

Surveyor Rose

REF:

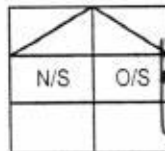
NS/INC18004823/Rivber

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SJR 3086U
 Policy No. 5091335595 290517-280518
 Claims No. MT/0988280-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ 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: SHB 1169K Yr Regn: 2014 / APR
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRIMS c.c. 1798
 Colour: MAROON A/C: Insured / Std / NI / NA
 Sp. Reading: 412657 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTOKN 36u 205241243
 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: 195/65R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FALKEN

Front		Rear	
R/Bal. <u>5</u>	mm	R/Bal. <u>5</u>	mm
L/Bal. <u>5</u>	mm	L/Bal. <u>5</u>	mm
D.O.A. <u>12/03/18</u>		D.O.I. <u>13/03/18</u>	

Survey held at SMART
 Des. of Damages: Frt / Rear / (O/S) / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

SHB 1169K - NJM / INC10016364 / RJ

DN: 170810

03/18/2018

SJR 3086U - *

NJMC

2/4/18 Confirmed LS \$2350 (Red 5537.10, 70%)

SJR 3086U

RECEIVED 04 APR 2018

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time. File Return to?

2) 4/4 - typist

Report Format :

Lump Sum / I.B.I: (\$) TP 2350/2

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation: _____

_____ S + RS _____ SI

Photos

Others

TOTAL

160
35
195

Survey Department Check List (Case Handler)

Reference No. : NS/ INC 18004823 Rlvb
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): 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 (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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: VERON 24/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/201



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/INC18004823/R1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-03-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 3086U	Veh. Inspected	SHB 1169K
Policy No.	5091335595	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/03/2018

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	12/03/2018	Inspection Date	13/03/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

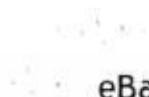
5a. Remarks

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

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Estimate	Tentative repair cost
1	MT/0985649-002	SMRT TAXIS PTE LTD	SHB 5685K	SHD 2900Z	9/3/2018	\$16,906.80	\$6,560.24
2	NOT OI	SMRT BUSES LTD	SMB 345R	SJZ 4060U	3/3/2018	\$6,580.60	\$2,400.00
3	MT/0986413-002	SMRT TAXIS PTE LTD	SHB 5115P	GV 4199K	15/3/2018	\$5,679.73	\$2,200.00
4	MT/0986530-002	SMRT TAXIS PTE LTD	SHC 4705M	SJK 565K	18/3/2018	\$3,114.88	\$700.00
5	MT/0985664-002	SMRT TAXIS PTE LTD	SHC 4075Y	SHD 2745E	9/3/2018	\$9,551.10	\$2,150.00
6	MT/0984993-002	SMRT TAXIS PTE LTD	SHB 1968X	SKA 9766D	6/3/2018	\$7,649.50	\$1,925.94
7	MT/0988280-002	SMRT TAXIS PTE LTD	SHB 1169K	SJR 3086U	12/3/2018	\$7,887.10	\$2,350.00

Claim received from LKK Auto



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/03/2018 13:15"/>						
Vehicle No. (For Motor)	<input type="text" value="SJR3086U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091335595	YASODHA D/O REGUNATHAN	S7914359F	GPC	drive CLASSIC	SJR3086U	SJR3086U	29/05/2017	28/05/2018
<input type="button" value="Continue"/>									

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHB1169K
Vehicle to be Exported:	No
Intended De-registration Date:	15 Mar 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1326759
Chassis No.:	JTDKN36U205741243
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	16 Apr 2014
First Registration Date:	16 Apr 2014
Transfer Count:	0
Actual ARF Paid:	\$8,368.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Apr 2022
PARF Rebate Amount:	\$6,276.00
Intended COE Rebate Details	
COE Expiry Date:	15 Apr 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):	8
PQP Paid:	\$59,871.00
COE Rebate Amount:	\$30,559.00
Total Rebate Amount:	\$36,835.00
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 15 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	13/03/2018 08:52
Date Of Accident	12/03/2018 20:00
Exact Location Of Accident	WOODLANDS AVE 2 TOWARDS WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1169K
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	ZULKIFILI BIN MAHUAH
NRIC No	S1598882G
Date Of Birth	01/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 03-17
 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 - CHANGE/CROSS LANE
 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: : ALONZA MANOLO JK S
 GENDER: : MALE

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 WOODLANDS AVE 2 TURNING RIGHT TOWARDS WOODLANDS AVE 5 WITH ONE PASSENGER (MALE FILIPINO) ON BOARD. TRAFFIC WAS IN MY FAVOUR AND THE GREEN ARROW APPEARED, AS SUCH I PROCEEDED TO TURN RIGHT. SUDDENLY I FELT AN IMPACT AT THE RIGHT PORTION OF MY TAXI. A VEHICLE SJR3086U HAD COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

Attachment(s)

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

Details of Witness 1

Name ALONZA MANOLO JK S
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR3086U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NARAENTHIRAN PILLAI S/O SUBRAMANIYA PILL

NRIC/Passport Number

S7808605Z

Contact Number

Address

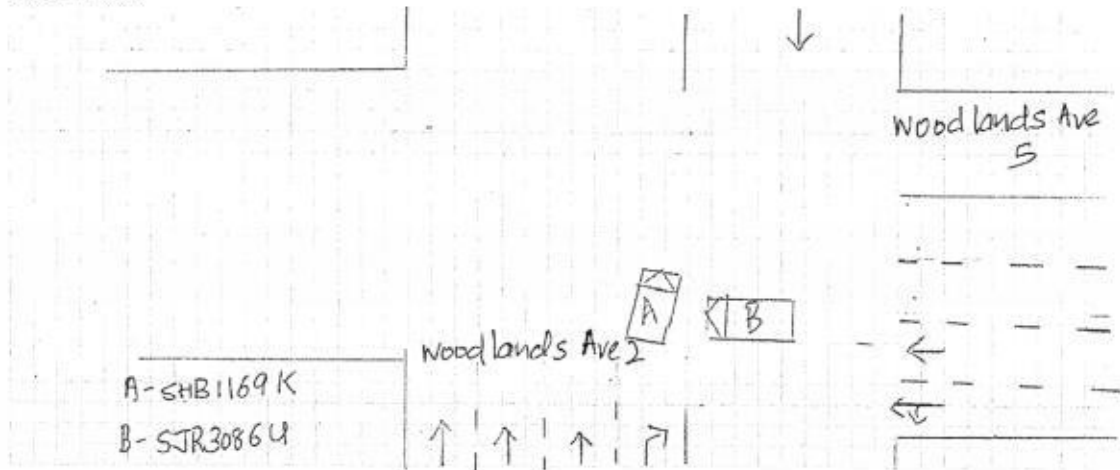
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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

13 | 3 | 18

13/3/2018

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

SKETCH PLANIMPORTANT 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:

13/3/18

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 : SHB1169K
 Ref. No : TAX/03/18/2058
 Reg. Date : 16/04/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : ZULKIFILI BIN MAHUA
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 12/03/2018 08:00:00 PM
 Accident Reported Date / Time : 13/03/2018 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 : 000024095011
 Special Instruction to ARC, if any :
 SJR3086U - NTUC IDAC / Return after repair
 Prepared Date : 13/03/2018 09:03:27 AM



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

Chassis No : JTDKN36U205741243

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates**Quotation from ARC****Adjusted by Surveyor, if applicable**

Total Labour Charges	:	1,183.00	0.00
Total Spray Painting Charges	:	1,116.00	0.00
Total Material Charges	:	3,130.30	3,130.30
Other Charges	:	480.00	0.00
TOTAL	:	5,909.30	0.00
Lum Sum Total	:	5,900.00	0.00
No. of Repair Days	:	7.00	0.00
Prepared / Adjusted By	:		
Arc / Surveyor Sign Off Date	:	13/03/2018 01:59:07 PM	01/01/1900 12:00:00 AM

5 days - Lump sum

01/01/1900 12:00:00 AM



13/03/18 RIX 20



15/3/18

Prepared / Adjusted Date :

Remarks :

Prepared Date : 13/03/2018 01:58:24 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 RH PORTION	1,183.00	0.00 500
Total Labour	1,183.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT DOOR RH	378.00	0.00 200
TO RESPRAY VIEW MIRROR	180.00	0.00 X
TO RESPRAY REAR DOOR RH	378.00	0.00 200
TO RESPRAY CENTER PILLAR RH	180.00	0.00 100
Total Spray Painting & Panel Beating	1,116.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 60
TO TRANSFER DOOR MECHANISM	240.00	0.00 120
TO REPLACE SUNDRY PARTS	100.00	0.00 20
TO WASH AND VACUUM	60.00	0.00 40
Total Other Costs	480.00	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
67001-47070		6505528	DOOR FRT/RH	1	894.40	25.00	670.80	Replace	Replace <i>RA</i>	No
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace <i>RA</i>	No
69030-47070			DOOR LOCK FRT/RH	1	575.80	25.00	431.85	Replace	Replace <i>X</i>	No
69410-33010			DOOR LOCK STRIKER	1	40.50	25.00	30.37	Replace	Replace <i>X</i>	No
87910-47330		6505600	MIRROR ASSY, RH	1	1,307.10	25.00	980.32	Replace	Replace <i>X</i> <i>Inconsistent</i>	No
81730-52090		6505466	MIRROR LAMP RH	1	65.30	10.00	58.77	Replace	Replace <i>X</i> <i>Inconsistent</i>	No
879157-4010		6505598	COVER, OUTER MIRROR, RH	1	107.40	25.00	80.55	Replace	Replace <i>X</i> <i>Inconsistent</i>	No
61311-47030			PILLAR, CTR BODY	1	307.70	25.00	230.77	Replace	Replace <i>X</i> <i>Repair</i>	No
67003-47080		6505486	DOOR RR/RH	1	954.50	25.00	715.87	Replace	Replace <i>RA</i>	No
68770-52031			HINGE LOWER RHR, DOOR	1	52.00	25.00	39.00	Replace	Replace <i>?</i>	No
68750-20121			HINGE UPPER RHR, DOOR	1	81.70	25.00	61.27	Replace	Replace <i>X</i>	No
68630-47031			CHECK ASSY, RR DOOR,	1	150.30	25.00	112.72	Replace	Replace <i>X</i>	No
82153-47300			WIRE RHR, DOOR	1	280.20	10.00	252.18	Replace	Replace <i>X</i>	No
67871-47030			DOOR WEATHER STRIP RR/RH	1	171.20	25.00	128.40	Replace	Replace <i>RA</i>	No
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace <i>RA</i>	No
TOTAL MATERIALS								3,912.90	3,912.87	
TOTAL MATERIALS(Discounted)								3,130.30	3,130.30	

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									

19-3-18 / 10:57

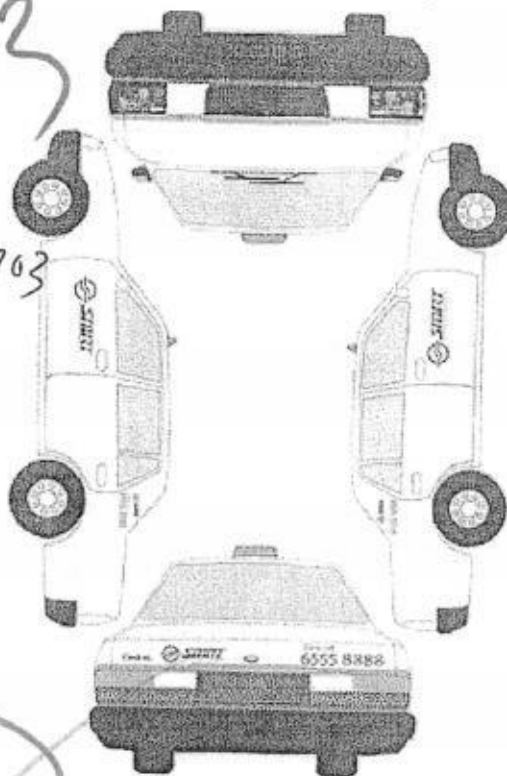
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13-3-18 / 14:57

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB1169K
 Ref. No : TAX/03/18/2058
 Reg. Date : 16/04/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : ZULKIFILI BIN MAHMAN
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 12/03/2018 08:00:00 PM
 Accident Reported Date / Time : 13/03/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Rasul
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024095011
 Special Instruction to ARC, if any :
 SJR3086U - NTUC IDAC HS
 Before paint photo, After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL
 / HP : 9001 0068. email: rasul@lkkauto.com
 lumpsum repair
 Prepared Date : 13/03/2018 09:03:27 AM



Recording Camera



Radio Antenna



1st witness

12

Date

13-3-18

2nd witness

Date

412657

1 1 1 1
1/4 1/2 3/4 1

412732

Qe 19/3/18 9:30 Pass

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

17-3-2018

Vehicle Return Time:

11:40 am

SMRT staff sign:

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

Chassis No : JTDKN36U205741243

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 1,183.00	500.00
Total Spray Painting Charges	: 1,116.00	500.00
Total Material Charges	: 1,674.07	1,674.07
Other Charges	: 480.00	-324.07
TOTAL	: 4,453.07 <i>7887.10</i>	2,350.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 7.00	5.00
Prepared / Adjusted By	:	RASUL (LKK)
Arc / Surveyor Sing Off Date	: 13/03/2018 01:59:07 PM	13/03/2018 02:57:48 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 13/03/2018 01:58:24 PM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of RepairQuotation No : *QN-1803-0590*

Invoice No :

Quotation Date : *26/3*

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 RH PORTION	1,183.00	500.00
Total Labour	1,183.00	500.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT DOOR RH	378.00	200.00
TO RESPRAY VIEW MIRROR	180.00	0.00 <i>Xan</i>
TO RESPRAY REAR DOOR RH	378.00	200.00
TO RESPRAY CENTER PILLAR RH	180.00	100.00
Total Spray Painting & Panel Beating	1,116.00	500.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	60.00
TO TRANSFER DOOR MECHANISM	240.00	120.00
TO REPLACE SUNDRY PARTS	100.00	20.00
TO WASH AND VACUUM	60.00	40.00
Lump Sum Adjustment by Surveyor	0.00	-564.07
Total Other Costs	480.00	-324.07

188110

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
67001-47070		6505528	DOOR FRT/RH	1	894.40	25.00	670.80	Replace	Replace	No <i>pt</i>
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace	No <i>m</i>
69030-47070			DOOR LOCK FRT/RH	0	575.80	25.00	0.00	Replace	Not given	No <i>X</i>
69410-33010			DOOR LOCK STRIKER	0	40.50	25.00	0.00	Replace	Not given	No <i>X</i>
87910-47330		6505600	MIRROR ASSY, RH	0	1,307.10	25.00	0.00	Replace	Not given	No <i>X</i> <i>km</i>
81730-52090		6505466	MIRROR LAMP RH	0	65.30	10.00	0.00	Replace	Not given	No <i>X</i>
879157-4010		6505598	COVER, OUTER MIRROR, RH	0	107.40	25.00	0.00	Replace	Not given	No <i>X</i>
61311-47030			PILLAR, CTR BODY	1	307.70	100.00	0.00	Replace	Repair	No <i>pt</i>
67003-47080		6505486	DOOR RR/RH	1	954.50	25.00	715.87	Replace	Replace	No <i>pt</i>
68770-52031			HINGE LOWER RHR, DOOR	1	52.00	25.00	39.00	Replace	Replace <i>S</i>	No <i>pt</i>
68750-20121			HINGE UPPER RHR, DOOR	0	81.70	25.00	0.00	Replace	Not given	No <i>X</i>
68630-47031			CHECK ASSY, RR DOOR,	0	150.30	25.00	0.00	Replace	Not given	No <i>X</i> <i>km</i>
82153-47300			WIRE RHR, DOOR	0	280.20	10.00	0.00	Replace	Not given	No <i>X</i>
67871-47030			DOOR WEATHER STRIP RR/RH	1	171.20	25.00	128.40	Replace	Replace	No <i>pt</i>
			PIXEL STICKER	1	60.00	0.00	60.00	Replace	Replace	No <i>pt</i>
TOTAL MATERIALS							1,674.08	1,674.07		
TOTAL MATERIALS(Discounted)							1,674.07	1,674.07		

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									

1674.07
 + 500.00
 + 740.00

 2914.07
 - 20%

 2331.26
 US \$2350/-

Veron Chen (LKKAUTO)

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <YeoPohsuan@smrt.com.sg>
Sent: Monday, 2 April 2018 3:38 PM
To: Veron Chen (LKKAUTO); Rasul (LKKAUTO)
Cc: SUR; CS A Team
Subject: RE: SHB1169K

Hi

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, 2 April 2018 11:17 AM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC); Rasul (LKKAUTO)
Cc: SUR; CS A Team
Subject: RE: SHB1169K

Dear Poh Suan,

Confirmed amount of \$2,350 @ 5 working days under lump sum repair.

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, 2 April 2018 9:00 AM
To: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: SHB1169K

Hi Rasul,

Attached herewith the repair estimate of SHB 1169K having Case No: TAX/03/18/2058.

There is no change to the approved amount of \$2,350 @ 5 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)

Sent: Tuesday, 27 March 2018 3:16 PM

To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)

Subject: Scan Data from FX-D421D6

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Monday, 2 April 2018 11:17 AM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC); Rasul (LKKAUTO)
Cc: SUR; CS A Team
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Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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Sent: Tuesday, 27 March 2018 3:16 PM
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Subject: Scan Data from FX-D421D6



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/INC18004823/R1vbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 11-04-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 3086U	Veh. Inspected	SHB 1169K
Policy No.	5091335595	Coverage (\$)	0.00
Claim No.	MT/0988280-002	Excess (\$)	0.00
Assign From		Assign Date	13/03/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U205741243	Colour	MAROON
Odometer	412657	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	FALKEN	5 mm
L/H Front Tyre	195/65 R15	FALKEN	5 mm
R/H Rear Tyre	195/65 R15	FALKEN	5 mm
L/H Rear Tyre	195/65 R15	FALKEN	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS

5. General Information

Accident Date	12/03/2018	Inspection Date	13/03/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1169K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	DOOR FRT / RH (DISC 25%)	BENT	894.40	670.80
1	DOOR RR / RH (DISC 25%)	BENT	954.50	715.87
1	HINGE LOWER RHR, DOOR (DISC 25%)	BENT	52.00	39.00
1	DOOR WEATHER STRIP RR /RH (DISC 25%)	NECESSARY	171.20	128.40
1	STICKER DECAL SMRT (DOOR) (SN)	NECESSARY	60.00	60.00
1	PIXEL STICKER (SN)	NECESSARY	60.00	60.00
1	DOOR LOCK FRT / RH	SERVICEABLE	575.80	-
1	DOOR LOCK STRIKER	SERVICEABLE	40.50	-
1	MIRROR ASSY, RH	SERVICEABLE	1,307.10	-
1	MIRROR LAMP RH	SERVICEABLE	65.30	-
1	COVER, OUTER MIRROR, RH	SERVICEABLE	107.40	-
1	HINGE UPPER RHR, DOOR	SERVICEABLE	81.70	-
1	CHECK ASSY, RR DOOR	SERVICEABLE	150.30	-
1	WIRE RHR, DOOR	SERVICEABLE	280.20	-
1	PILLAR, CTR BODY	TO REPAIR	307.70	-
			5,108.10	1,674.07
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,503.00	680.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,116.00	500.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO WASH AND VACUUM.		60.00	40.00
			2,779.00	1,240.00
GRAND TOTAL			7,887.10	2,914.07
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,350.00

Report Ref No. NS/INC18004823/R1vbe2

MOHAMMED RASUL BIN MOHD YUNUS

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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