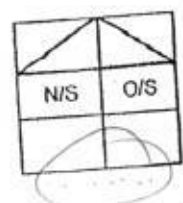


REF: NS/4418008267/SH62

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: SHC 6357X
Policy No: 5095103893
Claims No: MT/0992770-002
Sum Insured: _____
(Client's Record)
Make of Veh: _____

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



Ball. or Market Value: _____
IDAC Accident Report: _____
GIA / PR Seen: _____
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: SHC 4741H Yr Regn: 22/1/2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Proace
Colour: Malaya
Sp. Reading: 372511
Eng/No: _____
C/No: JTDKN3C4705766865
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU4 PIR / SUMI /
TOYO / YOKO or _____
Front: 6 mm R/Bal. 6 mm
L/Bal. 6 mm
D.O.A. 3/5/18
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction
SHC 4741H - NS/INC17011676/KH62
SHC 6357X - NA/INC17018855/ZL
Part by Part 1148.22 (Red: 1653.48 (58%))
RECEIVED 2-2 MAY 2018
Days Of Repair: 22
Resurvey No. of Trip: 2
Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Weekend IS
Survey Fee: 160
Transportation: 35
S + RS: \$
Photos: _____
Others: _____
TOTAL: 195

Date/Time, File Pass to? ☐ : Preli. Report
22/5 Typist ☒ : Final Report
Date/Time, File Return to?
Report Format:
Lump Sum / L.B.I: (\$ 1148.22



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/INC18008267/Stb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-05-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6357X	Veh. Inspected	SHC 4741H
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/05/2018

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	03/05/2018	Inspection Date	04/05/2018
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.	<input type="text"/>	Date of Accident	<input type="text" value="03/05/2018 14:32"/>						
Vehicle No. (For Motor)	<input type="text" value="SHC6357X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6357X	SHC6357X	20/10/2017	
<input type="button" value="Continue"/>									

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	SJQ 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	SJL 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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	03/05/2018 13:44
Date Of Accident	03/05/2018 08:55
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4741H
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-800000000

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	ONG TECK MENG
NRIC No	S7310618D
Date Of Birth	27/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1991
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	582
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , 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/20180503/2047 On 3/5/2018 at about 0853hrs, I was travelling along PIE towards Changi after Stevens Road with one passenger on board. I was stationary as the vehicles in front of me were stationary. While stationary, I heard a loud bang sound coming from the rear of my vehicle. my vehicle and my body jerked forward. I came out and discovered that taxi (SHC6357X) front portion collided with the rear portion of my taxi. Due to the accident, the rear portion of my vehicle was damaged. Nobody was conveyed to the hospital. No traffic police came.

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	SHC6357X
Vehicle Make/Model/Colour	SILVERCAB
Details Of Properties	
Vehicle Category	TAXI
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	ONG TECK MENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC4741H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 0308 2018
1345

[Signature] 3/5/2018

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



**SINGAPORE
POLICE FORCE**



T/20180503/2047

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180503/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 12:20	Vide Report No.:	Station Diary No.: 8
--	------------------	-------------------------

Informant's Particulars

Name of Informant: ONG TECK MENG	Address: APT BLK 582 WOODLANDS DRIVE 16 #08-476 SINGAPORE 730582		
ID Type / ID No.: NRIC NO / S7310618D	Contact No.: Home/Office: Mobile: 81818476		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 45	Date of Birth: 27/03/1973	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/05/2018 08:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS CHANGI AFTER STEVENS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4741H	TAXI				Slightly Damaged	1
SHC6357X	TAXI					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180503/2047

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20180503/2047

CONTINUATION OF REPORT

Driver			
Name	ONG TECK MENG		ID No. S7310618D
Related Vehicle	SHC4741H (TAXI)		Contact No. 81818476
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	03/05/2018		Date Discharge NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 3/5/2018 at about 0853 hrs, I was travelling along PIE towards Changi after Stevens Road with one passenger on board. I was stationery as the vehicles in front of me were stationery. While stationery, I heard a loud bang sound coming from the rear of my vehicle. My vehicle and my body jerked forward. I came out and discovered that taxi (SHC6357X) front portion collided with the rear portion of my taxi. Due to the accident, the rear portion of my vehicle was damaged. Nobody was conveyed to the hospital. No traffic police came.



**SINGAPORE
POLICE FORCE**



T/20180503/2047

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20180503/2047

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:
G /
Staff Sgt WONG JIANYONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/05/2018 12:20

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4741H
Vehicle to be Exported:	No
Intended De-registration Date:	07 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR1654673
Chassis No.:	JTDKN36U705766865
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	22 Jan 2016
First Registration Date:	22 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Jan 2024
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jan 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,307.00
COE Rebate Amount:	\$32,305.00
Total Rebate Amount:	\$36,055.00
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 07 May 2018

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHC4741H
 Ref. No : TAX/05/18/2013
 Reg. Date : 22/01/2016
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : ONG TECK MENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 03/05/2018 08:53:00 AM
 Accident Reported Date / Time : 03/05/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : IDAC
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024095864
 Special Instruction to ARC, if any :
 SHC6357X (SILVERCAB) - NTUC
 Prepared Date : 03/05/2018 02:06:22 PM



Sebastian
 4/5/18

- Part by part repair
- Question Mark Item Photo
- Photo ~~AS~~ 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 : JTDKN36U705766865

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 338.00	0.00
Total Spray Painting Charges	: 558.00	0.00
Total Material Charges	: 1,220.38	1,220.38
Other Charges	: 360.00	0.00
TOTAL	: 2,476.38	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	0.00 <i>2 days</i>
Prepared / Adjusted By	:	
Arc / Surveyor Sing Off Date	: 03/05/2018 03:46:19 PM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 03/05/2018 03:46:19 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 : 0.00

Prepared Date : 5/3/2018 3:44:53 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	338.00	0.00 200
Total Labour	338.00	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
TO RESPRAY BUMPER BEAM	180.00	0.00 ?
Total Spray Painting & Panel Beating	558.00	0.00

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 X
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 ✓
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	360.00	0.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace	No <input checked="" type="checkbox"/> (CRK)
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No <input checked="" type="checkbox"/> (CRK)
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Replace	No <input checked="" type="checkbox"/>
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Replace	No <input checked="" type="checkbox"/>
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace	No <input checked="" type="checkbox"/>
52016-47030			ARM SUB-ASSY, RR BUMPER LH	1	139.60	25.00	104.70	Replace	Replace	No <input checked="" type="checkbox"/>
52015-47050			ARM SUB-ASSY, RR BUMPER RH	1	139.60	25.00	104.70	Replace	Replace	No <input checked="" type="checkbox"/>
89997-30070			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	10.00	141.66	Replace	Replace	No <input checked="" type="checkbox"/>
TOTAL MATERIALS								1,220.39	1,220.38	
TOTAL MATERIALS(Discounted)							1,220.38	1,220.38		

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 : SHC4741H
Ref. No : TAX/05/18/2013
Reg. Date : 22/01/2016
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : ONG TECK MENG
Type of Accident : HEAD TO REAR
Date / Time of Accident : 03/05/2018 08:53:00 AM
Accident Reported Date / Time : 03/05/2018 12:00:00 AM
Surveyor is Required? : Yes
Survey by : IDAC Sebastian
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024095864
Special Instruction to ARC, if any :
SHC6357X (SILVERCAB) - NTUC
BEFORE PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK)
& Email : sebastianyeang@lkkauto.com HP:90036121
Prepared Date : 03/05/2018 02:06:22 PM



QC 7/5/18 11.47 Pass
372313
Recording Camera ☐ ☒
Radio Antenna ☐ ☒
1st witness 2 Date 4-5-18
2nd witness _____ Date _____

Supplementary 372372
Refer to the Supplementary part 1/18

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 7-5-2018

Vehicle Return Time: 11:00 am

SMRT staff sign: _____

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

Chassis No : JTDKN36U705766865

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 338.00	200.00
Total Spray Painting Charges	: 558.00	300.00
Total Material Charges	: 1,220.38	618.22
Other Charges	: 360.00	30.00
TOTAL	: 2,476.38 2751.70	1,148.22
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	: 03/05/2018 03:46:19 PM	04/05/2018 02:18:56 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 03/05/2018 03:46:19 PM

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

Quotation No : QN-1805-0159

Invoice No :

Quotation Date : 10/5

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 5/3/2018 3:44:53 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	338.00	200.00 /
Total Labour	338.00	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 /
TO RESPRAY BUMPER BEAM	180.00	100.00 /
Total Spray Painting & Panel Beating	558.00	300.00

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 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	360.00	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 ✓
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No ✓
52575-47020		6505549	BUMPER SIDE RETAINER RR/RH	1	94.80	25.00	71.10	Replace	Check	No X
			SENSOR REVERSE	1	180.00	0.00	180.00	Replace	Check	No X
52023-12240		6505547	BUMPER REINFORCEMENT REAR	1	205.70	25.00	154.27	Replace	Replace S	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
TOTAL MATERIALS							1,220.39	618.23		
TOTAL MATERIALS(Discounted)							1,220.38	618.22		

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									

618.22 /
+ 200.00 /
+ 330.00 /

1148.22 /

Sebastian
16/5/18

3751.70.



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/INC18008267/Stbn2

73 BRAS BASAH ROAD

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

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6357X	Veh. Inspected	SHC 4741H
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0992770-002	Excess (\$)	0.00
Assign From		Assign Date	04/05/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKN36U705766865	Colour	MAROON
Odometer	372311	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.
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5. General Information

Accident Date	03/05/2018	Inspection Date	04/05/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4741H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER REAR (DISC 25%)	CRACKED	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.27
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
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	-
			1,495.70	618.22
LABOUR				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			538.00	230.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			558.00	300.00
TO REPLACE SUNDRY PARTS.			100.00	-
TO WASH AND VACUUM.			60.00	-
			1,256.00	530.00
GRAND TOTAL			2,751.70	1,148.22
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,148.22

Report Ref No. NS/INC18008267/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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