

REF:

NS/ENC18006264/Sq6n2

## ASSIGNMENT

From:

Date:

Veh No:

S1-B 182-E

Yr Regn:

23/07/14

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make: Toyota Prius

C.C. 1798

at Workshop m/s

Colour

Maroon

A/C: Insured / Std / NI / NA

of

Sp. Reading

361861

T/Radio: Insured / Std / NI / NA

Insured:

SKE 5210X

Eng/No:

Policy No.

50 99160581

210318 - 370519

C/No:

JTDKN36U2A5747238

Claims No.

MT/0988647-002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

F:

195/65R15

R:

"

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

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

4 days

Res.: Yes or No

D.O.A.

30/3/18

D.O.I.

21/4/18

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SPAR

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

SHB 1892E - NS/ENC18000980/R1062

DA: 12018 TAX/03/18/2141

SKE 5210X - X

LKK.

NTUC.

US \$1750 (Red \$4930.00, 74%)

SKE5210X

RECEIVED 25 APR 2018

Date/Time. File Pass to?

☐

: Preli. Report

Days Of Repair:

4

1) 24 Apr 2018

☐

: Final Report

Resurvey No. of Trip:

Date/Time. File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation.

) S + RS. \$

: Photos

: Others

TOTAL

Report Format:

Lump Sum / L.B.I. (\$

70  
1750160  
35

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/INC18006264/Sqb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-04-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKE 5210X	Veh. Inspected	SHB 1892E
Policy No.	5099160581	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

## 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	30/03/2018	Inspection Date	02/04/2018
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.	Date of Accident
1	MT/0989874-002	SMRT TAXIS PTE LTD	SHB 5952P	FM 6777M	06/04/2018
2	MT/0988647-002	SMRT TAXIS PTE LTD	SHB 1892E	SKE 5210X	30/03/2018
3	MT/0986581-002	SMRT BUSES LTD	SG 1713H	SKQ 9751L	17/03/2018

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099160581	NG AH LAN	S7001021F	GPC	drive CLASSIC	SKE5210X	SKE5210X	21/03/2018	27/05/2019

## 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	31/03/2018 08:50
Date Of Accident	30/03/2018 02:30
Exact Location Of Accident	BUKIT BATOK WEST AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1892E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-800000000

### Vehicle Particulars

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

### Insurance Company

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

### Driver

Name of Driver	MOHAMMED SHAHLAN BIN ISMAIL
NRIC No	S7418673D
Date Of Birth	11/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1994
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	785
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS STATIONARY ALONG BUKIT BATOK WEST AVE 5 AT THE LEFT LANE DUE TO RED TRAFFIC LIGHT. WHEN THE TRAFFIC LIGHT TURNED GREEN AND BEFORE I COULD MOVE OFF, SUDDENLY THE VEHICLE SKE5210X FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY TAXI.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE5210X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TONG HAI
NRIC/Passport Number	S1826726H
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.



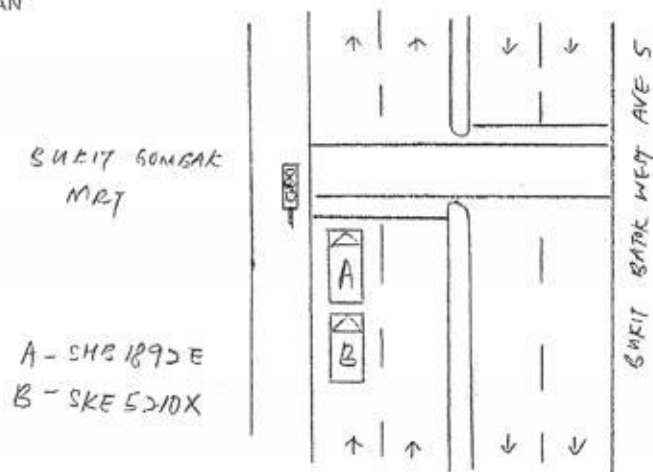
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

### DECLARATIONS

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: \_\_\_\_\_

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



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended De-registration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

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 Apr 2018

Company

5369K

SHB1892E

No

05 Apr 2018

TOYOTA

PRIUS TAXI (SMRT)

Maroon

2014

2ZR6100900

JTDKN36U205747236

100.0 kW (134 bhp)

\$32,920.00

23 Jul 2014

23 Jul 2014

0

\$8,088.00

Yes

22 Jul 2022

\$6,066.00

22 Jul 2022

A - Car up to 1600cc & 97kW (130bhp)

8

\$53,269.00

\$28,603.00

\$34,669.00

OK

**SMRT Accident Vehicle Repair Estimates**

NTMC

647

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

Reg. No : SHB1892E  
Ref. No : TAX/03/18/2141  
Reg. Date : 23/07/2014  
Vehicle Type : TAXI  
Make : TOYOTA PRIUS  
Model : PRIUS  
Name of Driver : MOHAMMED SHAHLAN BIN ISMAIL  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 30/03/2018 02:30:00 AM  
Accident Reported Date / Time : 31/03/2018 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 : 000024095299  
Special Instruction to ARC, if any :  
DROVE IN / SKE5210X  
Prepared Date : 31/03/2018 09:05:21 AM



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

Chassis No : JTDKN36U205747236

Mileage

0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	0.00
Total Spray Painting Charges	: 936.00	0.00
Total Material Charges	: 2,629.78	2,629.78
Other Charges	: 480.00	0.00
<b>TOTAL</b>	<b>: 4,890.78</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 4,900.00</b>	<b>0.00</b>
No. of Repair Days	: 5.00	<del>0.00</del>
Prepared / Adjusted By	:	3 days.
Arc / Surveyor Sign Off Date	: 31/03/2018 09:27:52 AM	01/01/1900 12:00:00 AM

  
6/4/18

Prepared / Adjusted Date :

Remarks :

Prepared Date : 31/03/2018 09:26:09 AM

**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 : 0.00

Prepared Date : 3/31/2018 9:26:59 AM

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	845.00	0.00 300
<b>Total Labour</b>	<b>845.00</b>	<b>0.00</b>

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	378.00	0.00 200
TO RESPRAY TAIL GATE	378.00	0.00 X
TO RESPRAY REAR PANEL	180.00	0.00 7
<b>Total Spray Painting &amp; Panel Beating</b>	<b>936.00</b>	<b>0.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0.00 50
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
<b>Total Other Costs</b>	<b>480.00</b>	<b>0.00</b>

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace ✓ Defog	No
52161-16010			BUMPER CLIPS	10	1.61	25.00	12.07	Replace	Replace ✓ N/A	No
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Replace	No
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace ✓ Defog	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace ✓ Defog	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace ✓ N/A	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace ?	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace ?	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 ?	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace ?	No
89997-30070			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	10.00	141.66	Replace	Replace ?	No
67005-47241			TAILGATE ASY	1	1,007.90	25.00	755.92	Replace	Replace X	No
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace X	No
58307-47060		6505522	END PANEL	1	602.10	25.00	451.57	Replace	Replace ?	No
	COMMO N	4006314	SEALANT SIKAFLEX	1	37.00	0.00	37.00	Replace	Replace ?	No
58308-47011			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	25.00	385.87	Replace	Replace ?	No
TOTAL MATERIALS								3,287.26	3,287.22	
TOTAL MATERIALS(Discounted)							2,629.78	2,629.78		

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									



60 Woodlands Industrial Park E4, Singapore 757705

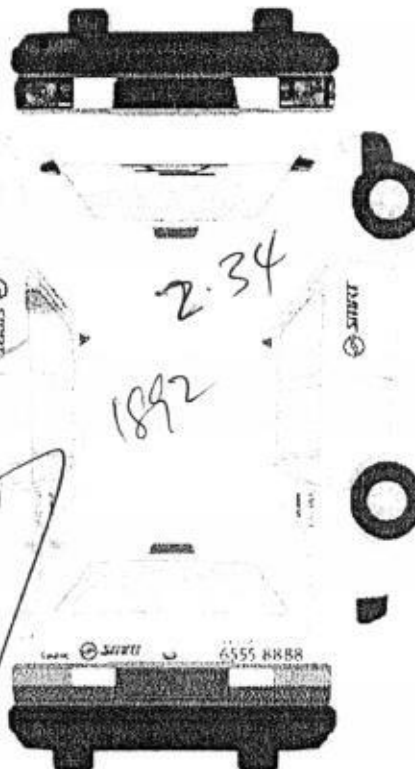
FAX Number : 63685592

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 : SHB1892E  
 Ref. No : TAX/03/18/2141  
 Reg. Date : 23/07/2014  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS 83126147  
 Name of Driver : MOHAMMED SHAHLAN BIN ISMAIL  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 30/03/2018 02:30:00 AM  
 Accident Reported Date / Time : 31/03/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by : Sebastian  
 Vehicle is Towed Back? : No  
 Towed Back Date/Time :  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No : 000024095299  
 Special Instruction to ARC, if any :  
 DROVE IN / SKE5210X HS NTAC  
 BEFORE PAINT PHOTO AND AFTER PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL  
 SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang@lkkauto.com HP: 90036121  
 LUMPSUM REPAIR  
 Prepared Date : 31/03/2018 09:05:21 AM

Attached  
Supplementary

Recording Camera

☐☒

Radio Antenna

☐☒1<sup>st</sup> witness

Date

2-4-18

2<sup>nd</sup> witness

Date

Vehicle to Wega Date In: 3/4/18 Towing:  
 Time In: 1030 Driver: chia  
 Wega Job No: 64/0217  
 Vehicle sent to SMRT Date In: 6/4/18 Towing:  
 Time In: 1000 Driver: [Signature]  
 Received by (SMRT):

E 12 F  
 KM 361861 KM

QC 6/4/18 11.04 Rejet

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

Chassis No : JTDKN36U205747236

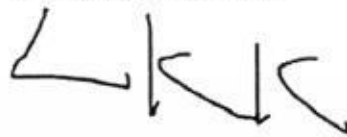
Mileage : 0

Work Shop :

Repair Completed Date / Time :

**Summary of Repair Estimates**

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	500.00
Total Spray Painting Charges	: 1,116.00	400.00
Total Material Charges	: 1,595.14	1,191.36
Other Charges	: 480.00	-341.36
<b>TOTAL</b>	<b>: 4,036.14</b>	<b>1,750.00</b>
<b>Lum Sum Total</b>	<b>: 0.00</b>	<b>0.00</b>
No. of Repair Days	: 5.00	4.00 /
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 31/03/2018 09:27:52 AM	02/04/2018 03:34:38 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 31/03/2018 09:26:09 AM

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

Quotation No : QN-1804-0256  
Quotation Date : 11/4  
Invoice Amount : 0.00

Invoice No :  
Invoice Date :  
Prepared Date : 3/31/2018 9:26:59 AM

## Section D - Details of Repair Estimates

### Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	845.00	500.00 /
<b>Total Labour</b>	<b>845.00</b>	<b>500.00</b>

### 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 TAIL GATE	378.00	0.00
TO RESPRAY REAR PANEL	180.00	100.00 /
TO RESPRAY REAR SPARE TYRE PANEL	180.00	100.00 /
<b>Total Spray Painting &amp; Panel Beating</b>	<b>1,116.00</b>	<b>400.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	50.00 /
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-421.36
<b>Total Other Costs</b>	<b>480.00</b>	<b>-341.36</b>



# Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No <input checked="" type="checkbox"/>
52161-16010			BUMPER CLIPS	10	1.61	25.00	12.07	Replace	Replace	No <input checked="" type="checkbox"/>
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Check	No <input checked="" type="checkbox"/>
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.58	Replace	Check	No <input checked="" type="checkbox"/>
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace	No <input checked="" type="checkbox"/>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	No <input checked="" type="checkbox"/>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <input checked="" type="checkbox"/>
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Check	No <input checked="" type="checkbox"/>
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Check	No <input checked="" type="checkbox"/>
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace	No <input checked="" type="checkbox"/>
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace	No <input checked="" type="checkbox"/>
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace	No <input checked="" type="checkbox"/>
89997-30070			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	10.00	141.66	Replace	Check	No <input checked="" type="checkbox"/>
67005-47241			TAILGATE ASY	0	1,007.90	25.00	0.00	Replace	Not given	No <input checked="" type="checkbox"/>
75374-47051			NAME PLATE (HYBRID)	0	51.90	25.00	0.00	Replace	Not given	No <input checked="" type="checkbox"/>
58307-47060		6505522	END PANEL	1	602.10	25.00	451.58	Replace	Check	No <input checked="" type="checkbox"/>
	COMMO N	4006314	SEALANT SIKAFLEX	1	37.00	0.00	37.00	Replace	Check	No <input checked="" type="checkbox"/>
58308-47011			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	25.00	385.88	Replace	Check	No <input checked="" type="checkbox"/>
TOTAL MATERIALS							2,492.41	1,191.37		
TOTAL MATERIALS(Discounted)							1,595.14	1,191.36		

## 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									

1191.36 /  
+ 500.00 /  
+ 480.00 /  


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2171.36 /  
- 208  


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1737.09 /

4/5 \$1750/-  
Sebastian  
23/4/18  
6680.70



Thatcham escribe

## National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18006264/Sqbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 02-05-2018



Code: INC4

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

Insured Veh.	SKE 5210X	Veh. Inspected	SHB 1892E
Policy No.	5099160581	Coverage (\$)	0.00
Claim No.	MT/0988647-002	Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U205747236	Colour	MAROON
Odometer	361861	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	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	30/03/2018	Inspection Date	02/04/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

### 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1892E**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
10	BUMPER CLIPS @\$1.61 (DISC 25%)	NECESSARY	16.10	12.07
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.67
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	ARM SUB-ASSY,RR BUMPER LH (DISC 25%)	BENT	139.60	104.70
1	ARM SUB-ASSY,RR BUMPER RH (DISC 25%)	BENT	139.60	104.70
1	SENSOR REVERSE (SN)	DAMAGED	180.00	180.00
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
1	BUMPER LIP COVER RR/RH	NOT NECESSARY	118.10	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	ANTENNA ELECTRICAL LOWER REAR	NOT NECESSARY	157.40	-
1	TAILGATE ASY	NOT NECESSARY	1,007.90	-
1	NAME PLAYE (HYBRID)	NOT NECESSARY	51.90	-
1	END PANEL	NOT NECESSARY	602.10	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
1	UNDER COVER SUB-ASSY,RR FLOOR	NOT NECESSARY	514.50	-
			4,239.20	1,191.37
<b><u>LABOUR</u></b>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			1,165.00	580.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			1,116.00	400.00
TO REPLACE SUNDRY PARTS.			100.00	-
TO WASH AND VACUUM.			60.00	-
			2,441.00	980.00
<b>GRAND TOTAL</b>			<b>6,680.20</b>	<b>2,171.37</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,750.00</b>

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**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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