

REF:

NS/TWC18007407/SQPNZ

## 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:

Policy No:

Claims No:

Sum Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lump Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

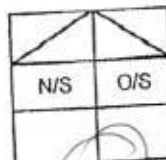
The U/C / Chassis frame / Body Structure affected due to collision.

Yr Regn:

C.C.

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA



Date / Time

Action / Instruction

SHB 822E - NS/TWC11020720/Riftm

SQ 2939X - X

DA: 0810-11

TAX/04/18/2094

Lide

NTRC

Date/Time. File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time. File Return to?

Report Format:

Lump Sum / I.B.T. (\$)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation.

) \$ + RS. \$

: Photos

: Others

TOTAL

160

35

195

RECEIVED 10 MAY 2018



# 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/INC18007407/Sqb				
73 BRAS BASAH ROAD				
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Date: 23-04-2018		
189556		Code: INC4		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJQ 2939X	Veh. Inspected	SHB 522E	
Policy No.	5096883630	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	19/04/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	17/04/2018	Inspection Date	19/04/2018	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
<b>5a. Remarks</b>				
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/0994868-001	SMRT TAXIS PTE LTD	SHB 522E	SIQ 2939X	17/04/2018
2	MT/0991087-002	SMRT TAXIS PTE LTD	SHB 1772T	SLG 5592X	19/04/2018
3	MT/0983942-002	SMRT TAXIS PTE LTD	SHB 687M	YN 5496A	26/2/2018
4	MT/0992660-002	SMRT TAXIS PTE LTD	SHC 4568S	SIL 9197A	1/5/2018
5	MT/0992640-002	SMRT TAXIS PTE LTD	SHB 1108L	PC 2403C	30/4/2018
6	MT/0993012-002	SMRT TAXIS PTE LTD	SHB 8Z	SKA 5770S	2/5/2018
7	MT/0992770-002	SMRT TAXIS PTE LTD	SHC 4741H	SHC 6357X	3/5/2018

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 checked="" type="radio"/>	5096883630	LIM YI HUAN EVE	S9018747C	GPC	drivo CLASSIC	SJQ2939X	SJQ2939X	20/12/2017	19/12/2018

## 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	18/04/2018 15:54
Date Of Accident	17/04/2018 21:15
Exact Location Of Accident	SLE TOWARDS BKE FILTER LANE TO LENTOR AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB522E
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	ZAINAL BIN MOHAMAD KHALID
NRIC No	S6942198I
Date Of Birth	30/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	09/04/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	249
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)	2
Passenger 1	
	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 SLE AT THE FILTER LANE TO LENTOR AVE WITH A PASSENGER ON BOARD AND HAD STOPPED DUE TO TRAFFIC WAS CONGESTED AHEAD. AFTER A FEW SECONDS LATER, SUDDENLY THE VEHICLE SJQ2939X 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ2939X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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 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) complying with requirements under any regulations, laws or court orders.



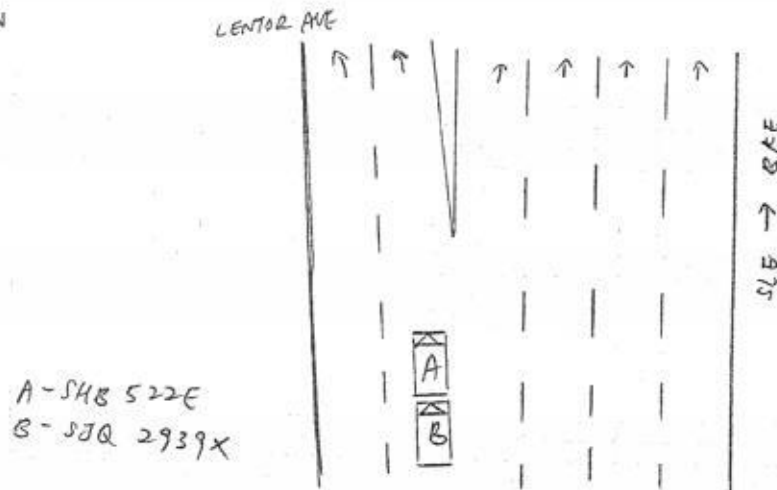
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/4/2018

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Blank area for describing the circumstances of the accident.

DECLARATION

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: 18/4/2018

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 23 Apr 2018

Company

5369K

SHB522E

No

23 Apr 2018

TOYOTA

PRIUS TAXI (SMRT)

Maroon

2014

2ZR6102223

JTDKN36U805747306

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 &amp; 97kW (130bhp)

8

\$53,269.00

\$28,267.00

\$34,333.00

OK

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB522E  
 Ref. No : TAX/04/18/2094  
 Reg. Date : 23/07/2014  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS  
 Name of Driver : ZAINAL BIN MOHAMAD KHALID  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 17/04/2018 09:15:00 PM  
 Accident Reported Date / Time : 18/04/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by :  
 Vehicle is Towed Back? : Yes  
 Towed Back Date/Time : 18/04/2018  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No : 000024095626  
 Special Instruction to ARC, if any :  
 TOWED \$60 / SJQ2939X - NTUC IDAC  
 Prepared Date : 18/04/2018 04:11:39 PM



Sebastian.  
 18/4/18.  
 - Lump Sum Repair.  
 - Question Mark Item  
 Photo  
 - Photo After 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 : JTDKN36U805747306

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	: 738.00	0.00
Total Material Charges	: 2,148.05	2,148.05
Other Charges	: 684.00	0.00
<b>TOTAL</b>	<b>: 4,415.05</b>	<b>0.00</b>
<b>Lum Sum Total</b>	<b>: 4,400.00</b>	<b>0.00</b>
No. of Repair Days	: 6.00	0.00
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sign Off Date	: 18/04/2018 05:45:57 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 18/04/2018 05:45:57 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	0.00 200
<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 BUMPER BEAM	180.00	0.00 ?
TO RESPRAY REAR PANEL	180.00	0.00 ?
<b>Total Spray Painting &amp; Panel Beating</b>	<b>738.00</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
TOWING CHARGE	84.00	0.00 X
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0.00 30
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
<b>Total Other Costs</b>	<b>684.00</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 Recommendation	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No
90467-07211			BUMPER CLIPS	10	2.10	25.00	15.75	Replace	Replace	No
			PIXEL STICKER	2	60.00	0.00	120.00	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
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	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
52592-47021			BUMPER SEAL, RR LH	1	88.90	25.00	66.67	Replace	Replace	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace	No
58308-47011			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	25.00	385.87	Replace	Replace	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
67881-47022			TAILGATE DOOR WEATHER STRIP	1	353.40	25.00	265.05	Replace	Replace	No
<b>TOTAL MATERIALS</b>								<b>2,685.09</b>	<b>2,685.06</b>	
<b>TOTAL MATERIALS(Discounted)</b>								<b>2,148.05</b>	<b>2,148.05</b>	

**Added Spare Parts / Material Usage After Surveyor Signed off**

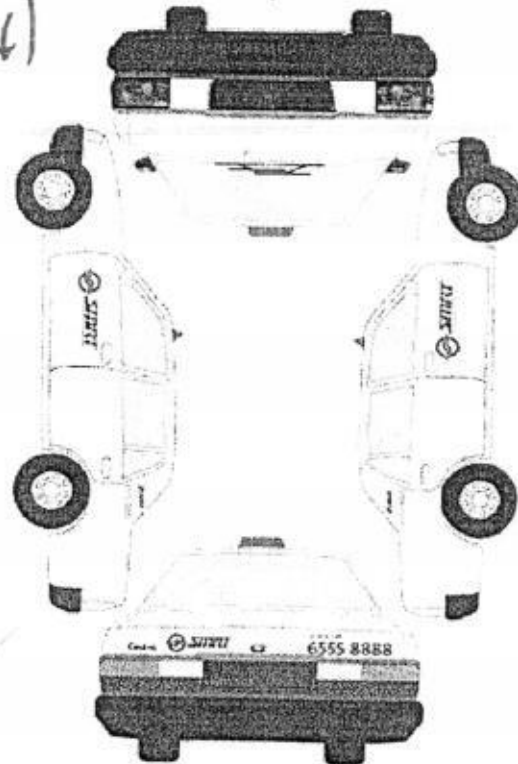
Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									

# SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB522E  
 Ref. No : TAX/04/18/2094  
 Reg. Date : 23/07/2014  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS  
 Name of Driver : ZAINAL BIN MOHAMAD KHALID  
 Type of Accident : HEAD TO REAR  
 Date / Time of Accident : 17/04/2018 09:15:00 PM  
 Accident Reported Date / Time : 18/04/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by : Sebastian  
 Vehicle is Towed Back? : Yes  
 Towed Back Date/Time : 18/04/2018  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No : 000024095626  
 Special Instruction to ARC, if any :

21/4  
5 Taxi



TOWED \$60 / SJQ2939X - NTUC IDAC  
 BEFORE PAINT PHOTO, AFTER REPAIR PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL  
 SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP:90036121  
 LUMPSUM REPAIR

Prepared Date : 18/04/2018 04:11:39 PM

Recording Camera

☐
☒

Radio Antenna

☐
☒

1<sup>st</sup> witness

Date

14-4-18

2<sup>nd</sup> witness

Date

23-4-18

14:20

28-4-18

pass

Vehicle to Wega Date In: 28/4	Towing:
Time In: 1230	Driver: TAT
Wega Job No: 04/0257	
Vehicle sent to SMRT Date In: 23-4-2018	Towing:
Time In: 13:00	Driver:
Received by (SMRT):	

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

Chassis No : JTDKN36U805747306

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	200.00
Total Spray Painting Charges	: 738.00	200.00
Total Material Charges	: 1,608.58	899.02
Other Charges	: 600.00	-199.02
<b>TOTAL</b>	<b>: 3,791.58</b>	<b>1,100.00</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 6.00	3.00
Prepared / Adjusted By	:	SEBASTIAN ( LKK )
Arc / Surveyor Sign Off Date	: 18/04/2018 05:45:57 PM	19/04/2018 04:34:30 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 18/04/2018 05:45:57 PM

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

Quotation No : QN-1804-0653

Invoice No :

Quotation Date : 26/4

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 4/19/2018 4:37:08 PM



**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	200.00 /
<b>Total Labour</b>	<b>845.00</b>	<b>200.00</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 BUMPER BEAM	180.00	0.00
TO RESPRAY REAR PANEL	180.00	0.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>738.00</b>	<b>200.00</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 REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	30.00 /
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00 /
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0.00
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-259.02
<b>Total Other Costs</b>	<b>600.00</b>	<b>-199.02</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 ✓
90467-07211			BUMPER CLIPS	10	2.10	25.00	15.75	Replace	Replace	No ✓
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No ✓
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.28	Replace	Replace	No ✓
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Check	No X
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Check	No X
89997-30070			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	10.00	141.66	Replace	Check	No X
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Check	No X
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Check	No X
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Check	No X
52592-47021			BUMPER SEAL, RR LH	1	88.90	25.00	66.68	Replace	Check	No X
76891-47020		6505619	BUMPER LIP REAR	0	228.90	25.00	0.00	Replace	Not given	No X
58308-47011			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	25.00	385.88	Replace	Check	No X
58307-47060		6505522	END PANEL	1	602.10	25.00	451.58	Replace	Check	No X
	COMMO N	4006314	SEALANT SIKAFLEX	1	37.00	0.00	37.00	Replace	Check	No X
67881-47022			TAILGATE DOOR WEATHER STRIP	1	353.40	25.00	265.05	Replace	Replace	No ✓
TOTAL MATERIALS							2,513.41	899.03		
TOTAL MATERIALS(Discounted)							1,608.58	899.02		

## 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									

$$\begin{array}{r}
 899.03 \\
 200.00 \\
 + 260.00 \\
 \hline
 1,359.03 \\
 - 20\% \\
 \hline
 1087.22
 \end{array}$$

$$L/S = \$1100$$

Sebastian  
11/5/18

5619.30



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/INC18007407/Sqbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-05-2018  
189556



Code: INC4

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

Insured Veh.	SJQ 2939X	Veh. Inspected	SHB 522E
Policy No.	5096883630	Coverage (\$)	0.00
Claim No.	MT/0994868-001	Excess (\$)	0.00
Assign From		Assign Date	19/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U805747306	Colour	MAROON
Odometer	384899	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.
--

### 5. General Information

Accident Date	17/04/2018	Inspection Date	19/04/2018
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 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 522E**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BUMPER REAR (DISC 25%)	CRACKED	458.60	343.95
10	BUMPER CLIPS @\$2.10 (DISC 25%)	NECESSARY	21.00	15.75
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	TAILGATE DOOR WEATHER STRIP (DISC 25%)	TORN	353.40	265.05
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	ARM SUB-ASSY,RR BUMPER LH	NOT NECESSARY	139.60	-
1	ARM SUB-ASSY,RR BUMPER RH	NOT NECESSARY	139.60	-
1	ANTENNA,ELECTRICAL LOWER REAR	NOT NECESSARY	157.40	-
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	BUMPER SEAL,RR LH	NOT NECESSARY	88.90	-
1	BUMPER LIP REAR	NOT NECESSARY	228.90	-
1	UNDER COVER SUB-ASSY,RR FLOOR	NOT NECESSARY	514.50	-
1	END PANEL	NOT NECESSARY	602.10	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
			3,436.30	899.03
<b><u>LABOUR</u></b>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			1,285.00	260.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			738.00	200.00
TO REPLACE SUNDRY PARTS.			100.00	-
TO WASH AND VACUUM.			60.00	-
-			-	-
-			-	-
-			-	-
			2,183.00	460.00
<b>GRAND TOTAL</b>			<b>5,619.30</b>	<b>1,359.03</b>

Report Ref No. NS/INC18007407/Sqbn2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,100.00
--	--	--	----------

Report Ref No. NS/INC18007407/Sqbn2

**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.**