

REF: NS/TNC18008070/Ss3be2

SYNOPSIS

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: **SLU 6994P**
Policy No: **5096371573** **12.12.17 - 11.12.18**
Claims No: **MT/0992535 - 002**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

N/S	O/S

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

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

Veh No. **SHB 1854** Yr Regn: **10/7/2014**
Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
Truck / Trailer or _____
Make: **Toyota Prius** C.C. **1798**
Colour: **Maroon** A/C: Insured / Std / NI / NA
Sp. Reading **63288** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **J7DKN364505748767**
Gen. Cond: Good / ☒ Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Mod: ☒ M / S/Rim / STD A/Rim or
Tyre Size: F: **175/65R15**
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU4 PIR / SUMI /
TOYO/YOKO or **Fallex**
Front
R/Bal. **6** mm
L/Bal. **6** mm
D.O.A. **21/4/18**
Survey held at **SMRT**
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S Frt
The UIC / Chassis frame / Body Structure affected due to collision

Rear
R/Bal. **6** mm
L/Bal. **6** mm
D.O.I. **30/4/18**

Date / Time Action / Instruction
11/05/18 **316 155U - 003/MSG116017602 / Kij302** **NA 110916** **TAX/04/18/12133**
11/05/18 **Confirm HS \$1800/-**
11/05/18 **Reduc - 66% - \$5,320.53 - \$1,800/-**
SLH 6994P

RECEIVED 14 MAY 2018

Date/Time File Base
14/05/18
1) **Typist**
Date/Time File Return to?

☐ : Prel. Report
☒ : Final Report

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

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

Survey Fee: **160**
Transportation:
S + RS: \$
Photos: **35**
Others:
TOTAL: **195**

Report Format :
Lump Sum / I.B.T. (\$ **\$ 1,800/-**)




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/INC18008070/Ss3b			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 03-05-2018	
Code: INC4			
1. Policy Particulars - THIRD PARTY CLAIM			
Insured Veh.	SLU 6994P	Veh. Inspected	SHB 185U
Policy No.	5096371573	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/04/2018
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	27/04/2018	Inspection Date	30/04/2018
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.			

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/5/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0992535-002	SMRT TAXIS PTE LTD	SHB 185U	SLU 6994P	27/4/2018	18:30	\$ 5,320.58	\$ 2,244.68
2								
3								
4								

Claim received from LKK

Hello, NAC_PAYA_UBI_800601

- › **Change Language**

- **Change Password**

► **Log Out**

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

27/04/2018 13:09

Vehicle No. (For Motor)

SLU6994P

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5096371573	CX.COM	53316599K	GPC	drive PREMIUM	SLU6994P	SLU6994P	12/12/2017	11/12/2018

 Springer

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	5369K

Vehicle Details

Vehicle No.:	SHB185U
Vehicle to be Exported:	No
Intended De-registration Date:	02 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6124464
Chassis No.:	JTDKN36U505748767
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	10 Sep 2014
First Registration Date:	10 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Sep 2022
PARF Rebate Amount:	\$6,066.00

Intended COE Rebate Details

COE Expiry Date:	09 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$27,587.00
Total Rebate Amount:	\$33,653.00

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 02 May 2018

OK

Enquire Transaction History

Log Date/Time: 30 Apr 2018 / 08:13:08

Asset Type: Vehicle

Transaction Amount: \$7.49

Asset ID: SLU6994P

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment) Channel: External Agency

User ID: ESASBAHO - BALQISH BINTE ABDUL Business Transaction 20180430081308316328

User ID: HALIL Reference No.:

20180430081308316328

Reference No.:

Search Date / Time: 27 Apr 2018 18:30:00

Insurance Company: NTUC INCOME INS CO-OP LTD

Information displayed is correct as at the log date and time.

Enquire Related Logs

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 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	28/04/2018 08:47
Date Of Accident	27/04/2018 18:30
Exact Location Of Accident	ANSON RD TOWARDS LAU PA SAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB185U
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	CHOO KIM PENG
NRIC No	S1372201C
Date Of Birth	19/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	10-528
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	RAINING
Road Surface	WET

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)	1

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 ANSON ROAD TOWARDS LAU PA SAT (INFRONT OF INTERNATIONAL PLAZA). SUDDENLY A VEHICLE SLH6994P WHICH WAS TRAVELLING ON MY RIGHT CUT TOWARDS MY LANE ABRUPTLY. THIRD PARTY'S SUDDEN ACTION DID NOT GIVE MEN AMPLE TIME TO REACT AS SUCH MY TAXI COLLIDED ONTO THE LEFT PORTION OF THE VEHICLE.

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

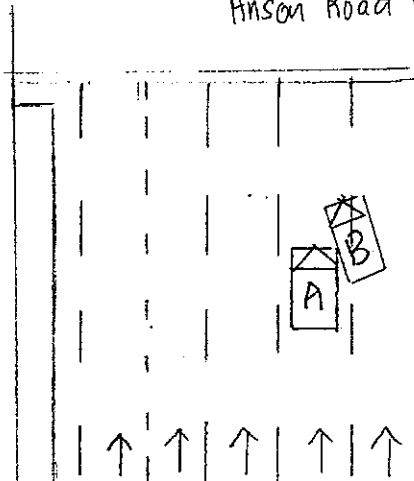
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH6994P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEVEN NG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

Anson Road (in front of International plz)



A-SHB1854

B- SLH 6994P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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:

Date & Time: 25-04-2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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.



Policyholder's Signature
Date & Time:

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

28-04-2018

28/4/2018

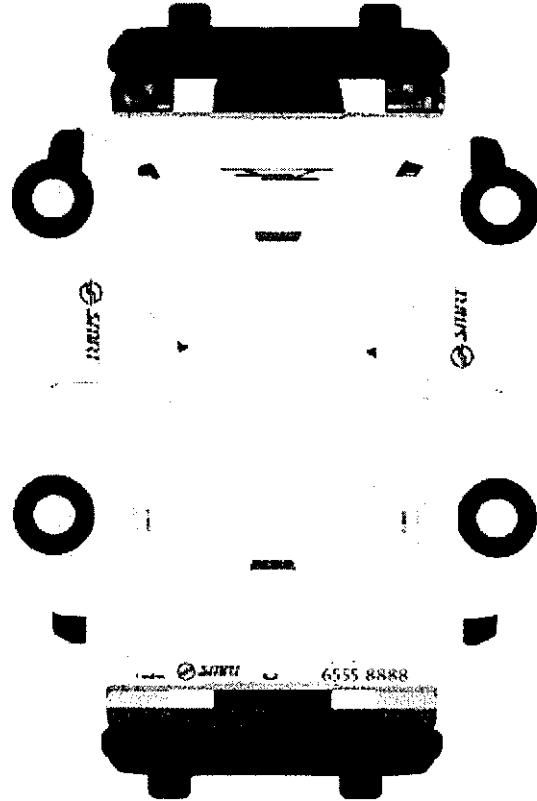
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SMRT Accident Vehicle Repair Estimates

NTUC

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

Reg. No : SHB185U
 Ref. No : TAX/04/18/2133
 Reg. Date : 10/09/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : CHOO KIM PENG
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 27/04/2018 06:30:00 PM
 Accident Reported Date / Time : 28/04/2018 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 : 000024095798
 Special Instruction to ARC, if any :
 SLH6994P
 Prepared Date : 28/04/2018 09:42:48 AM



Sebastian
 30/4/18

- 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 : JTDKN36U505748767

Mileage

: 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 676.00	0.00
Total Spray Painting Charges	: 1,116.00	0.00
Total Material Charges	: 2,680.14	2,680.14
Other Charges	: 848.44	0.00
TOTAL	: 5,320.58	0.00
Lum Sum Total	: 5,300.00	0.00
No. of Repair Days	: 5.00	0.00 3 days
Prepared / Adjusted By	:	
Arc / Surveyor Sing Off Date	: 28/04/2018 10:51:44 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 28/04/2018 10:51:44 AM

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 : 0.00	Prepared Date : 4/28/2018 10:52:06 AM

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH FRONT PORTION	676.00	0.00 400
Total Labour	676.00	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
TO RESPRAY RIM	180.00	0.00 X
RESPRAY WHEEL CAP	180.00	0.00 50
Total Spray Painting & Panel Beating	1,116.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00 60
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	148.44	0.00 ✓
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 30
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 X
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00 50
TO REMOVE AND REFIT TYRE	120.00	0.00 X
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	848.44	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
2119-17930		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace R	No
2115-17040		6505515	BUMPER SUPPORT F/RH	1	76.40	25.00	57.30	Replace	Replace ?	No
1130-17500		6505437	HEAD LAMP RH	1	945.20	10.00	850.68	Replace	Replace ✓ SCR	No
3801-17050		6505557	FENDER FRT/RH	1	723.40	25.00	542.55	Replace	Replace R	No
5374-17051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace ✓ NRC	No
3875-17030		6505553	FENDER LINER FRT/RH	1	171.70	25.00	128.77	Replace	Replace ✓ Defect	No
2602-17060		6505676	CAP SUB-ASSY, WHEEL	1	174.10	25.00	130.57	Replace	Replace ✓ SCR	No
2611-17140 Frt)		6505658	WHEEL DISC. FRONT	1	1,484.20	25.00	1,113.15	Replace	Replace X	No
		6503707	TYRE	1	126.74	0.00	126.74	Replace	Replace X	No
TOTAL MATERIALS								3,350.20	3,350.18	
TOTAL MATERIALS(Discounted)							2,680.14	2,680.14		

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 Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

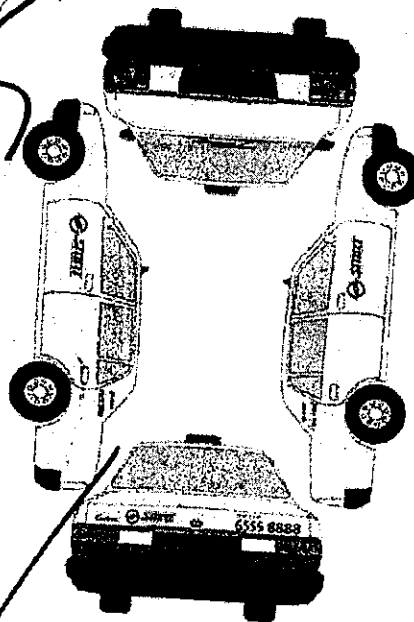
Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB185U
 Ref. No : TAX/04/18/2133
 Reg. Date : 10/09/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : CHOO KIM PENG
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 27/04/2018 06:30:00 PM
 Accident Reported Date / Time : 28/04/2018 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 : 000024095798



Special Instruction to ARC, if any :

SLH6994P - NTUC IDAC 45

After PAINT PHOTO , Question mark item photo , Lump sum repair , FOR CHECK ITEM AND REPLACE ITEM
 PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP:90036121

Prepared Date : 28/04/2018 09:42:48 AM

Recording Camera

☒ ☐

Radio Antenna

☒ ☐

1st witness

h

Date 30.4.18

2nd witness

h

Date 30.4.18

632218

632879

Supplementary

& Refer to the Supplementary part list

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 4-5-2018

Vehicle Return Time: 13:30

Vehicle Return Location: h

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

Chassis No : JTDKN36U505748767

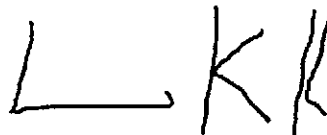
Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 676.00	400.00
Total Spray Painting Charges	: 1,116.00	400.00
Total Material Charges	: 1,206.24	1,206.24
Other Charges	: 848.44	-206.24
TOTAL	: 3,846.68	1,800.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 5.00	3.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	: 28/04/2018 10:51:44 AM	30/04/2018 02:51:32 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 28/04/2018 10:51:44 AM

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

Quotation No : QN-1805-0017

Invoice No :

Quotation Date : 5/5

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 4/28/2018 10:52:06 AM

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	676.00	400.00 /
Total Labour	676.00	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 /
TO RESPRAY RIM	180.00	0.00
RESPRAY WHEEL CAP	180.00	0.00
Total Spray Painting & Panel Beating	1,116.00	400.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60.00 /
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	148.44	148.44 /
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30.00 /
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00
TO REMOVE AND REFIT TYRE	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	-444.68
Total Other Costs	848.44	-206.24

6876.08

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
52119-47930		6505517	BUMPER FRT	1	482.00	100.00	0.00	Replace	Repair	No <i>R</i>
52115-47040		6505515	BUMPER SUPPORT F/RH	1	76.40	25.00	57.30	Replace	Replace <i>S</i>	No <i>/</i>
81130-47500		6505437	HEAD LAMP RH	1	945.20	10.00	850.68	Replace	Replace	No <i>/</i>
53801-47050		6505557	FENDER FRT/RH	1	723.40	100.00	0.00	Replace	Repair	No <i>R</i>
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace	No <i>/</i>
53875-47030		6505553	FENDER LINER FRT/RH	1	171.70	25.00	128.77	Replace	Replace	No <i>/</i>
42602-47060		6505676	CAP SUB-ASSY, WHEEL	1	174.10	25.00	130.57	Replace	Replace	No <i>/</i>
42611-47140 (Frt)		6505658	WHEEL DISC. FRONT	0	1,484.20	25.00	0.00	Replace	Not given	No <i>X</i>
		6503707	TYRE	0	126.74	0.00	0.00	Replace	Not given	No <i>X</i>
TOTAL MATERIALS							1,206.26	1,206.24		
TOTAL MATERIALS(Discounted)							1,206.24	1,206.24		

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									

1206.24 /
+ 400.00 /
+ 638.44 /

2244.68 /

- 20%

1795.74 /

415 \$1800/- /

Sebastian
11/5/18


**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/INC18008070/Ss3be2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 18-05-2018	
		Code: INC4	
1. Policy Particulars : THIRD PARTY CLAIM			
Insured Veh.	SLU 6994P	Veh. Inspected	SHB 185U
Policy No.	5096371573	Coverage (\$)	0.00
Claim No.	MT/0992535-002	Excess (\$)	0.00
Assign From		Assign Date	30/04/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U505748767	Colour	MAROON
Odometer	632818	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/04/2018	Inspection Date	30/04/2018
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	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 185U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER SUPPORT F/RH (DISC 25%)	DEFORMED	76.40	57.30
1	NAME PLATE (HYBRID) (DISC 25%)	NECESSARY	51.90	38.92
1	FENDER LINER FRT / RH (DISC 25%)	DEFORMED	171.70	128.77
1	CAP SUB-ASSY, WHEEL (DISC 25%)	SCRATCHED	174.10	130.57
1	HEAD LAMP RH (DISC 10%)	SCRATCHED	945.20	850.68
1	WHEEL DISC . FRONT	NOT NECESSARY	1,484.20	-
1	TYRE	NOT NECESSARY	126.74	-
1	BUMPER FRT	TO REPAIR	482.00	-
1	FENDER FRT / RH	TO REPAIR	723.40	-
			4,235.64	1,206.24
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,264.44	638.44
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,216.00	400.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			2,640.44	1,038.44
	GRAND TOTAL		6,876.08	2,244.68
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,800.00

Report Ref No. NS/INC18008070/Ss3be2

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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