

REF: NS/INC 18006371 / Srbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: SHD 1850R
 Policy No: 5095103893 20-10-17
 Claims No: MT/0988606 - 002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

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

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

Veh No: SHF 287M Yr Regn: 14/12/2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius 4 C.C. 1798
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 9335 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTOKB3E4H505576490
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 2/4/18 D.O.I. 5/4/18
 Survey held at SMRT
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 0/5 Frt
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
SHF 287M	03/AXA/15006746 / Kluq342
SHD 1850R	03/III 16015114 / Rlybn2

Confirm \$1619.49 3 days
 Red: \$ 2136.11 57%

REP: ISOMSTA X / 04/18/2012
 REP: 050616 Lick
 NTUC

SHD 1850R

RECEIVED 24 APR 2018

Date/Time. File Pass to? : Prel. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 1

Date/Time. File Return to? _____

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

Survey Fee: _____
 Transportation: _____
) \$ + RS. \$
) Photos
) Others

Report Format: TP
 Lump Sum / I.B.I: (\$ 1619.49)

160
35
195

TOTAL



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/INC18006371/Srb

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1850R	Veh. Inspected	SHF 287M
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/04/2018

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	02/04/2018	Inspection Date	05/04/2018
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.
--

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. (Far Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHD1850R	SHD1850R	20/10/2017	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0991340-002	COMFORT TRANSPORTATION PTE LTD	SH 7013A	SJL 3277S
2	MT/0990420-002	COMFORT TRANSPORTATION PTE LTD	SHC 1833X	GBG 6935C
3	MT/0991001-002	COMFORT TRANSPORTATION PTE LTD	SHB 4181D	SJF 4165G
4	MT/0987576-002	SMRT TAXIS	SHB 5490E	SGN 2724A
5	MT/0988974-002	SMRT TAXIS	SHF 474P	SKP 1761R
6	MT/0988606-002	SMRT TAXIS	SHF 287M	SHD 1850R
7	MT/0988375-002	SMRT TAXIS	SHB 5737U	SKZ 9804X
8	MT/0991050-002	COMFORT TRANSPORTATION PTE LTD	SHD 6647D	SLM 4176P
9	MT/0991603-001	COMFORT TRANSPORTATION PTE LTD	SH 9594B	SJF 8421R
10	MT/0989297-002	SMRT TAXIS	SHB 5445L	GZ 8719M
11	MT/0989010-002	SMRT TAXIS	SHB 668T	SLV 3014H
12	MT/0988555-002	SMRT TAXIS	SHB 5515T	SLS 2028R
13	MT/0981124-002	SMRT BUSES	SMB 8039Y	SJC 8146B
14	MT/0991610-001	COMFORT TRANSPORTATION PTE LTD	SHC 8728X	GBG 2031L
15	MT/0991074-002	COMFORT TRANSPORTATION PTE LTD	SHC 2948S	GZ 1977E
16	MT/0990979-002	COMFORT TRANSPORTATION PTE LTD	SHD 6658Y	FBK 791T
17	MT/0990696-002	COMFORT TRANSPORTATION PTE LTD	SHD 4138U	PC 2948Y
18	MT/0990960-002	COMFORT TRANSPORTATION PTE LTD	SHD 4928G	YP 6440T

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
Subject: RE: SHF287M
Attachments: SHF_287_M_ESTIMATE_REPLY.pdf

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: Tuesday, 17 April 2018 6:41 PM
To: Sebastian Yeang (LKK Auto)
Cc: SUR; CS A Team
Subject: SHF287M

Hi Sebastian,

Attached herewith the repair estimate of SHF 287M having Case No: TAX/04/18/2012.

There is no change to the approved amount of \$1,619.49 @ 3 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: Tuesday, 17 April 2018 5:31 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Subject: Scan Data from FX-D421D6

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	03/04/2018 14:35
Date Of Accident	02/04/2018 12:45
Exact Location Of Accident	KRAMAT ROAD TOWARDS CUPPAGE PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF287M
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	HOIRE 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-18090213MFSH
Cover Note Number	

Driver

Name of Driver	TOO KIM THOR
NRIC No	S6937130B
Date Of Birth	01/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1987
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 11-117
 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 SIDE SWIPE
 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) 3
 Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 2 NAME: : UNKNOWN
 GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

I WAS TRAVELLING ALONG KRAMAT ROAD TOWARDS CUPPAGE PLAZA WITH TWO PASSENGERS (FEMALE CAUCASIAN) ON BOARD. SUDDENLY A VEHICLE SHD1850R (SILVERCAB) WHICH WAS ON MY RIGHT CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED ONTO THE RIGHT FRONT PORTION OF MY TAXI. THIRD PARTY WANTED TO PRIVATE SETTLE AS SUCH WE WENT TO HIS WORKSHOP AT SIN MING BUT THIRD PARTY REFUSED TO PAY FOR MY LOSS OF INCOME , AS SUCH I DECIDED TO REPORT TO SMRT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1850R
 Vehicle Make/Model/Colour
 Details Of Properties TRANSCAB
 Vehicle Category TAXI
 Name of Driver UNKNOWN
 NRIC/Passport Number

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



[Handwritten Signature] 3/4/18

[Handwritten Signature] 3/4/2018

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:	Company
Owner ID:	5369K

Vehicle Details

Vehicle No.:	SHF287M
Vehicle to be Exported:	No
Intended De-registration Date:	06 Apr 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8257553
Chassis No.:	JTDKB3FU503576440
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	14 Dec 2017
First Registration Date:	14 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2025
PARF Rebate Amount:	\$3,750.00

Intended COE Rebate Details

COE Expiry Date:	13 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$32,816.00
Total Rebate Amount:	\$36,566.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 06 Apr 2018

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHF287M
 Ref. No : TAX/04/18/2012
 Reg. Date : 14/12/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : TOO KIM THOR
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 02/04/2018 12:45:00 PM
 Accident Reported Date / Time : 03/04/2018 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 : 000024095344
 Special Instruction to ARC, if any :
 SHD1850R(SILVERCAB) NTUC IDAC
 Prepared Date : 03/04/2018 02:43:39 PM



Signature
9/4/18

Sebastian
5/4/18.

- Part by part repair.
- Question Mark Item Photo
- Photo Before 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 : JTDKB3FU503576440

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 507.00	0.00
Total Spray Painting Charges	: 936.00	0.00
Total Material Charges	: 1,449.43	1,449.43
Other Charges	: 380.00	0.00
TOTAL	: 3,272.43	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 4.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sing Off Date	: 03/04/2018 04:49:21 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 03/04/2018 04:49:07 PM

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

Quotation No : Invoice No :
Quotation Date : Invoice Date :
Invoice Amount : Prepared Date :

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH FRONT PORTION	507.00	0.00 400
Total Labour	507.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	0.00 200
TO RESPRAY FRONT FENDER RH	378.00	0.00 200
RESPRAY WHEEL CAP	180.00	0.00 50
Total Spray Painting & Panel Beating	936.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 20
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00 X
Total Other Costs	380.00	0.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
52119479 62			COVER, FR BUMPER	1	495.50	25.00	371.62	Replace	Replace <i>R</i>	No
52115470 50			SUPPORT, FR BUMPER RH	1	76.90	25.00	57.67	Replace	Replace <i>Y</i>	No <i>NN</i>
53801470 80			FENDER SUB-ASSY, FR, RH	1	933.10	25.00	699.82	Replace	Replace <i>✓ OT</i>	No
75374471 40			EMBLEM, SIDE PANEL (HYBRID)	1	52.90	25.00	39.67	Replace	Replace <i>✓ NEC</i>	No
42602471 80			CAP SUB-ASSY, WHEEL	1	175.80	25.00	131.85	Replace	Replace <i>R</i>	No
53875470 70			LINER, FR FENDER, RH	1	198.40	25.00	148.80	Replace	Replace <i>X</i>	No <i>NN</i>
TOTAL MATERIALS								1,449.45	1,449.43	
TOTAL MATERIALS(Discounted)							1,449.43	1,449.43		

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									



FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

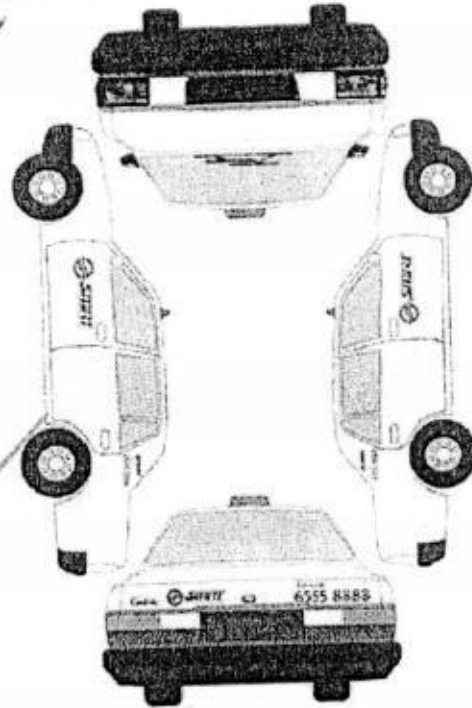
9-4-18/09:00
9-4-18/13:00

5-4-18/13:00

SMRT Accident Vehicle Repair Estimates

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

Reg No : SHF287M
 Ref. No : TAX/04/18/2012
 Reg Date : 14/12/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : TOO KIM THOR
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 02/04/2018 12:45:00 PM
 Accident Reported Date / Time : 03/04/2018 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 : 000024095344
 Special Instruction to ARC, if any :



SHD1850R(SILVERCAB) NTUC IDAC
BEFORE PAINT PHOTO AND AFTER PAINT PHOTO ,FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
SURVEYOR SEBASTIAN (LKK) & Email :sebastianyeang @lkkauto.com HP:90036121

Prepared Date : 03/04/2018 02:43:39 PM

Recording Camera

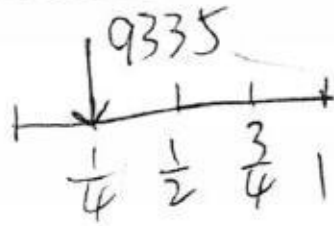
Radio Antenna

1st witness

Date 5-4-18

2nd witness

Date



Call 130 7/4/18 pccy

9402

LKK AUTO PTE LTD

7-4-2018

10:10 am

Chassis No : JTDKB3FU503576440

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	507.00	400.00
Total Spray Painting Charges	936.00	450.00
Total Material Charges	797.16	739.49
Other Charges	380.00	30.00
TOTAL	2,620.16 3755.60	1,619.49
Lum Sum Total	0.00	0.00
No. of Repair Days	4.00	3.00
Prepared / Adjusted By		SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	03/04/2018 04:49:21 PM	05/04/2018 01:00:43 PM

M

LKK

Prepared / Adjusted Date :

Remarks :

Prepared Date : 03/04/2018 04:49:07 PM

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

Quotation No : QN-1804-0307

Invoice No :

Quotation Date : 13/4

Invoice Date :

Invoice Amount :

Prepared Date :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH FRONT PORTION	507.00 ✓	400.00 /
Total Labour	507.00	400.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00 ✓	200.00 /
TO RESPRAY FRONT FENDER RH	378.00 ✓	200.00 /
RESPRAY WHEEL CAP	180.00 ✓	50.00 /
Total Spray Painting & Panel Beating	936.00	450.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30.00 /
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00
Total Other Costs	380.00	30.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
52119479			COVER, FR BUMPER	R 1	495.50	100.00	0.00	Replace	Repair	No R
52115470			SUPPORT, FR BUMPER RH	X 1	76.90	25.00	57.68	Replace	Check	No X
53801470			FENDER SUB-ASSY, FR, RH	✓ 1	933.10	25.00	699.82	Replace	Replace	No ✓
75374471			EMBLEM, SIDE PANEL (HYBRID)	✓ 1	52.90	25.00	39.67	Replace	Replace	No ✓
42602471			CAP SUB-ASSY, WHEEL	R 1	175.80	100.00	0.00	Replace	Repair	No R
53875470			LINER, FR FENDER, RH	X 0	198.40	25.00	0.00	Replace	Not given	No X
TOTAL MATERIALS								797.18	739.49	
TOTAL MATERIALS(Discounted)								797.16	739.49	

NW
DT
NEC
NW

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									

739.49 /
+ 400.00 /
+ 480.00 /

1619.49 /

Substian
2/3/4/18

3755.60



National Assessment Centre Services


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

TEL: 6841 0055 FAX: 6841 6315

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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref:	NS/INC18006371/Srbn2
73 BRAS BASAH ROAD		Date:	02-05-2018
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code:	INC4
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 1850R	Veh. Inspected	SHF 287M
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0988606-002	Excess (\$)	0.00
Assign From		Assign Date	05/04/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS 4	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503576440	Colour	MAROON
Odometer	9335	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	02/04/2018	Inspection Date	05/04/2018
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 287M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FENDER SUB-ASSY,FR,RH (DISC 25%)	DENTED	933.10	699.82
1	EMBLEM,SIDE PANEL (HYBRID)(DISC 25%)	NECESSARY	52.90	39.67
1	SUPPORT,FR BUMPER RH	NOT NECESSARY	76.90	-
1	LINER,FR FENDER,RH	NOT NECESSARY	198.40	-
1	COVER,FR BUMPER	TO REPAIR	495.50	-
1	CAP SUB-ASSY,WHEEL	TO REPAIR	175.80	-
			1,932.60	739.49
LABOUR				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			627.00	400.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			1,036.00	480.00
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			1,823.00	880.00
GRAND TOTAL			3,755.60	1,619.49
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,619.49

Report Ref No. NS/INC18006371/Srbn2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.