

REF:

NS/INC18007593/3thb2

ASSIGNMENT

4/3/2018

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/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 Report:

GIA / PR Seen:

Est. Repairs:

Lump Sum:

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 / OHTSU4 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

Date / Time

Action / Instruction

Date/Time, File Pass to?

11/15/2018

Date/Time, File Return to?

Report Format:

Lump Sum / L.B.F. (\$)

☐ : Preli. Report☒ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation.

) S + RS. \$

Photos

Others

TOTAL

RECEIVED 09 MAY 2018

Lump Sum \$1100F Cred 4163.30 : 79%

SJN 15603

160
35

195



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007593/Stb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 25-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 1560B	Veh. Inspected	SHC 4650L
Policy No.	5098139448	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	24/04/2018

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	20/04/2018	Inspection Date	24/04/2018
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.
--

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098139448	THE CARHUB	53331158J	GPC	drive CLASSIC	SJN1560B	SJN1560B	14/02/2018	04/02/2019

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 4 May 2018 3:35 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIMS NUMBER

Hi

Claim created.

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, 4 May, 2018 2:08 PM
To: mtreg
Subject: REQUEST CLAIMS NUMBER

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle
1	MT/0991386 -002	SMRT TAXIS PTE LTD	SHC 4650L

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s)

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	23/04/2018 10:13
Date Of Accident	20/04/2018 19:45
Exact Location Of Accident	FAR EAST PLAZA TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4650L
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	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18090213MFSH
Cover Note Number	

Driver

Name of Driver	OH AH HENG
NRIC No	S1617066F
Date Of Birth	30/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180421/2010 & T/20180421/2014 On above mentioned date, time and location, I parked my Taxi (SHC4650L) stationary at the taxi stand car park. I then proceeded to my car boot to put in the wheel chair for my passenger, however while I was trying to put in the wheel chair, a car (SJN1560B) came from behind and collided onto my leg and vehicle. I was then conveyed to Tan Tock Seng Hospital as I felt a lot of pain in my leg. I was given 4 days of MC and was told to go back the hospital if the pain persist. my taxi suffered scratches at the back portion.

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	SJN1560B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

OH AH HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4650L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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



[Handwritten Signature]

[Handwritten Signature] 23/4/2018

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.:

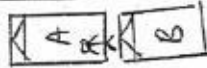
SKETCH PLAN

FAR EAST PLAZA

TAX STAND

A-SHC 4651L

B-SIN 1560B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180421/2010

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180421/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 02:19		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: OH AH HENG			Address: APT BLK 1 MARSILING DRIVE #03-77 SINGAPORE 730001		
ID Type / ID No.: NRIC NO / S1617066F			Contact No.: Home/Office:		Mobile: 82230996
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 30/10/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2018 19:45	Type of Location: TAXI STAND
Location: Along Road 1 SCOTTS ROAD				
FAREAST PLAZA TAXI STAND				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC4650L	Car	TOYOTA		Brown		3
8JN1560B 8JN1560B	WOODLANDS WEST NPC NO. 00 MARSILING LANE SINGAPORE 739146			Silver		0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180421/2010

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180421/2010

CONTINUATION OF REPORT

Driver:			
Name	OH AH HENG	ID No.	S1617066F —
Related Vehicle	SHC4650L (Car)	Contact No.	82230996
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/04/2018	Date Discharge	21/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On above mentioned date, time and location, I parked my Taxi(SHC4650L) stationary at the Taxi Stand Carpark. I then proceeded to my car boot to take out the wheel chair for my passenger, however while I was trying to take out the wheel chair, a car(SJN1506B) came from behind and collided onto my leg and vehicle. I was then conveyed to Tan Tock Seng Hospital as I felt a lot of pain in my leg. I was given 4 days of MC and was told to go back to the Hospital if the pain persist. My Taxi suffered scratches at the back portion.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999



T/20180421/2010

3 of 3

Report No. T/20180421/2010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report
J /
Sgt 2 MUHAMMAD SHAFUDIN SHAH BIN
EFFENDI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/04/2018 02:19

Classification Of Case:



T/20180421/2014

1 of 3

Report No. T/20180421/2014

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20180421/2014

Vide Report Number T/20180421/2010

Date/Time of Report Made 21/04/2018 03:18

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant OH AH HENG

ID Type / ID No. NRIC NO / S1617066F

Home/Office

Mobile 82230996

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 20/04/2018 19:45

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC4650L	Car					3
SJN1560B	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 7



T/20180421/2014

2 of 3

Report No. T/20180421/2014

Continuation of CSF For NP168

Driver			
Name	OH AH HENG	ID No.	S1617066F
Related Vehicle	SHC4650L (Car)	Contact No.	82230996
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2018	Date Discharge	21/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Facts.

On above mentioned date, time and location, I parked my Taxi (SHC4650L) stationary at the taxi stand car park. I then proceeded to my car boot to put in the wheel chair for my passenger, however while I was trying to put in the wheel chair, a car (SJN1560B) came from behind and collided onto my leg and vehicle. I was then conveyed to Tan Tock Seng Hospital as I felt a lot of pain in my leg. I was given 4 days of MC and was told to go back the hospital if the pain persist. My Taxi suffered scratches at the back portion.



T/20180421/2014

3 of 3

Report No. T/20180421/2014

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / ANG YI TING, STEPHANIE
Classification of Case	1) INJURY / OTHERS

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	5369K

Vehicle Details

Vehicle No.:	SHC4650L
Vehicle to be Exported:	No
Intended De-registration Date:	25 Apr 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR1515430
Chassis No.:	JTDKN36U905758900
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	04 Mar 2015
First Registration Date:	04 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$8,088.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2023
PARF Rebate Amount:	\$6,066.00

Intended COE Rebate Details

COE Expiry Date:	03 Mar 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,092.00
COE Rebate Amount:	\$30,976.00
Total Rebate Amount:	\$37,042.00

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 25 Apr 2018

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHC4650L
 Ref. No : TAX/04/18/2109
 Reg. Date : 04/03/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : OH AH HENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 20/04/2018 07:45:00 PM
 Accident Reported Date / Time : 23/04/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by :
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 23/04/2018
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024095691
 Special Instruction to ARC, if any :
 TOWED TO TP COMPOUND \$90/ SJN1560B
 Prepared Date : 23/04/2018 11:16:22 AM



Sebastian.
 24/4/18.

- 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 : JTDKN36U905758900

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	:	378.00	0.00
Total Material Charges	:	1,171.37	1,171.37
Other Charges	:	586.00	0.00
TOTAL	:	2,642.37	0.00
Lum Sum Total	:	2,650.00	0.00
No. of Repair Days	:	3.00	0.00
Prepared / Adjusted By	:		2 days
Arc / Surveyor Sing Off Date	:	23/04/2018 06:05:56 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 23/04/2018 06:05:56 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	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 REAR BUMPER	378.00	0.00 200
Total Spray Painting & Panel Beating	378.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	126.00	0.00 X
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 X
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	586.00	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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>✓ Defect</i>	No
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace <i>?</i>	No
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace <i>?</i>	No
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace <i>?</i>	No
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15	Replace	Replace <i>×</i>	No
76087-47020		6505618	BUMPER LIP COVER RR/RH	1	118.10	25.00	88.57	Replace	Replace <i>×</i>	No
76891-47020		6505619	BUMPER LIP REAR	1	228.90	25.00	171.67	Replace	Replace <i>✓ Defect</i>	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10	Replace	Replace <i>?</i>	No
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace <i>?</i>	No
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace <i>/</i>	No <i>only</i>
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace <i>✓</i>	No <i>NEC</i>
TOTAL MATERIALS							1,464.23	1,464.21		
TOTAL MATERIALS(Discounted)							1,171.37	1,171.37		

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									

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHC4650L
 Ref. No : TAX/04/18/2109
 Reg. Date : 04/03/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : OH AH HENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 20/04/2018 07:45:00 PM
 Accident Reported Date / Time : 23/04/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Sebastian
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 23/04/2018
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024095691
 Special Instruction to ARC, if any :

TOWED TO TP COMPOUND \$90/ SJN1560B - NTUC IDAC
 AFTER PAINT PHOTO, LUMP SUM REPAIR, QUESTION MARK ITEM PHOTO, FOR CHECK ITEM AND
 REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email : sebastianeang @lkkauto.com
 HP: 90036121

Prepared Date : 23/04/2018 11:16:22 AM



Vehicle to Wega L... In: 24/04
 Time In: 1700
 Wega Job No: 04/0265
 Vehicle sent to SMRT Date In: 26-4-2018
 Time In: 11-00
 Received by (SMRT): [Signature]

Recording Camera

☒ ☐

Radio Antenna

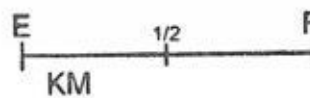
☒ ☐

1st witness [Signature]

Date 24.4.18

2nd witness

Date



26/4/18 11:45 pm

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

Chassis No : JTDKN36U905758900

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	200.00
Total Spray Painting Charges	: 378.00	200.00
Total Material Charges	: 1,057.19	652.50
Other Charges	: 586.00	30.00
TOTAL	: 2,528.19 523.30	1,082.50
Lum Sum Total	: 2,550.00	1,100.00
No. of Repair Days	: 3.00	2.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 23/04/2018 06:05:56 PM	24/04/2018 03:45:55 PM





Prepared / Adjusted Date :

Remarks :

Prepared Date : 23/04/2018 06:05:56 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	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 REAR BUMPER	378.00 ✓	200.00 ✓
Total Spray Painting & Panel Beating	378.00	200.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	126.00	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	30.00 ✓
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Total Other Costs	586.00	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
52159-47905		6505548	BUMPER REAR	✓ 1	458.60	25.00	343.95	Replace	Replace	No ✓
52023-12240		6505547	BUMPER REINFORCEMENT REAR	Supply R 1	205.70	25.00	154.28	Replace	Check	No ✓
52016-47030			ARM SUB-ASSY, RR BUMPER LH	X 1	139.60	25.00	104.70	Replace	Check	No ✓
52015-47050			ARM SUB-ASSY, RR BUMPER RH	X 1	139.60	25.00	104.70	Replace	Check	No ✓
76088-47020		6505617	BUMPER LIP COVER RR/LH	X 0	72.20	25.00	0.00	Replace	Not given	No X
76087-47020		6505618	BUMPER LIP COVER RR/RH	X 0	118.10	25.00	0.00	Replace	Not given	No X
76891-47020		6505619	BUMPER LIP REAR	✓ 1	228.90	25.00	171.67	Replace	Replace	No ✓
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	X 1	94.80	25.00	71.10	Replace	Check	No X
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	X 1	94.80	25.00	71.10	Replace	Check	No X
			SENSOR REVERSE	Supply ✓ 1	180.00	0.00	180.00	Replace	Replace	No ✓
			PIXEL STICKER	✓ 2	60.00	0.00	120.00	Replace	Replace	No ✓
TOTAL MATERIALS								1,321.50	815.62	
TOTAL MATERIALS(Discounted)								1,057.19	652.50	

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									

$$\begin{array}{r}
 969.90 \\
 200.00 \\
 + 230.00 \\
 \hline
 1399.90 \\
 - 20\% \\
 \hline
 1119.92 \\
 \hline
 L/S = \$ 1100
 \end{array}$$

Sebastian
4/5/18

3323.30



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/INC18007593/Stbn2	
73 BRAS BASAH ROAD		Date: 14-05-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJN 1560B	Veh. Inspected	SHC 4650L
Policy No.	5098139448	Coverage (\$)	0.00
Claim No.	MT/0991386-002	Excess (\$)	0.00
Assign From		Assign Date	24/04/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JTDKN36U905758900	Colour	MAROON
Odometer	364076	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	20/04/2018	Inspection Date	24/04/2018
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:		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

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4650L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.67
1	SENSOR REVERSE (SN)	DAMAGED	180.00	180.00
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	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
1	BUMPER LIP COVER RR/RH	NOT NECESSARY	118.10	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
			1,852.30	969.90
<u>LABOUR</u>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			707.00	230.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			478.00	200.00
TOWING CHARGE.			126.00	-
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			1,471.00	430.00
GRAND TOTAL			3,323.30	1,399.90
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC18007593/Stbn2

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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