

REF:

NS/ZNC 1800 8668 / Stbn2

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: SJW 9508D

Policy No. 5096180885

23.11.17 - 22.11.18

Claims No. MT/0993826-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No.

S4C 4437 L

Yr Regn:

13/1/2014

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 512619

T/Radio: Insured / Std / NI / NA

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: 195/65 R15

R: 11

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

TOYO / YOKO or Falken

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. 7/5/18

Survey held at SMART

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

SJC 4437 L - NS/ZNC 1500-7131 / A11667

DA: 210415

TA x 105/18/2046

SJW 9508D - CS3/AXA 1209125 / 9th

DA: 0710312

LKE

NTWC

Confirm L/S \$1850 @ 3 days

Red: \$ 6455.28, 78%

SJW 9508D

RECEIVED 13 JUN 2012

Date/Time. File Pass to?

☐ : Preli. Report

Days Of Repair: 3

1) typist

☒ : Final Report

Resurvey No. of Trip: 1

Date/Time. File Return to?

Survey Fee:

Transportation:

1 \$ + RS. \$1

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. / S

TP

1850

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

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/INC18008668/Srb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 11-05-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJW 9508D	Veh. Inspected	SHC 4437L	
Policy No.	5096180885	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	09/05/2018	
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	09/05/2018	Inspection Date	09/05/2018	
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.				

Janice Lee (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, June 13, 2018 10:20 AM
To: Janice Lee (LKKAUTO)
Subject: REQUEST CLAIMS NUMBER
Attachments: Claims Form (NTUC) - i-motor.xls

Hi Janice,

Claim created.

Claim No : MT/0993826-002

With Regards

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



From: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Wednesday, June 13, 2018 9:50 AM
To: mtreg <mtreg@income.com.sg>
Subject: RE: REQUEST CLAIMS NUMBER

Hi Samsia,

Sorry, it should be SJW9508D.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: mtreg [mailto:mtreg@income.com.sg]
Sent: Wednesday, June 13, 2018 9:46 AM

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096180885	HENG JEE TEE	S0982400F	GPC	driva CLASSIC	SJW9508D	SJW9508D	23/11/2017	22/11/2018

Janice Lee (LKKAuto)

From: Sebastian Yeang (LKK Auto)
Sent: Monday, May 21, 2018 9:46 AM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Cc: SUR; CS A Team
Subject: RE: SHC4437L
Attachments: SHC_4437_L_ESTIMATE_REPLY.pdf

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: Thursday, 17 May 2018 4:48 PM
To: Sebastian Yeang (LKK Auto)
Cc: SUR; CS A Team
Subject: SHC4437L

Hi Sebastian,

Attached herewith the repair estimate of SHC 4437L having Case No: TAX/05/18/2046.

There is no change to the approved amount of \$1,850 @ 3 working days under lump sum 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: Thursday, 17 May 2018 4:21 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Subject: Scan Data from FX-D421D6

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	09/05/2018 11:49
Date Of Accident	09/05/2018 10:00
Exact Location Of Accident	LORNIE ROAD TOWARDS ADAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4437L
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	SOO SIN HOE
NRIC No	S1565776F
Date Of Birth	22/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 12-748
 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 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) 3
 Passenger 1 NAME: : SIVA KUMAR
 GENDER: : MALE
 Passenger 2 NAME: : ABIRAMI D/O TOLAYSI
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG LORNIE ROAD TOWARDS ADAM ROAD WITH 2 PASSENGERS (MALE/ FEMALE INDIAN) ON BOARD. I WAS TRAVELLING STRAIGHT ON THE FOURTH LANE AND SUDDENLY A VEHICLE SJW9508D FROM THE 2ND LANE CUT ACROSS TOWARDS MY LANE, AS SUCH COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE VIDEO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW9508D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver HENG JEE TEE
 NRIC/Passport Number
 Contact Number
 Address

Postcode

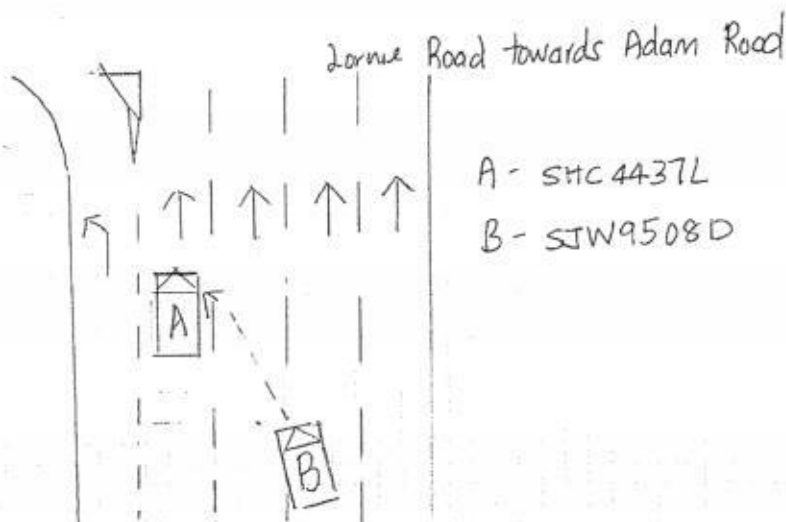
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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: 9/5/2018

Reporting Centre Personnel's Signature _____

Name:

NRIC/FIN No.:

SKETCH PLANIMPORTANT 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: 9/5/2018

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4437L
Vehicle to be Exported:	No
Intended De-registration Date:	11 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2013
Engine No.:	2ZR1299059
Chassis No.:	JTDKN36U205722157
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	13 Jan 2014
First Registration Date:	13 Jan 2014
Transfer Count:	0
Actual ARF Paid:	\$8,368.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jan 2022
PARF Rebate Amount:	\$6,276.00
Intended COE Rebate Details	
COE Expiry Date:	12 Jan 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$60,888.00
COE Rebate Amount:	\$27,927.00
Total Rebate Amount:	\$34,203.00
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 11 May 2018

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHC4437L
 Ref. No : TAX/05/18/2046
 Reg. Date : 13/01/2014
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : SOO SIN HOE
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 09/05/2018 10:00:00 AM
 Accident Reported Date / Time : 09/05/2018 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 : 000024095969
 Special Instruction to ARC, if any :
 SJW9508D - NTUC IDAC
 Prepared Date : 09/05/2018 12:02:58 PM



Sebastian
 9/5/18

- 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 : JTDKN36U20-5722157

Mileage :

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	0.00
Total Spray Painting Charges	: 1,116.00	0.00
Total Material Charges	: 3,203.27	3,203.27
Other Charges	: 1,116.88	0.00
TOTAL	: 6,281.15	0.00
Lum Sum Total	: 6,300.00	0.00
No. of Repair Days	: 5.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 09/05/2018 01:38:36 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 09/05/2018 01:38:36 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 RH PORTION	845.00	0.00 450
Total Labour	845.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT FENDER RH	378.00	0.00 200
TO RESPRAY RIM	180.00	0.00 X
TO RESPRAY FRONT DOOR RH	378.00	0.00 200
TO RESPRAY VIEW MIRROR	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 CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 30
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00 X
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00 X
TO TRANSFER DOOR MECHANISM	120.00	0.00 X
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00 X
TO REMOVE AND REFIX WING MIRROR	120.00	0.00 30
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	0.00 ✓ 296.88
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	1,116.88	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
53801-47050		6505557	FENDER FRT/RH	1	723.40	25.00	542.55	Replace	Replace <i>R</i>	No
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace <i>✓</i>	No <i>Nick</i>
42611--47140 (Frt)		6505658	WHEEL DISC. FRONT	1	1,484.20	25.00	1,113.15	Replace	Replace <i>X</i>	No <i>nn</i>
67001-47070		6505528	DOOR FRT/RH	1	894.40	25.00	670.80	Replace	Replace <i>R</i>	No
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace <i>✓</i>	No <i>Nick</i>
68730-12120			HINGE LOWER RHF, DOOR	1	90.10	25.00	67.57	Replace	Replace <i>2</i>	No <i>nn</i>
68710-12151			HINGE UPPER RHF, DOOR	1	80.50	25.00	60.37	Replace	Replace <i>2</i>	No <i>nn</i>
68610-47021			CHECK ASSY, FR DOOR,	1	150.30	25.00	112.72	Replace	Replace <i>2</i>	No <i>nn</i>
87910-47330		6505600	MIRROR ASSY, RH	1	1,307.10	25.00	980.32	Replace	Replace <i>✓</i>	No <i>Dail</i>
87931-47200			MIRROR GLASS RH	1	212.80	25.00	159.60	Replace	Replace <i>X</i>	No <i>nn</i>
879157-4010		6505598	COVER, OUTER MIRROR, RH	1	107.40	25.00	80.55	Replace	Replace <i>k</i>	No
81730-52090		6505466	MIRROR LAMP RH	1	65.30	10.00	58.77	Replace	Replace <i>X</i>	No <i>nn</i>
TOTAL MATERIALS							3,945.35	3,945.32		
TOTAL MATERIALS(Discounted)							3,203.27	3,203.27		

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									



12-5-18 / 08:18
APV 12-5-18 / 12:18
12-5-18 / 16:18

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

9-5-18 / 16:18

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

Reg. No : SHC4437L
Ref. No : TAX/05/18/2046
Reg. Date : 13/01/2014
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : SOO SIN HOE
Type of Accident : SIDE SWIPE
Date / Time of Accident : 09/05/2018 10:00:00 AM
Accident Reported Date / Time : 09/05/2018 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 : 000024095969

Special Instruction to ARC, if any :

SJW9508D - NTUC IDAC

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

Prepared Date : 09/05/2018 12:02:58 PM



Recording Camera

☐ ☒

Radio Antenna

☐ ☒

1st witness

Date : 12-5-18

2nd witness

Date : _____

512619
1 1 1 1 1
1 1 3
4 2 4 1

QC 12/5/18 11:06 P45

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

12-5-2018

Vehicle Return Time:

10:500 am

SMRT staff sign:

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

Chassis No : JTDKN36U20-5722157

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	400.00
Total Spray Painting Charges	: 1,116.00	450.00
Total Material Charges	: 844.74	1,079.24
Other Charges	: 1,116.88	-79.24
TOTAL	: 3,922.62 8305.28	1,850.00
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	: 09/05/2018 01:38:36 PM	09/05/2018 04:18:23 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 09/05/2018 01:38:36 PM

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

Quotation No : QN-1805-0245

Invoice No :

Quotation Date : 14/5

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 RH PORTION	845.00	400.00 /
Total Labour	845.00	400.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY FRONT FENDER RH	378.00	200.00 /
TO RESPRAY RIM	180.00	0.00
TO RESPRAY FRONT DOOR RH	378.00	200.00 /
TO RESPRAY VIEW MIRROR	180.00	50.00 /
Total Spray Painting & Panel Beating	1,116.00	450.00

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	30.00 /
TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00
TO TRANSFER DOOR MECHANISM	120.00	0.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00
TO REMOVE AND REFIX WING MIRROR	120.00	30.00 /
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88 / <i>NEC</i>
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-436.12
Total Other Costs	1,116.88	-79.24

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
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>REC</i>
42611-47140 (Frt)		6505558	WHEEL DISC. FRONT	0	1,484.20	25.00	0.00	Replace	Not given	No <i>X</i> <i>AN</i>
67001-47070		6505528	DOOR FRT/RH	1	894.40	100.00	0.00	Replace	Repair	No <i>R</i>
			STICKER DECAL SMRT (DOOR)	1	60.00	0.00	60.00	Replace	Replace	No <i>REC</i>
68730-12120			HINGE LOWER RHF, DOOR	1	90.10	25.00	67.58	Replace	Check	No <i>X</i>
68710-12151			HINGE UPPER RHF, DOOR	1	80.50	25.00	60.38	Replace	Check	No <i>X</i> <i>AN</i>
68610-47021			CHECK ASSY, FR DOOR,	1	150.30	25.00	112.73	Replace	Check	No <i>X</i>
87910-47330		6505600	MIRROR ASSY, RH	1	1,307.10	25.00	980.32	Replace	Replace	No <i>REC</i>
87931-47200			MIRROR GLASS RH	0	212.80	25.00	0.00	Replace	Not given	No <i>X</i> <i>AN</i>
879157-4010		6505598	COVER, OUTER MIRROR, RH	1	107.40	100.00	0.00	Replace	Repair	No <i>R</i>
81730-52090		6505466	MIRROR LAMP RH	0	65.30	10.00	0.00	Replace	Not given	No <i>X</i> <i>AN</i>
TOTAL MATERIALS					5227.40			1,319.93	1,079.24	
TOTAL MATERIALS(Discounted)								844.74	1,079.24	

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									

$$\begin{array}{r}
 1079.25 \\
 + 400.00 \\
 + 806.88 \\
 \hline
 2286.13 \\
 - 202 \\
 \hline
 1828.90 \\
 \hline
 \text{L/S } \$1850/-
 \end{array}$$

Sebastian
21/5/18

830528



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/INC18008668/Srbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 9508D	Veh. Inspected	SHC 4437L
Policy No.	5096180885	Coverage (\$)	0.00
Claim No.	MT/0993826-002	Excess (\$)	0.00
Assign From		Assign Date	09/05/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U205722157	Colour	MAROON
Odometer	512619	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 BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	09/05/2018	Inspection Date	09/05/2018
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:	3 Working Days
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**National Assessment Centre Services**

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4437L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	NAME PLATE (HYBRID)(DISC 25%)	NECESSARY	51.90	38.92
1	MIRROR ASSY,RH (DISC 25%)	DAMAGED	1,307.10	980.32
1	ADVERTISEMENT STICKER (SN)	NECESSARY	296.88	296.88
1	STICKER DECAL SMRT (DOOR)(SN)	NECESSARY	60.00	60.00
1	WHEEL DISC,FRONT	NOT NECESSARY	1,484.20	-
1	HINGE LOWER RHF,DOOR	NOT NECESSARY	90.10	-
1	HINGE UPPER RHF,DOOR	NOT NECESSARY	80.50	-
1	CHECK ASSY,FR DOOR	NOT NECESSARY	150.30	-
1	MIRROR GLASS RH	NOT NECESSARY	212.80	-
1	MIRROR LAMP RH	NOT NECESSARY	65.30	-
1	FENDER FRT/RH	TO REPAIR	723.40	-
1	DOOR FRT/RH	TO REPAIR	894.40	-
1	COVER,OUTER MIRROR,RH	TO REPAIR	107.40	-
			5,524.28	1,376.12
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,405.00	460.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,216.00	450.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			2,781.00	910.00
GRAND TOTAL			8,305.28	2,286.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,850.00

Report Ref No. NS/INC18008668/Srbn2

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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