REF: 7	NS/ INC18006268 / Stbn2	
Swant 4	ASSIGNMENT	
From: Date:	Veh No. SH IS 5737 U	Yr Regn: 19/12/2017 an / Lorry / Taxi / Prime Mover /
Estimated Cost:	Touck / Trailer of	
OD / TP / WS / TP RES / OD RES / EVA / INV / M	<u>V</u>	4
To Inspect Vehicle No:	Make: Toyon Prins	A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading 2273	T/Radio: Insured / Std / NI / NA
Desured CK7 9804×	Eng/No:	3 = 4 403577778
Policy No. 50 8118 4562 - 01 Claims No. m7/0988375 -00 >	18028 - 17019 C/No: 37 0 6 13 Gen. Cond: Good / Fair / Poor	· ()
Cidano 1141	Steering: Inorder / Jammed / L	eaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / t	
(Client's Record)	Modi: Nil / S/Rim / STD A	
Make of Veh:	Tyre Size: F: 195/6	
	ryre size.	()
(Policy Condition)		S/LIZA/MIC/OHTSU PIR/SUMI/
Remark: The veh had commenced its	N/S O/S BS/DUN/EXNOVA/GY/FS	
repair at the time of inspection.		Rear
Bal. or Market Value:	Front	B/Bal 6 mm
IDAC Accident Rport: Consistent?:		L/Bal 6 mm
GIA / PR Seen: Consistent?:	1	D.O.I. 3(4/15
Est Repairs: days Res.:	Yes or No D.O.A. 31/3/18	***************************************
Lum Sum: % 3 Val.:	Yes or No Survey held at Des, of Damages : Frt / Rea	r / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS		
Date: Person Contacted:	The U/C / Chassis fram	e / Body Structure affected due to collision
Date / Time Action / Instruction		TAX/03/18/2151
8KZ 9804X -X		
	72.2 (22.10) (40 8000 C FC	NTIC
Confirm \$ 1397. Rd: \$ 30 29.86,	74,2 days	Sk29.804X
	Control of the second of the second of	
	-3 2 A APR 2048	
RECEIVE	SU 2 7 N N 2010	
Date/Time: File Pass to? : Preli. Repo	No. of Teles	Survey Fee: 160
1) typich : Final Repo	ort Resurvey No. of Trip:	Transportation. 35
Date/Time: File Return to?	Add Fee: : Site Insp (\$	)S + RSSI
<b>3</b> 1	Add Fee: : Site Insp (\$	; Photos
2009	Tech. Invs 1\$	) Others
Report Format: 7P		,
Lump Sum / I.B.I: (\$ [397.7]	4	TOTAL 195



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSU	JRANCE CO-OPERATIVE LTD	Ref: NS/INC180062	268/Srb			
73 BRAS BASAH RC 405-01 NTUC TRADI 89556	AD E UNION HOUSESINGAPORE	Date: 05-04-2018 Code: INC4				
	Policy Particulars	:- THIRD PARTY CLAIM	M			
Insured Veh.	SKZ 9804X	Veh. Inspected	SHB 5737U			
Policy No.	5087784562-01	Coverage (\$)	0.00			
Claim No.		Excess (\$)	0.00			
Assign From		Assign Date 03/04/2018				
	Vehicle Parti	culars & Condition	HER STEED WOODS STORES			
Make & Model		c.c	0			
Engine No.	HIDDEN	Year of Reg.				
Chassis No.		Colour				
Odometer		Steering				
Brakes		Modification				
General						
	Condition	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			
	Description	on of Damages	dol DE NEL LET (n)			
	Comments of the Comments of th	1-4				
Accident Date	31/03/2018	Information	0004004			
Survey held at	SMRT AUTOMOTIVE SERVICES	Inspection Date	03/04/2018			
, nord at	60 WOODLANDS INDUSTRIAL F		705			
	and the second s	marks	reministration to the second			
A)THE INSPECTION	ON WAS CONDUCTED ON A"WITH CE TO YOUR INSTRUCTIONS, WE	OUT BRE ILIDICE" BASIS				

eBaoTech									Gen	ralClaim
Hello, NAC_PAYA_UBI_80	0601				and the same of		Change La	nguage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	la.				Date of Acc	ident	31/03	/2018 13:51	
	Vehicle	No.(For Motor)	5KZ9804X							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087784562-01	LIOW FOOK HENG	S1295907I	GPC	drivo PREMIUM	5KZ9804X	SKZ9804X	18/02/2018	17/02/2019
					1	Continue				

,	Comment of Comment	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
S/No	Income Reference	COMEORT TRANSPORTATION PTE LTD	SH 7013A	SJL 3277S
-	M1/0991340-002	OT I THE MOIT TO ANSPORT THE LTD	SHC 1833X	GBG 6935C
7	MT/0990420-002	COMPORT I RANSPORTATION FILE ID	0.00	CIEALGEG
2	MT/0991001-002	COMFORT TRANSPORTATION PTE LTD	SHB 4181D	3JF 4103G
0 .	AAT/0007246.007	SMRT TAXIS	SHB 5490E	SGN 2724A
4	200-015/000/1/N	SMRT TAXIS	SHF 474P	SKP 1761R
2	M1/09889/4-002	SMRTTAXIS	SHF 287M	SHD 1850R
9	M1/0988606-002	SINVE EDANS	SHB 5737U	SKZ 9804X
7	MT/0988375-002	SIMIL I PARIS	02422 CU2	SIM 4176P
٥	MT/0991050-002	COMFORT TRANSPORTATION PIE LID	3HD 0047D	io it is in it
0 0	MT/0001603-001	COMFORT TRANSPORTATION PTE LTD	SH 9594B	SJF 8421R
n !	TOO COOTED IN	SMRT TAXIS	SHB 5445L	GZ 8719M
10	M1/0989297-002	SIXAT TOWNS	SHB 668T	SLV 3014H
11	MT/0989010-002	CIVAL ININIC	CUD CC15T	SIS 2028R
12	MT/0988555-002	SMRT TAXIS	ICTCC QUC	
12	AAT/0081124-002	SMRT BUSES	SMB 8039Y	SJC 8146B
2 ;	100 01310001	COMFORT TRANSPORTATION PTE LTD	SHC 8728X	GBG 2031L
14	TOP-OTSTED/IM	COMEON TRANSPORTATION PTE LTD	SHC 2948S	GZ 1977E
15	M1/09910/4-002	COMMEDIA TRANSPORTATION PTF LTD	SHD 6658Y	FBK 791T
16	MT/0990979-002	COMPONITION TRANSPORTATION DE LE	SHD 4138U	PC 2948Y
17	MT/0990696-002	COMPORT I KANSPORTATION FILE LID		TOPERATOR
18	MT/0990960-002	COMFORT TRANSPORTATION PTE LTD	SHD 4928G	17 04401

#### Janice Lee (LKKAuto)

From:

Sebastian Yeang (LKK Auto)

Sent:

Monday, April 23, 2018 9:33 AM

To:

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

Cc:

SUR; CS A Team RE: SHB5737U

Subject:

SHB\_5737\_U\_ESTIMATE\_REPLY.pdf

Dear Poh Suan

Attachments:

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: Saturday, 14 April 2018 11:25 AM

To: Sebastian Yeang (LKK Auto)

Cc: SUR; CS A Team Subject: SHB5737U

Hi Sebastian,

Attached herewith the repair estimate of SHB 5737U having Case No: TAX/03/18/2151.

There is no change to the approved amount of \$1,397.74 @ 2 working days under part by part 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: Friday, 13 April 2018 5:25 PM

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

Subject: Scan Data from FX-D421D6

#### Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 03/04/2018 10:48

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver.
- 3. 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.
- Any false reporting may be referred to the Police for investigation.
- 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.	A COURTENT CTATEMENT
	ACCIDENT STATEMENT
Date Of Report	02/04/2018 20:46
Date Of Accident	31/03/2018 22:15
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 7 AND WOODLANDS AVE 6
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB5737U
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	
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	LIM LEE CHOON ALEX (LIN LICHUN)
NRIC No	S7927522J
Date Of Birth	09/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	

NOEMAIL

Address

07-327

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?

1000000

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

5

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 4

NAME:

: UNKNOWN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was triefe any video captored by the

Was there any audio recorded?

NO

Vehicle Registration Number

SKZ9804X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

LIOW YU SEN,ACER

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

Page 2 of 11

S9227440C

NRIC/Passport Number

Contact Number

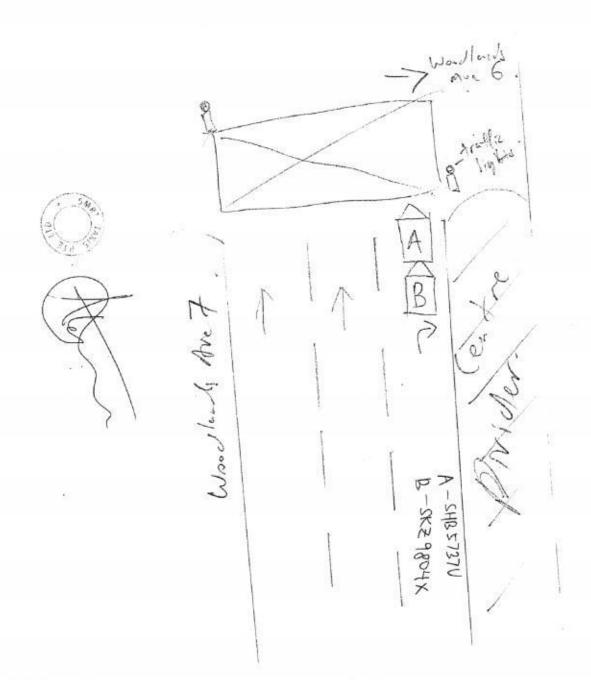
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Were Shocked  ECLARATION  We declared foregoing particulars are true in every respect.  Driver's Signature  are & Time: [If driver is not the policyholder)  Reporting Centre Personnel's Signature  Name:	TCH PLAN					11111
CRIBE CIRCUMSTANCES OF THE ACCIDENT  On 3/3/18 at 0.15 pm., was fronthing, along Wood ands the 7 and stoppedat the extreme right lane at traffic lights was fleet, intending to form into wood such Are 6 when suddenly an Andr SKZ 9804x brimped into our roar loudy, Roth me and my present were shocked.  ECLARATION We descript intended a specific propect.  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:  (If driver is not the policyholder)	Refer to	attack				
along Wood and stree 7 and groppedat the extreme right lane at traffic lights was ked, intending to form into wood lands thre 6 when suddenly an study of the street by by by passeng were shocked.  ECLARATION We decompt to regoing particulars are true in every respect.  We also substitute the policyholder of the same and my passeng were shocked.  Reporting Centre Personnel's Signature are as Time: (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:		. 10001				
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Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  Name:	We declare NP foregoing p	articulars are true in exerc	respect.	^	/\	
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ate & Time: [If driver is not the policyholder) Name:	( ) (5)		Y		10	-it- et t
ite & rime:	olicyholder's San Stare	Driver's Signatu	re noticeholder	Repo	rting Centre Personn e:	ers Signature
Date & Time: NRIC/FIN No.:	ate & Time:	(If driver is not to Date & Time:	the policytiologi)		/FIN No.:	

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#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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:
  - 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.

G IN G IN

Policyholder's Signature Date & Time: Aug .

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Owner ID Type:	Company
Owner ID:	5369K
/ehicle Details	00(000000)
/ehicle No.:	SHB5737U
/ehicle to be Exported:	No
ntended De-registration Date:	05 Apr 2018
/ehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8264990
Chassis No.:	JTDKB3FU403577238
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	19 Dec 2017
First Registration Date:	19 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2025
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	18 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$32,884.00
Total Rebate Amount: Message	\$36,634.00

The information contained herein is correct as at 05 Apr 2018

reaches its statutory lifespan (if applicable), whichever is earlier.

ОК



60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

# **SMRT Accident Vehicle Repair Estimates**

MAY

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

Reg. No

SHB5737U

Ref. No

TAX/03/18/2151

Reg. Date

19/12/2017

Vehicle Type

TAXI

Make

TOYOTA PRIUS

Model

PRIUS4

Name of Driver

LIM LEE CHOON ALEX (LIN

LICHUN)

Type of Accident

HEAD TO REAR

Date / Time of Accident

31/03/2018 10:50:00 PM

Accident Reported Date / Time :

02/04/2018 12:00:00 AM

Surveyor is Required?

Yes

Survey by

Vehicle is Towed Back?

Yes

No

Towed Back Date/Time

Replacement Vehicle issued? :

Accident Repair Job Card No :

000024095318

Special Instruction to ARC, if any :

TOWED \$ 40/ SKZ9804X

Prepared Date

02/04/2018 12:03:56 PM



selection.

- Part by part repair. - Question Mark Item Photo

- Photo Nefore Paint.

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

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

Chassis No: JTDKB3FU403577238

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

845.00

0.00

Total Spray Painting Charges

918.00

0.00

Total Material Charges

1,848.42

1,848.42

Other Charges

540.00

0.00

TOTAL

4,151.42

0.00

**Lum Sum Total** 

0.00

0.00

No. of Repair Days

0:00

Prepared / Adjusted By

5.00

2 days

Arc / Surveyor Sing Off Date

02/04/2018 01:42:49 PM

01/01/1900 12:00:00 AM

Prepared / Adjusted Date

Remarks

Prepared Date : 02/04/2018 01:42:49 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	845.00	0.00. 300		
Total Labour	845.00	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 2.00
TO RESPRAY BUMPER BEAM	180.00	0.00
TO RESPRAY FILLER RR BUMPER LH	180.00	0.00 ×
TO RESPRAY FILLER RR BUMPER RH	180.00	0.00 ×
Total Spray Painting & Panel Beating	918.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	80.00	0.00 ×
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 ×
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 🗸
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 ×
TO WASH AND VACUUM	60.00	0.00 ×
Total Other Costs	540.00	0.00

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
52159479 13			COVER, RR BUMPER ASSY	1	423.90	25.00	317.92	Replace	Replace	No
52576470 40			RETAINER, RR BUMPER, LH	1	111.50	25.00	83.62	Replace	Replace 🤈	No /
52575470 40			RETAINER, RR BUMPER, RH	1	112.70	25.00	84.52	Replace	Replace 7	No(
52462470 30			PAD, RR BUMPER, RH & LH , 1	2	3.80	25.00	5.70	Replace	Replace ×	No
52462470 20			PAD, RR BUMPER, RH & LH , 2	2	3.80	25.00	5.70	Replace	Replace ×	No
52462470 10			PAD, RR BUMPER, RH & LH , 3	2	3.80	25.00	5.70	Replace	Replace	No
52191470 30	:		SEAL, RR BUMPER ARM, RH & LH	2	11.00	25.00	16.50	Replace	Replace ×	No Mu
52023470 30			REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	Replace	Replace 7	No
52566479 00			FILLER, RR BUMPER , LH	1	119.90	25.00	89.92	Replace	Replace ×	No
52565479 00			FILLER, RR BUMPER , RH	1	119.90	25.00	89.92	Replace	Replace ×	No
52453470 10			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.72	Replace	Replace / Defor	No
52169470 20			COVER, GUARD RR BUMPER LOWER	1	14.80	25.00	11,10	Replace	Replace	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace / N	No
(C)			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace ?	No hu
()			TOTAL MATERIALS			•		1,668.45	1,668.42	
N		TOTAL	MATERIALS(Discour	ited)				1,848.42	1,848.42	134 - 311 <u>-</u>

# 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
	TC	TAL SUPPLEMENTARY N	IATERIA	ALS	Mar.		No.		XII



5-4.18/12.16

SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68862623

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. SHB5737U Ref. No. TAX/03/18/2151 Reg. Date 19/12/2017 Vehicle Type TAXI Make TOYOTA PRIUS Model PRIUS4 Name of Driver LIM LEE CHOON ALEX (LIN LICHUN) Type of Accident HEAD TO REAR Date / Time of Accident 31/03/2018 10:50:00 PM Accident Reported Date / Time : 02/04/2018 12:00:00 AM Surveyor is Required? Survey by Vehicle is Towed Back? Towed Back Date/Time Replacement Vehicle issued? : No 977 606025 Um 1310x. 1245x Accident Repair Job Card No : 000024095318 Special Instruction to ARC, if any TOWED \$ 40/ SKZ9804X NTUC PP Question mark item photo, BEFORE PAINT PHOTO, FOR CHECKITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email :sebastianyeang @lkkauto.com HP:90036121 Prepared Date 02/04/2018 12:03:56 PM Recording Camera Radio Antenna Date 3-E 1st witness 2<sup>nd</sup> witness

CC 8/4/18 12:07 Parise SHENG AUTO PTE LTD

Vehicle Return Date: 5/4/18

Valuete Return Turns: 4:00 AK

SMRT staff sign!

/03/18/2151

Page:

1

Chassis No : JTDKB3FU403577238

Mileage

Work Shop 1

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

845.00

300.00

Total Spray Painting Charges

918.00

200.00

Total Material Charges

1,454.99

867.74

Other Charges

540.00

30.00

TOTAL

3,757.99 4427 6

1,397.74

Lum Sum Total

0.00

0.00

No. of Repair Days

5.00

2.00

Prepared / Adjusted By

SEBASTIAN (LKK)

Arc / Surveyor Sing Off Date

: 02/04/2018 01:42:49 PM

03/04/2018 04:16:31 PM



Prepared / Adjusted Date

Remarks

Prepared Date : 02/04/2018 01:42:49 PM

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

Quotation No

QN-1804-0276

Invoice No :

Quotation Date : 12/4

Invoice Date :

Invoice Amount : 0.00

Prepared Date :

4/3/2018 4:20:18 PM

# Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable		
TO REPAIR REAR PORTION	845.00	300.00		
Total Labour	845.00	300.00		

# 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 X	0.00
TO RESPRAY FILLER RR BUMPER LH	180.00	0.00
TO RESPRAY FILLER RR BUMPER RH	180.00	0.00
Total Spray Painting & Panel Beating	918.00	200.00

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

Total Other Costs	540.00	30.00
TO WASH AND VACUUM	60.00	0.00
TO REPLACE SUNDRY PARTS	100.00	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00
TOWING CHARGE	80.00	0.00
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable

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
52159479 13			COVER, RR BUMPER ASSY	VI	423.90	25.00	317.92	Replace	Replace	No /
52576470 40			RETAINER, RR BUMPER, LH	X 1	111.50	25.00	83.63	Replace	Check	No X
2575470			RETAINER, RR BUMPER, RH		112.70	25.00	84.53	Replace	Check	No X
2462470 30			PAD, RR BUMPER, RH & LH , 1	× 0	3.80	25.00	0.00	Replace	Not given	No X
52462470 20			PAD, RR BUMPER, RH & LH , 2	X o	3.80	25.00	0.00	Replace	Not given	No X
52462470 10			PAD, RR BUMPER, RH & LH , 3	Χº	3.80	25.00	0.00	Replace	Not given	No X
52191470 30			SEAL, RR BUMPER ARM, RH & LH	X.	11.00	25.00	0.00	Replace	Not given	No X
52023470 30			REAR BUMPER REINFORCEMENT	X 1	318.80	25.00	239.10	Replace	Check	No X
52566479 00			FILLER, RR BUMPER , LH	Xo	119.90	25.00	0.00	Replace	Not given	No X
2565 <b>4</b> 79 00			FILLER, RR BUMPER , RH	χº	119.90	25.00	0.00	Replace	Not given	No X
524 <b>534</b> 70 10			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.72	Replace	Replace	No V
52169470 20			COVER, GUARD RR BUMPER LOWER	1	14.80	25.00	11,10	Replace	Replace	No V
			PIXEL STICKER	V	60.00	0.00	120.00	Replace	Replace	No 1
			SENSOR REVERSE	X 1	180.00	0.00	180.00	Replace	Check	No X
		13	TOTAL MATERIALS					1,455.00	867.74	175 = 11/4 10 Port
		TOTAL	MATERIALS(Discou	nted)				1,454.99	867.74	

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	AL SUPPLEMENTARY	MATERIA	ALS					

+ 300.00 / + 300.00 / + 230.00 /

St bershen



#### 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/INC18006268/Srbn2 73 BRAS BASAH ROAD 02-05-2018 Date: #05-01 NTUC TRADE UNION HOUSESINGAPORE Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHB 5737U SKZ 9804X Veh. Inspected Insured Veh. 0.00 5087784562-01 Coverage (\$) Policy No. 0.00 MT/0988375-002 Claim No. Excess (\$) 03/04/2018 **Assign Date** Assign From Vehicle Particulars & Condition 2. 1798 TOYOTA PRIUS 4 C.C Make & Model 2017 Year of Reg. HIDDEN Engine No. JTDKB3FU403577238 MAROON Colour Chassis No. IN ORDER 22733 Steering Odometer NIL IN ORDER Modification Brakes FAIR General **Conditions of Tyres** 3. Size Make Balance YOKOHAMA 6 mm 195/65 R15 R/H Front Tyre 6 mm YOKOHAMA L/H Front Tyre 195/65 R15 YOKOHAMA 6 mm R/H Rear Tyre 195/65 R15 6 mm 195/65 R15 YOKOHAMA L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. General Information 5. 03/04/2018 Inspection Date 31/03/2018 Accident Date SMRT AUTOMOTIVE SERVICES PTE LTD Survey held at 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. Estimate Days of Repair 5b. 2 Working Days ESTIMATED NORMAL PERIOD FOR REPAIR:



### **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





#### Page No.:1 of

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5737U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	COVER RR BUMPER ASSY (DISC 25%)	DEFORMED	423.90	317.92
1	GUARD,RR BUMPER LOWER (DISC 25%)	DEFORMED	558.30	418.72
1	COVER GUARD RR BUMPER LOWER (DISC 25%)	CUT	14.80	11.10
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	RETAINER,RR BUMPER,LH	NOT NECESSARY	111.50	52
1	RETAINER,RR BUMPER,RH	NOT NECESSARY	112.70	- 13
2	PAD,RR BUMPER,RH & LH,1 @\$3.80	NOT NECESSARY	7.60	2
2	PAD,RR BUMPER,RH & LH,2@\$3.80	NOT NECESSARY	7.60	25
2	PAD,RR BUMPER,RH & LH,3@\$3.80	NOT NECESSARY	7.60	12
2	SEAL,RR BUMPER ARM,RH & LH @\$11.00	NOT NECESSARY	22.00	
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	318.80	38
1	FILLER,RR BUMPER,LH	NOT NECESSARY	119.90	92
1	FILLER,RR BUMPER,RH	NOT NECESSARY	119.90	100
1	SENSOR REVERSE	NOT NECESSARY	180.00	12
			2,124.60	867.74
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,045.00	330.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,018.00	200.00
	TOWING CHARGE.		80.00	
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	
	provide selected contrast (and the ASPAC TO ASPAC TO ASPACE TO ASP		2,303.00	530.00
	GRAND TOTAL		4,427.60	1,397.74

RECOMMENDED COST OF REPAIRS (CONFIRMED	1,397.74
KEOOMMENDED COOL OF KEI WING (COM MANUEL	

Report Ref No. NS/INC18006268/Srbn2

YEANG WAI KEEN

Automotive Assessor

Tu

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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