00	120.00	Replace	Replace	No
			SENSOR REVERSE <i>?</i>	1	180.00	0.00	180.00	Replace	Replace	No
61602-47091		6505476	FENDER RR/LH <i>XNN</i>	1	766.80	25.00	575.10	Replace	Replace	No
	COMMON		SMRT LOGO <i>XNN</i>	1	7.80	0.00	7.80	Replace	Replace	No
			STICKER DECAL 6555 8888 <i>XNN</i>	1	21.60	0.00	21.60	Replace	Replace	No
62720-47031			QUARTER GLASS RR/LH <i>XNN</i>	1	168.10	25.00	126.07	Replace	Replace	No
	COMMON		SEALANT W/SCREEN <i>XNN</i>	1	37.00	0.00	37.00	Replace	Replace	No
TOTAL MATERIALS								1,812.70	1,812.69	
TOTAL MATERIALS(Discounted)								1,450.16	1,479.75	

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									

6-3-18 / 13:00
7-3-18 / 8:00

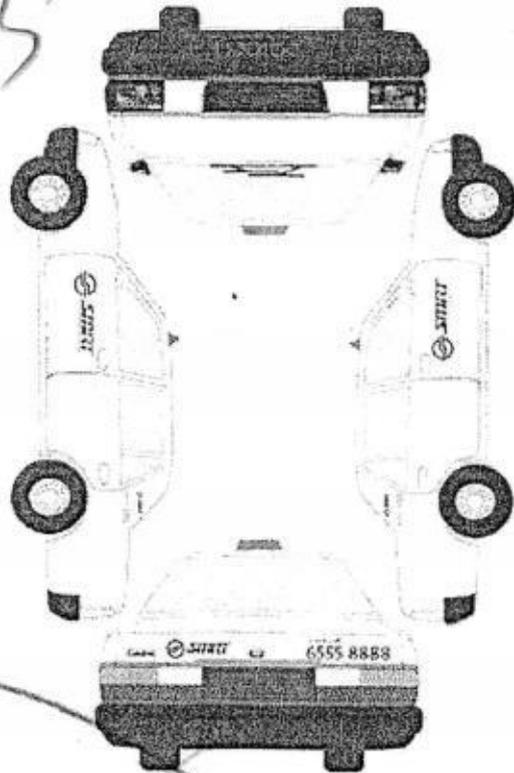
SMRT Accident Vehicle Repair Estimates

5-3-18 / 8:00

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

Reg. No : SHC4338P
 Ref. No : TAX/03/18/2008
 Reg. Date : 06/12/2013
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : PER KIM KOK
 Type of Accident : CHAIN COLLISION
 Date / Time of Accident : 01/03/2018 05:55:00 PM
 Accident Reported Date / Time : 02/03/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Guoqiang
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 01/03/2018
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024094844
 Special Instruction to ARC, if any :
 TOWED \$40 / SBX57L - NTUC IDAC
 BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR quoqiang (LKK) & Email: guoqiang@lkkauto.com HP:82880282
 LUMPSUM REPAIR
 Prepared Date : 02/03/2018 09:46:53 AM

713



Recording Camera
 Radio Antenna
 1st witness [Signature] Date 5-3-18
 2nd witness _____ Date _____

Vehicle to be Towed: AS Towing: _____
 Time In: 1500 Driver: TAT-SMRT
 Wega Job No: 03/0172
 Vehicle sent to SMRT Date In: 6-3-2018 Towing: _____
 Time In: 2-15 Driver: _____
 Received by (SMRT): _____

De 6/3/18 18:00 P 463

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

Chassis No : JTDKN36U30-5713418

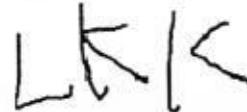
Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 676.00	150.00
Total Spray Painting Charges	: 756.00	200.00
Total Material Charges	: 668.88	606.15
Other Charges	: 705.00	-156.15
TOTAL	: 2,805.88 4431.80	800.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 4.00	2.00
Prepared / Adjusted By	:	GUOQIANG (LKK)
Arc / Surveyor Sing Off Date	: 02/03/2018 02:21:03 PM	02/03/2018 04:18:59 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 02/03/2018 02:21:03 PM

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

Quotation No : QN-1803-0131

Invoice No :

Quotation Date : 7/3

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 LH REAR PORTION	676.00	150.00
Total Labour	676.00	150.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	200.00
TO RESPRAY REAR FENDER LH	378.00	0.00
Total Spray Painting & Panel Beating	756.00	200.00

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	40.00
TO REMOVE & REFIT REAR QUARTER GLASS LH	120.00	0.00
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	125.00	0.00
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-196.15
Total Other Costs	705.00	-156.15

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No <i>de</i>
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Check	No <i>X</i> <i>nr</i>
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Check	No <i>X</i> <i>nr</i>
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace	No <i>nr</i>
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace	No <i>nr</i>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <i>nr</i>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Check	No <i>X</i>
61602-47091		6505476	FENDER RR/LH	0	766.80	25.00	0.00	Replace	Not given	No <i>X</i>
	COMMO N		SMRT LOGO	0	7.80	0.00	0.00	Replace	Not given	No <i>X</i> <i>nr</i>
			STICKER DECAL 6555 8888	0	21.60	0.00	0.00	Replace	Not given	No <i>X</i>
62720-47031			QUARTER GLASS RR/LH	0	168.10	25.00	0.00	Replace	Not given	No <i>X</i>
	COMMO N		SEALANT W/SCREEN	0	37.00	0.00	0.00	Replace	Not given	No <i>X</i>
TOTAL MATERIALS							1,045.13	606.15		
TOTAL MATERIALS(Discounted)							668.88	606.15		

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									

606.15
 + 150.00
 + 240.00

 996.15
 - 209

 796.92
 LIS \$800/-



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18004200/Gvbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 16-03-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SBX 57L	Veh. Inspected	SHC 4338P
Policy No.	5096367499	Coverage (\$)	0.00
Claim No.	MT/0984416-002	Excess (\$)	0.00
Assign From		Assign Date	02/03/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTDKN36U305713418	Colour	MAROON
Odometer	452369	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

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	01/03/2018	Inspection Date	02/03/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4338P

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 SIDE RETAINER RR/LH (DISC 25%)	NECESSARY	94.80	71.10
1	BUMPER SIDE RETAINER RR/RH (DISC 25%)	NECESSARY	94.80	71.10
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SOLAR FILM	NOT NECESSARY	125.00	-
1	BUMPER REINFORCEMENT REAR	NOT NECESSARY	205.70	-
1	ARM SUB-ASSY,RR BUMPER LH	NOT NECESSARY	139.60	-
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
1	FENDER RR/LH	NOT NECESSARY	766.80	-
1	SMRT LOGO	NOT NECESSARY	7.80	-
1	STICKER DECAL 65558888	NOT NECESSARY	21.60	-
1	QUARTER GLASS RR/LH	NOT NECESSARY	168.10	-
1	SEALANT W/SCREEN	NOT NECESSARY	37.00	-
			2,419.80	606.15
LABOUR				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			996.00	190.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			856.00	200.00
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			2,012.00	390.00
GRAND TOTAL			4,431.80	996.15
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				800.00

Report Ref No. NS/INC18004200/Gvbn2

XING GUO QIANG

M.MATAI, AMSAE-A

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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