IGNMENT
Veh No: Suc 4905M Tr Rogn: 10/12/2014
Veh No: SHE 4705M YRROGH: //
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
cc (+)5
Make: Togota (V. MS. Insured Std NI N
Colour Property 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sp.Reading 3 r 1931 T/Radio: Insured / Std / Mark
Eng/No:
C/No: JTOKN 3(460)713749
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake; Inorder / Jammed / Leaked / Burnt or
SIRIM / STD A/Rim or
Tyre Size: F: 195/65/65
7 R: "
BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
TOYOTYOKO OF Falletin
Rear
Front R/Bal.
Mm UBal.
D.O.A. 18/3 (18. D.O.I. 20/3/15.
CALLET
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to co
10h3 m2 DOA: 110217 TAX/03/18/2072
Lkk Ninc
\$ 700 (Red 2414.88, 789)
\$ 700 (Red)414.88, 788) STK 565K
, <u>)</u>
Days Of Repair:
Resurvey No. of Trip: Survey rec.
50 DEC 976
Site Insp (\$) s+RS_SI Interview (\$) photos Tech. trivs (\$) Others



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

NTU	IC INCOME INSUF	INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18005512/Svb			
		D UNION HOUSESINGAPORE	Date:	24-03-2018 INC4	
1.	CHAPTER TO	Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SJK 565K	Veh. II	nspected	SHC 4705M
	Policy No.	5097656244	Cover	age (\$)	0.00
	Claim No.		Exces	s (\$)	0.00
	Assign From		Assig	n Date	20/03/2018
2.		Vehicle Parti	culars 8	& Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
	Chassis No.		Colou	r	
	Odometer	-	Steeri	ng	
	Brakes		Modifi	ication	
	General				
3.		Conditi	ons 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.		Descripti	on of Da	amages	
5.		Genera	Linform	nation	
84	Accident Date	18/03/2018	12-1-12-12-12-12-12-12-12-12-12-12-12-12	ction Date	20/03/2018
	Survey held at	SMRT AUTOMOTIVE SERVICE			
	Dear-news . New York (1997)	60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 757	7705
5a.	Tana a	R	emarks		
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	THOUT P	PREJUDICE" BASIS NOT AUTHORISE	S. D REPAIRS.

TP Claims against NTUC Income: Follow-Through Survey

9	Concept Defenden	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Llaimant Vehicle No. Income Vehicle No.	D.0.A	Estimate	lentative repair cost
ON/	Income Releience	Claimailt (Owner) Tayl Company		1 0 0 0 0	0 10010	00 200 200	AC 023 25
-	MAT /0985649-002	SMRT TAXIS PTE LTD	SHB 5685K	SHD 2900Z	9/3/2018	\$16,906.80	47.00c/o¢
	101/0363043-005		CAAD 34CD	1105017	3/3/2018	\$6 580.60	\$2.400.00
•	NOTON	SMRT BUSES LID	SMB 345K	372 40000	2/3/2020	00:000	
1	*** TOOOL ***	CAADT TAVIS DTE LTD	SHB 5115P	GV 4199K	15/3/2018	\$5,679.73	\$2,200.00
~	MII/0986413-002	SIMILI IAMISTIC CID			0 .000	00 *** 04	6200 00
1	TAT /0006530 003	SMRT TAXIS PTF LTD	SHC 4705M	SJK 565K	18/3/2018	\$3,114.88	3700.00
-	WII/0900300-007	CIATI LUNG IN THE		111111111111111111111111111111111111111	Order of o	0+ +11 00	62 150 00
	AAT/009566A-002	SMRT TAXIS PTF LTD	SHC 4075Y	SHD 2745E	9/3/2018	59,551.10	52,130.00
_	1011/0363004-005			00000	01001010	47 640 50	¢1 975 94
	AAT /000 4002 007	SMRT TAXIS PTF LTD	SHB 1968X	SKA 9/66D	6/3/2018	51,043.30	+0.020,14
0	1011/0304333-002	City of the control o			0.00,000	C+ 100 14	67 350 00
_	MAT/0988780-007	SMRT TAXIS PTE LTD	SHB 1169K	SJR 3086U	12/3/2018	\$1,887.10	22,330.00

Claim received from LKK Auto

eBao Tech				240	-				Gene	ralClaim
Hello, NAC_PAYA_UBI_8	00601					2	Change La	nguage	· Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acr	cident	18/03	3/2018 17:41	
	Vehicle	No.(For Motor)	SJK565K							
					- 1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097656244	EASYDRIVE CAR RENTAL	53375868L	GFT	Third Party	SJK565K	SJK565K	31/01/2018	
					E	Continue				

ehicle Details			
ehicle No. :	SHC4705M		
ehicle Type :	H10 - Public Transport Taxi (Motor Car)		
ehicle Attachment 1:	Air-Con (Taxi)		
ehicle Scheme :	Taxi (Company)		
ehicle Make :	TOYOTA		
ehicle Model :	PRIUS TAXI (SMRT)		
hassis No. :	JTDKN36U605753749		
ropellant :	Petrol-Electric		
ngine No. :	2ZR6230133		
fotor No. :	3JM6230133		
ngine Capacity :	1798 cc		
ower Rating :	60.0 kW		
Maximum Power Output:	100.0 kW (134 bhp)		
Maximum Laden Weight:	1805 kg		
Inladen Weight:	1370 kg		
ear Of Manufacture :	2014		
Original Registration Date:	10 Dec 2014		
ifespan Expiry Date :	09 Dec 2022		
OE Category :	A - Car up to 1600cc & 97kW (130bhp)		
QP Paid :	\$51,668.00		
OE Expiry Date :	09 Dec 2022		
Road Tax Expiry Date :	09 Jun 2018		
ARF Eligibility Expiry Date :	09 Dec 2022		
nspection Due Date :	09 Jun 2018		
ntended Transfer Date :	21 Mar 2018		
CO2 Emission :	92.00 (g/km)		
CEV/VES Rebate Utilised	\$30,000.00		
	27		
CO Emission :			
HC Emission :	21		
NOx Emission : PM Emission :	-		
The current road tax expiry is 09 . after 09 Jun 2018, late renewal fe	lun 2018. You may renew the road tax from 10 Mar e(s) will be imposed. Please use Enquire Road Tax Po t (if any), of a vehicle will follow the vehicle to the ne	ayable to check on the late fee(s) pay	/able.
Road tax, including Over Payment Amount Payable (From 10 Ju	n 2018 to 09 Dec 2018)		
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GS
Transfer Fee :	25.00	50	25.0
Sub Total :			25.0
Nett Road Tax Amount (After Offsetting Over Payment):	510.00	2	510.0
Total Amount Payable : Message			535.0

You may print this page for reference.

OK Print

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

All the second s	ACCIDENT STATEMENT
Date Of Report	19/03/2018 09:56
Date Of Accident	18/03/2018 14:05
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE
建设设施设施设施	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4705M
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	910
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	TAN ENG LEE
NRIC No	S0179534A
Date Of Birth	15/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

812

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?

Number of vehicles involved in the accident

YES

Was any body injured in the Accident?

Unicipal

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180318/2092 On the 18/03/2018 at about 1355 hrs I was driving my vehicle bearing plate number, SHC4705M along Lower Delta Road towards Telok Blangah Road and was travelling on the 2nd lane, As I am approaching the traffic light junction, it turns red so I decided to slow down my vehicle until I came to a complete stop. There was another vehicle in front of me. At that juncture, I saw from my rear view mirror a vehicle approaching bearing plate number, SJK565K, from behind me. From what I could hear he dropped to 2nd gear and did managed to stop in time. Not long after there was a strong collision involving me and the vehicle behind me. I did not hit the vehicle in front of me. I then exited my vehicle and saw that there was a third vehicle bearing plate number, SKS4854X, who collided with the vehicle behind me and thus collided onto me. I then exchange particulars with the person involving with the accident. There was no police or ambulance that attended to the accident. After the accident I drove to SMRT workshop under my company and parked my vehicle there. I was still feeling pain and sore from the accident so I decided to go to Khoo Teck Puat Hospital. I received 7 days mc from the hospital. I planned on claiming this accident through my company's insurance.

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

SJK565K

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

YUGANESVARAN S/O NALATHAMBY

NRIC/Passport Number

S8732024C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKS4854X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO SIEW HIANG LAWRENCE

NRIC/Passport Number

S7120002G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN ENG LEE

Approximate Age Injuries Sustain

Injured person in which vehicle?

SHC4705M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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

du 19/3/2.1

Name:

NRIC/FIN No .:

SKETCH PLAN						
		4	^	1		
		00				
A- rue	4705M	LO WER OFFIA	1周1			
	565K	0				
C-Src	48548	3	180			
1	70598	3	c			
ESCRIBE CIRCUMSTANCI	ES OF THE ACCIDE	NT				
REPER TO	POLICE E	EPORT	7/201	A02,0/5		
			1)-01	0 03/0/ 2	292	
	0.					
			Mark			
	110000					
			STREET,			
THEOLOGICAL STATE OF THE STATE						
				V20/216100		
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are Familians						
				-		
						10.50
	1 2 2 2					
CLARATION		1/1				
a declare the Years (1)	M-2010 00 11	11.14				
e declare the foregoing partic	ulars are true in ever	Market.				
(5))2)	1	MANA .	-		1	
135-35					de	19/3/201
yholder's Signature	Driver's Signal	ura 1			0.4	
& Time:	(If driver is not	t the policyholo	er)	Reporting	Centre Personnel	s Signature
	Date & Time:	, , , , , , , , , , , , , , , , , , , ,	-16	Name: NRIC/FIN		

Sketch Plan Pg. 3





Police Station Of Origin: Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

1 of 4 Report No. T/20180318/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2018 21:16			Vide Report No.:	Station Diary No.: 82	
Informa	nt's Partic	ulars	(海原各面清極管管等發展)	* 少年成功 等待 \$ 体 \$ 体 \$ 4 4 4 4	
Name of	f Informant: G LEE		Address: APT BLK 812 YISHUN RING 760812	ROAD #03-4159 SINGAPORE	
ID Type NRIC N	/ ID No.: D / S01795	34A	Contact No.: Home/Office:	Mobile: 92344508	
National SINGAP	ity: ORE CITIZ	EN	Email:	MODIIC. 92344300	
Sex: Male	Age: 63	Date of Birth: 15/04/1954	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation; Taxi driver			Driving Licence Information: Class: 3,4,5	nation: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2018 14:05	Type of Location Straight Road
Location: Along Road 1 LOWER DEL TELOK BLAN At the traffic li	GAH ROAD	Road 2		
Weather: Clear	gin	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way			. 1	raffic Volume: Moderate
Type of Collisi Chain Collisio	on: n		a	Anyone conveyed by imbulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHC4705M	10000	2.70	2		Slightly Damaged	0
SJK565K	Car				Slightly Damaged	1
SKS4854X	Car				Slightly Damaged	0





Police Station Of Origin: Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

2 of 4 Report No. T/20180318/2092

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	E 30	May Just Just Just Just	200	-	
No. of Pedestrian	ns Injured: NII		Use of Pe	adaetria	Cross	olne: NA
Driver	(公司,提供公司, 100 支持	WE GOLD	Ose of Fe	cuestilai	Cius	sing, NA
Name	TAN ENG LEE	NATIONAL PROPERTY.	EN JOSEPH STAN STAN JUSTISE.	ID No		S0179534A
Related Vehicle	SHC4705M (Car)			Conta	ct No.	92344508
Hospital/Clinic	KHOO TECK PUAT HOS	PITAL		Class Drivin Licens	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
The second secon	ted Medical Leave 07		Date Disc	Anarge		
Driver	ACT - DOLDAY OF A THE STREET, THE TWO ISSUES.	491215126	Degree o			
Name	Yuganesvaran S/O Nalath	ambu	Me described	ID No		007222224
	ragariesvaran o/O (valati	lamby		ID NO	8	S8732024C
Related Vehicle	SJK565K (Car)			Conta	ct No.	92705045
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date				NIL	
	ed Medical Leave NIL		Date Disc	of Injury NIL		
Driver		GIT BK I ST	Degree of	migury	98 64 CA	· 斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯
Name	Yeo Siew Hiang Lawrence)		ID No.		S7120002G
Related Vehicle	SKS4854X (Car)			Contact No.		92390854
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
			LOUIC DISC	Discharge NIL e of Injury NIL		

Brief Details.

On the 18/03/2018 at about 1355 hrs I was driving my vehicle bearing plate number, SHC4705M, along Lower Delta Road towards Telok Blangah Road and was travelling on the 2nd lane. As I am approaching the traffic light junction, it turns red so I decided to slow down my vehicle until I came to a complete stop. There was another vehicle in front of me. At that juncture, I saw from my rear view mirror a vehicle approaching bearing plate number, SJK565K, from behind me. From what I could hear he dropped to 2nd gear and did managed to stop in time. Not long after there was a strong collision involving me and the vehicle behind me. I did not hit the vehicle in front of me. I then exited my vehicle and saw that there was a third vehicle bearing plate number, SKS4854X, who collided with the vehicle behind me and thus

Sketch Plan Pg. 5





T/20180318/2092

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 4 Report No. T/20180318/2092

CONTINUATION OF REPORT

collided onto me. I then exchange particulars with the person involving with the accident. There was no police or ambulance that attended to the accident. After the accident I drove to SMRT workshop under my company and parked my vehicle there. I was still feeling pain and sore from the accident so I decided to go to KHOO TECK PUAT hospital. I received 7 days mc from the hospital. I planned on claiming this accident through my company's insurance.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

4 of 4 Report No. T/20180318/2092

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant
MUHAMAD NAUFAL BIN MUHAMAD NEZAM	Max
Signature Of Interpreter; Not applicable	Date/Time; 18/03/2018 21:16
Officer In Charge Of Case:	Classification Of Case:
Sgt 2 YEO KIA HUAT Contact No: 55476325 SN 085	





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

SHC4705M

Ref. No

TAX/03/18/2092

Reg. Date

10/12/2014

Vehicle Type

TAXI

Make

TOYOTA PRIUS

Model

PRIUS

Name of Driver

: TAN ENG LEE

Type of Accident

CHAIN COLLISION

Date / Time of Accident

18/03/2018 02:05:00 PM

Accident Reported Date / Time :

19/03/2018 12:00:00 AM

Surveyor is Required?

Yes

Survey by

Vehicle is Towed Back?

No

Towed Back Date/Time

Replacement Vehicle issued? :

000024095101

Accident Repair Job Card No :

Special Instruction to ARC, if any :

DROVE IN / SJK565K

Prepared Date

19/03/2018 10:21:35 AM



- Lup Sur Repair. - Question Mark Item - Photo After Pant

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- · Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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

Chassis No: JTDKN36U605753749

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

338.00

0.00

Total Spray Painting Charges

558.00

0.00

Total Material Charges

1,057.19

1,057.19

Other Charges

556.88

0.00

TOTAL

2,510.07

Lum Sum Total

2,500.00

0.00

No. of Repair Days

0.00

Prepared / Adjusted By

3.00

0.00 5 40AZ

Arc / Surveyor Sing Off Date

: 19/03/2018 02:52:11 PM

01/01/1900 12:00:00 AM

Prepared / Adjusted Date

Remarks

Prepared Date : 19/03/2018 02:51:19 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 REAR PORTION	338.00	0.00 200		
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 REAR BUMPER	378.00	0.90 360
TO RESPRAY BUMPER BEAM	180.00	1 0.00
Total Spray Painting & Panel Beating	558.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable		
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 ×		
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30		
TO WASH AND VACUUM	60.00	0.00 >		
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	0.00 🗸		
Total Other Costs	556.88	0.00		

TAX/03/18/2092 Page:

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen d	Surveyor Approved	Photos Attached
52159- 47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace R	No
76891- 47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace X	No
52023- 12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace	No
52016- 47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace 7	No
52015- 47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace 7	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace 7	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace //	No
52576- 47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace 7	No
52575- 47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace	No
			TOTAL MATERIALS					1,321.50	1,321.49	
	TOTAL MATERIALS(Discounted)							1,057.19	1,057.19	

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
	TOTA	L SUPPLEMENTARY	MATERIA	ALS					

TAX/03/18/2092



21-3-18 /16:40 ADV: 22-3-18 /11:40

22-3-18/15:40

SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

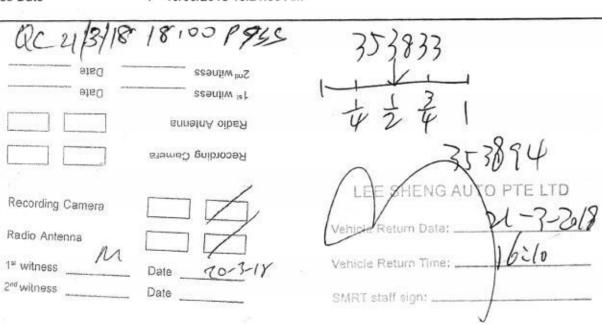
Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

cident Vehicle Repair Estimates

1. 7 10115, AD

DI II NOCIACI	Tolliero Kopani Isaninass	20-3-18/13.70
Section A - To be completed	by claims Advisor/Duty officer at Accident Repor	ting Centre
Reg. No	SHC4705M	
Ref. No	TAX/03/18/2092	
Reg. Date	10/12/2014	
Vehicle Type	TAXI	FR
Make \ . \ .	TOYOTA PRIUS	
Model	PRIUS	
Name of Driver	: TAN ENG LEE	
Type of Accident	: TAN ENG LEE : CHAIN COLLISION	₩
Date / Time of Accident	: 18/03/2018 02:05:00 PM	
Accident Reported Date / Time	: 19/03/2018 12:00:00\AM	
Surveyor is Required?	: Yes	
Survey by	sebastian Y	
Vehicle is Towed Back?	No Y	
Towed Back Date/Time		
Replacement Vehicle issued?	: No	mu o 6555 8888
Accident Repair Job Card No	: 000024095101	List of the second section of the second sec
Special Instruction to ARC, if ar	ny:	
DROVE IN / SJK565K NTW BEFORE PAINT PHOTO AND SURVEYOR SEBASTIAN (LKK	AFTER PAINT PHOTO, FOR CHECK ITEM AND RI () & Email :sebastianyeang @lkkauto.com HP:90036	EPLACE ITEM PLEASE CALL 0121
Prepared Date	: 19/03/2018 10:21:35 AM	



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

Chassis No: JTDKN36U605753749

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

338.00

200.00

Total Spray Painting Charges

558.00

200.00

: 211.26

Total Material Charges

120.00

Other Charges

556.88

180.00

TOTAL

1,664.14

700.00

Lum Sum Total

0.00

0.00

No. of Repair Days

3.00

2.00

Prepared / Adjusted By

SEBASTIAN (LKK)

Arc / Surveyor Sing Off Date

19/03/2018 02:52:11 PM

3114.88

20/03/2018 03:40:24 PM

Prepared / Adjusted Date

Remarks

Prepared Date : 19/03/2018 02:51:19 PM

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

Quotation No

: QN-1803-0594

Invoice No

Quotation Date : 263

Invoice Date :

Invoice Amount :

Prepared Date:

Rection D - Details of Repair Estimates

Part 1 - Labour Works

200.00
- Comment of the comm
200.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	200.00
TO RESPRAY BUMPER BEAM	180.00	0.00
Total Spray Painting & Panel Beating	558.00	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 TEST AND REFIX REVERSE SENSOR SYSTEM	505.250	30.00		
TO WASH AND VACUUM	60.00	0.00		
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88		
Lump Sum Adjustment by Surveyor	0.00	-146.88		
Total Other Costs	556.88	180.00		

3114 88

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen d	Surveyor Approved	Photos Attached
52159-		6505548	BUMPER REAR	1	458.60	100.00	0.00	Replace	Repair	No R
47905				-	200.00	25.00	0.00	Replace	Not given	No X
76891- 47020	AX	6505619	BUMPER LIP REAR	0	228.90	25.00			100000000000000000000000000000000000000	
52023- 12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Check	No X
52016- 47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Check	No X
52015- 47050		1	ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Check	No X
47050	-		SENSOR REVERSE	-	180.00	0.00	180.00	Replace	Check	No X
			PIXEL STICKER	1 2	60.00	0.00	120.00	Replace	Replace	No /
52576- 47020		6505550	BUMPER SIDE RETAINER RR/LH		94.80	25.00	71.10	Replace	Check	No X
52575- 47020		6505549	BUMPER SIDE RETAINER RR/RH		1 94.80	25.00	71.10	Replace	Check	No X
47020			TOTAL MATERIALS					805.88	120.00	
	111111111111111111111111111111111111111	TOTA	L MATERIALS(Discou	unted)	V.			211.20	120.00	

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
Number	TOT	TAL SUPPLEMENTARY	MATERIA	ALS					

120.00 + 200:00 + 526.88 - 206 677.50 L\S \$700

Page:

Veron Chen (LKKAuto)

From:

Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <YeoPohsuan@smrt.com.sg>

Sent:

Tuesday, 27 March 2018 3:39 PM

To:

Sebastian Yeang (LKK Auto)

Cc:

SUR; CS A Team; 'Ms Lee (Lee Sheng Auto)'

Subject:

RE: SHC4705M

Hi

Amount confirmed as per your recommendation, thanks.

Regards Poh Suan

----Original Message-----

From: Sebastian Yeang (LKK Auto) [mailto:SebastianYeang@lkkauto.com]

Sent: Tuesday, 27 March 2018 10:35 AM

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

Cc: SUR; CS A Team; 'Ms Lee (Lee Sheng Auto)'

Subject: RE: SHC4705M

Dear Poh Suan

Please refer to attachment for the finalization.

Thank You

Best Regards,

Sebastian | Automotive Assessor

LKK Auto Consultants

phone: 6256-3561 email: sebastianyeang@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, 26 March 2018 2:22 PM

To: Sebastian Yeang (LKK Auto)

Cc: SUR; CS A Team; 'Ms Lee (Lee Sheng Auto)'

Subject: SHC4705M

Hi Sebastian,

Attached herewith the repair estimate of SHC 4705M having Case No: TAX/03/18/2092.

There is no change to the approved amount of \$700 @ 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 Ms Lee,

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, 26 March 2018 2:03 PM

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

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





Thatcham escribe

NTUC INCOME INSUR	RANCE CO-OPERATIVE LTD	Ref: NS/INC180055	512/Svbe2
73 BRAS BASAH ROA #05-01 NTUC TRADE 189556	D UNION HOUSESINGAPORE	Date: 10-04-2018 Code: INC4	
	Policy Particulars	:- THIRD PARTY CLAIM	N
Insured Veh.	SJK 565K	Veh. Inspected	SHC 4705M
Policy No.	5097656244	Coverage (\$)	0.00
Claim No.	MT/0986530-002	Excess (\$)	0.00
Assign From		Assign Date	20/03/2018
2.	Vehicle Parti	culars & Condition	
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U605753749	Colour	MAROON
Odometer	353833	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3.	Condit	ions 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.	Descript	ion of Damages	
THE VEHICLE SU	JSTAINED DAMAGES AT THE RE	EAR PORTION.	
DAMAGES SEE [DETAILS.		
5.		al Information	
Accident Date	18/03/2018	Inspection Date	20/03/2018
Survey held at	SMRT AUTOMOTIVE SERVIC		
Ŭ₽ 	60 WOODLANDS INDUSTRIAL	L PARK E4 SINGAPORE 7	57705
5a.		Remarks	
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"WICE TO YOUR INSTRUCTIONS, I	ITHOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.
5b.		Days of Repair	
	RMAL PERIOD FOR REPAIR:	2 Working Day	/\$



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



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4705M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			(4)
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER LIP REAR	NOT NECESSARY	228.90	120.00
1	BUMPER REINFORCEMENT REAR	NOT NECESSARY	205.70	
1	ARM SUB-ASSY, RR BUMPER LH	NOT NECESSARY	139.60	
1	ARM SUB-ASSY, RR BUMPER RH	NOT NECESSARY	139.60	
1	SENSOR REVERSE	NOT NECESSARY	180.00	
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	
	BUMPER REAR	TO REPAIR	458.60	-
			1,662.00	120.00
	LABOUR			ywassess
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		834.88	526.88
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		558.00	200.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	
			1,452.88	726.88
	GRAND TOTAL		3,114.88	846.88

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	700.00
--	--------

Report Ref No. NS/INC18005512/Svbe2

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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