

REF: NS/ZNC 18008614 / Svb2

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: SJD 5661U
Policy No: 5087373694-01 11-01-18 - 100119
Claims No: MT/0995935-001
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SH15 61695 Yr Regn: 3/11/2017
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Prius 4 C.C. 1798
Colour: Maroon A/C: Insured / Std / NI / NA
Sp. Reading: 52928 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: J70KB3FU 90557428
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: 175/65R15
R: _____

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

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 7/5/18 D.O.I. 8/5/18

Survey held at SMART
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
	<u>SH15 61695 - CS / TIT12005775 / RIC</u>
	<u>SJD 5661U - X</u>

25/5/18 Sebastian confirmed \$ 968.72 (Red 1614.88, 639)

RECEIVED 25 MAY 2018

Date/Time File Pass to? : Preli. Report
 : Final Report
1) _____
Date/Time File Return to?
2) 25/5 - typist
Report Format : TP
Lump Sum / I.B.I. (\$) 968.72

Days Of Repair: 2
Resurvey No. of Trip: 2

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

Survey Fee:
Transportation:
S - RS - SI
Photos
Others
TOTAL

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/INC18008614/Svb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 10-05-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJD 5661U	Veh. Inspected	SHD 6169S
Policy No.	5087373694-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/05/2018

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	07/05/2018	Inspection Date	08/05/2018
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.

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 25 May 2018 4:58 PM
To: Veron Chen (LKKAuto)
Subject: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Friday, May 25, 2018 3:04 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0995935-001	SMRT TAXIS PTE LTD	SHD 6169S	SJD 5661U

D.O.A	Time of Accident	Estimate	Tentative repair cost
7/5/2018	7:10	\$2,583.60	\$968.72

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087373694-01	AL KHAIR LIMO	53343301X	GPC	drive CLASSIC	SJD5661U	SJD5661U	11/01/2018	10/01/2019

Continue

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 willful 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	07/05/2018 13:55
Date Of Accident	07/05/2018 07:10
Exact Location Of Accident	TPE SLIP ROAD TO LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6169S
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	HOH CHEE KHEON
NRIC No	S1789494C
Date Of Birth	21/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 812

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: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180507/2049 On 07.05.2018 at around 0710hrs, I was driving my said taxi SHD6169S with male passenger along TPE towards Loyang Avenue. the traffic was heavily congested with vehicles and all vehicles were moving slowly. Suddenly, I felt an impact from my rear bumper. I noticed there was a blue vehicle SJD5661U was behind me. As the traffic was heavy, I did not alight from my taxi. I then continue driving to pull at the road shoulder thinking the said vehicle will stopped as well to settle the accident. however the vehicle fled off. I am lodging this report as this is a case of hit and run. I wish to state that I and the passenger was not injured.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD5661U

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) 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: 07.05.18

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


**SINGAPORE
POLICE FORCE**


T/20180507/2049

1 of 3

Report No. T/20180507/2049

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2018 13:18		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: HOH CHEE KHEON			Address: APT BLK 812A CHOA CHU KANG AVE 7 #02-667 SINGAPORE 681812		
ID Type / ID No.: NRIC NO / S1789494C			Contact No.: Home/Office: Mobile: 83162626		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 21/01/1967	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/05/2018 07:10	Type of Location: Straight Road		
Location: Along Road 1 TAMPINES EXPRESSWAY Along TPE towards Loyang ave					
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SHD6169S	TAXI					1
SJD5661U						0

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



**SINGAPORE
POLICE FORCE**



T/20180507/2049

2 of 3

Report No. T/20180507/2049

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Driver			
Name	HOH CHEE KHEON		ID No. S1789494C
Related Vehicle	SHD6169S (TAXI)		Contact No. 83162626
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07.05.2018 at around 0710hrs, I was driving my said taxi SHD6169S with male passenger along TPE towards Loyang avenue. The traffic was heavily congested with vehicles and all vehicles were moving slowly. Suddenly, I felt an impact from my rear bumper. I noticed there was a blue vehicle SJD5661U was behind me. As the traffic was heavy, I did not alight from my taxi. I then continue driving to pull at the road shoulder thinking the said vehicle will stopped as well to settle the accident. However the vehicle fled off. I am lodging this report as this is a case of hit and run. I wish to state that I and the passenger was not injured.



**SINGAPORE
POLICE FORCE**



T/20180507/2049

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3

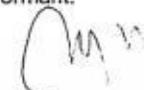
Report No. T/20180507/2049

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: F / Sgt 2 MUHAMMAD ASYRAF BIN ARIS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2018 13:18
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65478079	Classification Of Case: SN 154

Authentication Stamp
NP168



Signature: _____
Singapore Police Force

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:
Owner ID:

Company
5369K

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:

SHD61695
No
09 May 2018
TOYOTA
PRIUS HYBRID 1.8 CVT
Maroon
2017
2ZRS103794
JTDKB3FU003574126
90.0 kW (120 bhp)
\$29,007.00
03 Nov 2017
03 Nov 2017
0
\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:
PARF Eligibility Expiry Date:
PARF Rebate Amount:

Yes
02 Nov 2025
\$3,750.00

Intended COE Rebate Details

COE Expiry Date:
COE Category:
COE Period(Years):
PQP Paid:
COE Rebate Amount:

02 Nov 2025
A - Car up to 1600cc & 97kW (130bhp)
8
\$33,596.00
\$31,417.00
\$35,167.00

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 09 May 2018

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6169S
 Ref. No : TAX/05/18/2037
 Reg. Date : 03/11/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : HOH CHEE KHEON
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 07/05/2018 07:10:00 AM
 Accident Reported Date / Time : 07/05/2018 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 : 000024095945
 Special Instruction to ARC, if any :
 SJD5661U
 Prepared Date : 08/05/2018 10:06:37 AM



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:

Sebastian
 8/5/18

- Part by part repair
- Question Mark Item Photo
- Photo Before Paint

[Handwritten Signature]
 23/5/18

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 : JTDKB3FU003574126

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	: 1,100.69	1,100.69
Other Charges	: 260.00	0.00
TOTAL	: 2,256.69	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	0.00
Prepared / Adjusted By	:	<i>2 days</i>
Arc / Surveyor Sing Off Date	: 08/05/2018 01:28:07 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 08/05/2018 01:27:56 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	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 20
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 WASH AND VACUUM	60.00	0.00 X
Total Other Costs	260.00	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
52159479 13			COVER, RR BUMPER ASSY	1	423.90	25.00	317.92	Replace	Replace	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No
52453470 10			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.72	Replace	Replace	No
52461470 10			PAD, RR BUMPER, CTR	3	2.20	25.00	4.95	Replace	Replace	No
52023470 30			REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	Replace	Replace	No
TOTAL MATERIALS								1,100.70	1,100.69	
TOTAL MATERIALS(Discounted)							1,100.69	1,100.69		

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									

10/5

10-5-18 / 10:39

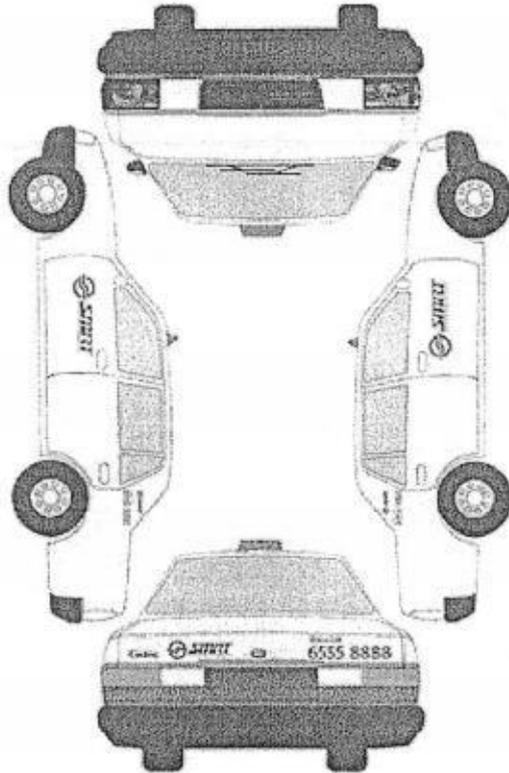
10-5-18 / 14:39

8-5-18 / 14:39

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6169S
 Ref. No : TAX/05/18/2037
 Reg. Date : 03/11/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : HOH CHEE KHEON
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 07/05/2018 07:10:00 AM
 Accident Reported Date / Time : 07/05/2018 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 : 000024095945
 Special Instruction to ARC, if any :



SJD5661U NTUC PIP

BEFORE PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang @lkkauto.com HP:90036121

Prepared Date : 08/05/2018 10:06:37 AM

Recording Camera

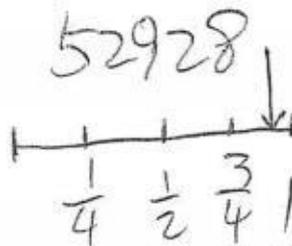
Radio Antenna

1st witness _____

2nd witness _____

Date

Date



52928
52998

LEE SHENG AUTO PTE LTD

Vehicle Return Date: 10-5-2018

Vehicle Return Time: 14:40

SMRT staff sign: _____

4:00pm

QC 15.55

10/5/18 P953

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

Chassis No : JTDKB3FU003574126 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	200.00
Total Material Charges	: 782.77	538.72
Other Charges	: 260.00	30.00
TOTAL	: 1,938.77 2583.60	968.72
Lump Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00 /
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date	: 08/05/2018 01:28:07 PM	08/05/2018 02:39:53 PM

f

LKK

Prepared / Adjusted Date :

Remarks :

Prepared Date : 08/05/2018 01:27:56 PM

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

Quotation No : QN-1805-0415 Invoice No :
Quotation Date : 18/5 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	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	0.00
Total Spray Painting & Panel Beating	558.00	200.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00
TO WASH AND VACUUM	60.00	0.00
Total Other Costs	260.00	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
52159479 13			COVER, RR BUMPER ASSY	1	423.90	100.00	0.00	Replace	Repair	No <i>R</i>
			PIXEL STICKER	2	60.00 <i>no</i>	0.00	120.00	Replace	Replace	No <i>/</i>
52453470 10			GUARD, RR BUMPER, LOWER	1	558.30	25.00	418.78 <i>12</i>	Replace	Replace <i>g</i>	No <i>/</i>
52461470 10			PAD, RR BUMPER, CTR	3	2.20 <i>6.6</i>	25.00	4.95	Replace	Check	No <i>X</i>
52023470 30			REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	Replace	Check	No <i>X</i>
TOTAL MATERIALS								782.78	538.73	
TOTAL MATERIALS(Discounted)								782.77	538.72	

*MEC
ay
JWW*

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									

*538.72 /
+ 200.00 /
+ 230.00 /

968.72 /*

*Sebastian
25/5/18.*

Veron Chen (LKKAuto)

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <YeoPohsuan@smrt.com.sg>
Sent: Friday, 25 May 2018 3:01 PM
To: Sebastian Yeang (LKK Auto)
Cc: SUR; CS A Team
Subject: RE: SHD6169S

Hi

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

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

From: Sebastian Yeang (LKK Auto) [mailto:SebastianYeang@lkkauto.com]
Sent: Friday, 25 May 2018 10:11 AM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Cc: SUR; CS A Team
Subject: RE: SHD6169S

Dear Poh Suan

Please refer to attachment for the finalization.

Thank You

Best Regards,
Sebastian | Automotive Assessor
LKK Auto Consultants
phone: 6256-3561 email: sebastianyeang@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) [mailto:YeoPohsuan@smrt.com.sg]
Sent: Monday, 21 May 2018 6:32 PM
To: Sebastian Yeang (LKK Auto)
Cc: SUR; CS A Team
Subject: SHD6169S

Hi Sebastian,

Attached herewith the repair estimate of SHD 6169S having Case No: TAX/05/18/2037.

There is no change to the approved amount of \$968.72 @ 12 working days under lump sum repair / part by part repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards

Poh Suan

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

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

Sent: Monday, 21 May 2018 6:11 PM

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

Subject: Scan Data from FX-D421D6



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/INC18008614/Svbn2			
73 BRAS BASAH ROAD		Date: 28-05-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJD 5661U	Veh. Inspected	SHD 6169S
Policy No.	5087373694-01	Coverage (\$)	0.00
Claim No.	MT/0995935-001	Excess (\$)	0.00
Assign From		Assign Date	08/05/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS 4	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003574126	Colour	MAROON
Odometer	52928	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	07/05/2018	Inspection Date	08/05/2018
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.			
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. SHD 6169S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	GUARD,RR BUMPER,LOWER (DISC 25%)	CUT	558.30	418.72
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
3	PAD,RR BUMPER,CTR @\$2.20	NOT NECESSARY	6.60	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	318.80	-
1	COVER,RR BUMPER ASSY	TO REPAIR	423.90	-
			1,427.60	538.72
LABOUR				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			538.00	230.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			558.00	200.00
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			1,156.00	430.00
GRAND TOTAL			2,583.60	968.72
RECOMMENDED COST OF REPAIRS (CONFIRMED)				968.72

Report Ref No. NS/INC18008614/Svbn2

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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