TOTAL

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



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

NT	UC INCOME INSU	RANCE CO-OPERATIVE LTD	Ref:	NS/INC180065	67/Svb
#05	BRAS BASAH ROA 5-01 NTUC TRADE 9556	AD UNION HOUSESINGAPORE	Date:	10-04-2018	
1.	de la companya del companya de la companya del companya de la comp	Policy Particulars	Code:	INC4	
18.8)	Insured Veh.	SLG 4263C	-	nspected	SHC 4929J
	Policy No.	5092010631		age (\$)	0.00
	Claim No.	11374-1457-1458	Exces		0.00
	Assign From		Assign		09/04/2018
2.	O STATE OF S	Vehicle Parti	1000	244 245 2000 - 2	MARINE EN ARCHE
	Make & Model		c.c	Condition	0
	Engine No.	HIDDEN	Year o	f Rea.	
	Chassis No.				
	Odometer -			ng	
	Brakes			cation	
	General				
3.		Conditi	ons of 1	yres	
		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	on of Da	mages	to the surprise of the
5.		General	Informa	ation	
	Accident Date	04/04/2018	0.0000000000000000000000000000000000000	tion Date	09/04/2018
	Survey held at	SMRT AUTOMOTIVE SERVICES 60 WOODLANDS INDUSTRIAL	S PTE LT	D	
5a.	THE REAL PROPERTY.		marks		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PE	REJUDICE" BASIS.	PEDAIDS

TP Claims against NTUC Income: Follow-Through Survey

			The state of the s				一年 1 日本 1 日本 1 日本 1	Toototoo sonoir coet
	н	American Original Community	Claimant Vehicle No	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Telliative tepan cost
CINO	Income Deference	Claimant (Owner / Taxi Company)	Cidillian Chick 110:	200000000000000000000000000000000000000			2000000	000000
200	ы	Communication	10001 0110	J23CV 27 13	8/02/7018	17:20	\$4,135,10	3920.20
	500 00100001+11	CAADT TAVIC DITE LTD	SHC 49233	3503+ 036	0.0000			000000
190	MI/0989139-002	SWIN LANGE LEED		1 00000	0100/1/01	17.30	64 007 50	\$430.00
		CIT I durat court and conserved	KHF 155K	S.O.8845A	18/4/2018	07./1	WT, // / / W	
0	MT/0991109-002	SMKLIAXISPIELID	OHI LOOKS			00.00	70 050 10	61 000 00
1		ALEXANDER OF THE PROPERTY OF T	110711 1/107	CIC OADOC	25/4/2018	05:60	07.600.44	41,300,00
	COO CCOCOOO/ TAX	COMFORT TRANSPOTATION PIELID	SHC 110811	272 24020	0.000			
•	MI/0332023-002	COMI ON THE STATE OF THE STATE						

eBaoTech								Sales and the	Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change La	nguage	· Change Passwo	
My Desktop	Policy Query									
Notice of Loss	Policy N	io.				Date of Acc	cident	04/04	/2018 11:42	1
	Vehicle	No.(For Motor)	SLG4263C						- Annual Control	-1
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092010631	LILIS FLOWERS	53362296D	GPC	drivo CLASSIC	SLG4263C	SLG4263C		15/06/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Company
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	SHC4929J
Vehicle No.:	No.
Vehicle to be Exported:	10 Apr 2018
Intended De-registration Date:	TOYOTA
Vehicle Make:	
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6582712
Chassis No.:	JTDKN36U205767549
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	04 Mar 2016
First Registration Date:	04 Mar 2016
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2024
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	03 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$29,209.00
Total Rebate Amount: Message	\$32,959.00

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 10 Apr 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

- 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 ladgement 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

arcresard.	
建筑到 建设建筑建筑设置的100mm	ACCIDENT STATEMENT
Date Of Report	05/04/2018 13:43
Date Of Accident	04/04/2018 17:20
Exact Location Of Accident	LOBBY OF MERCURE HOTEL(MIDDLE ROAD)
Country/State of Loss	SINGAPORE
建筑 建筑建筑建筑。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4929J
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-18090213MFSH
Cover Note Number	
Driver	
Name of Driver	CHIN KOK KIONG(ZENG GUOQIANG)
NRIC No	S7313738A
Date Of Birth	23/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1997
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL
	4200020

Address

10-231

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

STATE OF

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I STOPPED MY TAXI AT THE LOBBY OF MERCURE HOTEL TO DROP OFF MY PASSENGER.SUDDENLY I FELT THE IMPACT AT THE FRONT PORTION OF MY TAXI.A VEHICLE SLG4263G WHICH WAS INFRONT OF MY TAXI REVERSED AND HIT ONTO THE FRONT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG4263C

Vehicle Make/Model/Colour

Details Of Properties

1

Vehicle Category

PRIVATE CAR

Name of Driver

CHAN LIMEI, GRACE

NRIC/Passport Number

S8531241C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan

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 messepresentation 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/lew 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
- 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.
 - (r) 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 unider any regulations, laws or court orders.

Policyholder's Signature Date & Time:

e's Signature

(Varior is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

abby of Moscure (illiblik	Hotel (onl) A Piller	A-SHC 492 B-SLG AZ
DECLARATION i/We declare the foregoing particle Policyholder's Signature Date & Time:	Driver's Signature	Reporting Centre Personnel's Signature



60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

NTUC

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

Reg. No.

SHC4929J

Ref. No

TAX/04/18/2025

Reg. Date

04/03/2016

Vehicle Type

TAXI

Make

TOYOTA PRIUS

Model

PRIUS

Name of Driver

CHIN KOK KIONG(ZENG

GUOQIANG)

Type of Accident

: HEAD TO REAR

Date / Time of Accident

04/04/2018 05:21:00 PM

Accident Reported Date / Time :

05/04/2018 12:00:00 AM

Surveyor is Required?

Yes

Survey by

Vehicle is Towed Back?

Yes

Towed Back Date/Time

06/04/2018

Replacement Vehicle issued? :

No

Accident Repair Job Card No :

000024095464

Special Instruction to ARC, if any :

TOWED \$60/ SLG4263C

Prepared Date

09/04/2018 02:43:54 PM



Sebastian.

- Part by part repair. - Question Mark I tam

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: JTDKN36U205767549

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

507.00

0.00

Total Spray Painting Charges

558.00

0.00

Total Material Charges

2,250.36

2,250.36

Other Charges

324.00

0.00

TOTAL

3,639.36

0.00

Lum Sum Total

0.00

0.00

No. of Repair Days

4.00

0.00

Prepared / Adjusted By

Zebrys

Arc / Surveyor Sing Off Date

: 09/04/2018 03:35:54 PM

01/01/1900 12:00:00 AM

Prepared / Adjusted Date

Remarks

8.5

Prepared Date : 09/04/2018 03:35:54 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	0.00 200
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 BUMPER LOWER GRILLE	180.00	0.00 ×
Total Spray Painting & Panel Beating	558.00	0.00

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

Total Other Costs	324.00	0.00
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 💥 30
TO WASH AND VACUUM	60.00	0.00 ×
TO REPLACE SUNDRY PARTS	100.00	0.00 ×
TOWING CHARGE	84.00	0.00 X
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable

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
52119- 47930		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace	No
52114- 47140			BRACKET, FR BUMPER	1	110.40	25.00	82.80	Replace	Replace 🦳	No
			NUMBER PLATE	1	15.00	0.00	15.00	Replace	Replace \times	No
			NUMBER PLATE FRAME	1	12.00	0.00	12.00	Replace	$^{\rm Replace}\times$	No
53102- 47020		6505541	BUMPER GRILLE SUB-ASSY, LOWER	1	311.10	25.00	233.32	Replace	Replace	No
76851- 47020		6505616	BUMPER LIP FRT	1	139.60	25.00	104.70	Replace	Replace 🗸	No
81210- 12230		6505439	FOG LAMP RH	1	295.20	10.00	265.68	Replace	Replace -	No
81511- 47050			LENS & BODY, FR TURN RH	1	511.80	10.00	460.62	Replace	Replace 7	No
52611- 47080		6505518	BUMPER ENERGY ABSORBER FRT	1	78.80	25.00	59.10	Replace	Replace	No
52021- 47023		6505539	BUMPER REINFORCEMENT FRT	1	498.40	25.00	373.80	Replace	Replace	No
52115- 47040		6505515	BUMPER SUPPORT F/RH	1	76.40	25.00	57.30	Replace	Replace 7	No
53875- 47030		6505553	FENDER LINER FRT/RH	1	171.70	25.00	128.77	Replace	Replace	TN9
52618- 47050		6505540	BUMPER FRT ABSORBER LOWER	1	127.70	25.00	95.77	Replace	Replace	No
			TOTAL MATERIALS					2,250.38	3 2,250.36	
		TOTAL	MATERIALS(Discou	nted)	y			2,250.36	2,250.36	

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
	тот	AL SUPPLEMENTARY	MATERIA	ALS					



SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number ; 68662672

11-4-18/16:50

SMRT Accident Vehicle Repair Estimates

9-4-18 / 16:50

	The second secon
Section A - To be comple	d by claims Advisor/Duty officer at Accident Reporting Centre
Reg. No	: SHC4929J -1/
Ref. No	: TAX/04/18/2025
Reg. Date	: 04/03/2016
Vehicle Type	TAXI
Make	: TOYOTA PRIUS
Model	PRIUS
Name of Driver	CHIN KOK KIONG(ZENG GUOQIANG)
Type of Accident	: HEAD TO REAR
Date / Time of Accident	: 04/04/2018 05:21:00 RM
Accident Reported Date / T	ne: 05/04/2018 12:00:00 AM
Surveyor is Required?	: Yes
Survey by	: sebastian
Vehicle is Towed Back?	Yes
Towed Back Date/Time	06/04/2018 G 6555 8888
Replacement Vehicle issue	accompanies of the same of the
Accident Repair Job Card N	: 000024095464
Special Instruction to ARC,	any:
	TUC PIP OR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) kauto.com HP:90036121
Prepared Date	: 09/04/2018 02:43:54 PM
X1x	W 226472 1
Recording Camera	4141

1st witness 2ⁿⁿ witness 11/4/18 14105 Vehicle Return Time: __, 12 + 00 P483 SMRT staff sign: _/

Radio Antenna

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

Chassis No : JTDKN36U205767549

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

507.00

200.00

Total Spray Painting Charges

558.00

200.00

2.118.67

Total Material Charges

490.28

Other Charges

240.00

30.00

TOTAL

920.28

3,423.67

0.00

Lum Sum Total

0.00

No. of Repair Days

2.00

Prepared / Adjusted By

4.00

SEBASTIAN (LKK)

Arc / Surveyor Sing Off Date

09/04/2018 03:35:54 PM

4135.10

09/04/2018 04:50:31 PM

Prepared / Adjusted Date

Remarks

Prepared Date : 09/04/2018 03:35:54 PM

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

Quotation No

: QN-1804-0273

Invoice No

Quotation Date : 12/4

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	200.00		
Total Labour	507.00	200.00		

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 BUMPER LOWER GRILLE	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 REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30.00 /
Total Other Costs	240.00	30.00

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
52119-		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace	No /
47930 52114-			BRACKET, FR BUMPER	1	110.40	25.00	82.80	Replace	Check	No X
47140			NUMBER PLATE	0	15.00	0.00	0.00	Replace	Not given	No X
			NUMBER PLATE FRAME	0	12.00	0.00	0.00	Replace	Not given	No X
53102- 47020		6505541	BUMPER GRILLE SUB-ASSY, LOWER	1	311.10	25.00	233.33	Replace	Check	No X
76851-		6505616	BUMPER LIP FRT	1	139.60	25.00	0.00	Replace	Not given	No X
47020 81210-		6505439	FOG LAMP RH	1	295.20	10.00	265.68	Replace	Check	No X
12230 81511-			LENS & BODY, FR		1 511.80	10.00	460.62	Replace	Check	No X
47050 52611-		6505518	BUMPER ENERGY ABSORBER FRT		1 78.80	25.00	59.10	Replace	Check	No X
47080 52021- 47023		6505539	BUMPER REINFORCEMENT FRT		1 498.40	25.00	373.80	Replace	Check	No X
52115- 47040		6505515	BUMPER SUPPORT		1 76.40	25.00	57.30	Replace	Check	No X
53875- 47030		6505553	FENDER LINER		1 171.70	25.00	128.78	Replace	Replace	No /
52618-		6505540	BUMPER FRT ABSORBER LOWER		1 127.70	25.00	95.77	Replace	Check	No X
TOTAL MATERIALS						2,118.68 490.28				
TOTAL MATERIALS(Discounted)								2,118.6	7 490.28	

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	TOTA	L SUPPLEMENTARY	MATERIA	LS					

490.28 / + 200.00 / + 230.00 / + 230.00 / Soleying

Page:

4

Veron Chen (LKKAuto)

From:

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

Sent:

Monday, 30 April 2018 1:49 PM

To:

Sebastian Yeang (LKK Auto)

Cc:

SUR: CS A Team

Subject:

RE: SHC4929J-amended estimate

Hi

Amount confirmed as per your recommendation, thanks.

Regards Poh Suan

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

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

Sent: Monday, 30 April 2018 9:43 AM

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

Cc: SUR; CS A Team

Subject: RE: SHC4929J-amended estimate

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, 24 April 2018 11:50 AM

To: Sebastian Yeang (LKK Auto)

Cc: SUR; CS A Team

Subject: SHC4929J-amended estimate

Hi Sebastian,

Attached herewith the repair estimate of SHC 4929J having Case No: TAX/04/18/2025.

There is no change to the approved amount of \$920.28 @ 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: Tuesday, 24 April 2018 11:49 AM

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



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



Thatcham escribe

NTL	C INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1800656	67/Svbe2
		D UNION HOUSESINGAPORE	Date:	08-05-2018 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLG 4263C	Veh. I	nspected	SHC 4929J
	Policy No.	5092010631	Cover	age (\$)	0.00
	Claim No.	MT/0989139-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	09/04/2018
2.		Vehicle Parti	culars 8	Condition	
	Make & Model	TOYOTA PRIUS	c.c		1798
	Engine No.	HIDDEN	Year o	f Reg.	2016
	Chassis No.	JTDKN36U205767549	Colou	r	MAROON
	Odometer	226472	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modifi	cation	NIL
	General	FAIR			
3.		Conditi	ons of	Гуres	
		Size	Make		Balance
	R/H Front Tyre	195/65 R15	FALKE	N	6 mm
	L/H Front Tyre	195/65 R15	FALKE	N	6 mm
	R/H Rear Tyre	195/65 R15	FALKE	N	6 mm
_	L/H Rear Tyre	195/65 R15	FALKE	N	6 mm
	A REVERSE	Description			
	THE VEHICLE SU	STAINED DAMAGES AT THE FR	ONT O/S	PORTION.	
	DAMAGES SEE D	ETAILS.			
5.		Genera	l Inform	ation	
	Accident Date	04/04/2018	Inspec	tion Date	09/04/2018
	Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE L	TD	
		60 WOODLANDS INDUSTRIAL	PARK E	SINGAPORE 757	705
5a.		R	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.		Estimate	Days of	Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		2 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4929J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted
	REPLACEMENT OF PARTS			(4)
1	BUMPER FRT (DISC 25%)	PUNCTURE	482.00	361.50
1	FENDER LINER FRT/RH (DISC 25%)	TORN	171.70	128.78
1	BRACKET,FR BUMPER	NOT NECESSARY	110.40	120,70
1	NUMBER PLATE	NOT NECESSARY	15.00	
1	NUMBER PLATE FRAME	NOT NECESSARY	12.00	15 .
1	BUMPER GRILLE SUB-ASSY, LOWER	NOT NECESSARY	311.10	
1	BUMPER LIP FRT	NOT NECESSARY	139.60	10
1	FOG LAMP RH	NOT NECESSARY	295.20	
1	LENS & BODY,FR TURN RH	NOT NECESSARY	511.80	
1	BUMPER ENERGY ABSORBER FRT	NOT NECESSARY	78.80	-
1	BUMPER REINFORCEMENT FRT	NOT NECESSARY	498.40	
1	BUMPER SUPPORT F/RH	NOT NECESSARY	76.40	-
1	BUMPER FRT ABSORBER LOWER	NOT NECESSARY	127.70	
	LABOUR		2,830.10	490.28
- 1	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			
1	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		587.00 558.00	230.00 200.00
0.10		Commercial and the rest of the control of the contr	333.33	200.00
	TO REPLACE SUNDRY PARTS. TO WASH AND VACUUM.	NOT NECESSARY	100.00	2
	O WASH AND VACOUM,	NOT NECESSARY	60.00	-
	V-000		1,305.00	430.00
(GRAND TOTAL		4,135.10	920.28
F	RECOMMENDED COST OF REPAIRS (CONFIRMED)	Section Section	N - STATE OF THE S	920.28

Report Ref No. NS/INC18006567/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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