

REF:

NS/INC18008669 / Srtg2

ASSIGNMENT

From:

Date:

Veh No:

SHD 6044T

Yr Regn:

5/10/2015

Estimated Cost:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Toyota Prius

c.c

1795

at Workshop m/s

Colour

Moroccan

A/C:

Insured / Std / NI / NA

of

Sp. Reading

139194

T/Radio:

Insured / Std / NI / NA

Insured:

SLM 7007A

Eng/No:

Policy No.

5094858317

13-10-17 - 12-10-18

C/No:

JTDKN 364005765719

Claims No.

MT/0998472-001

Gen. Cond:

Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering:

In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake:

In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi:

Nil / S/Rim / STD A/Rim or

(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

Lump Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Tyre Size:

F:

195/65 R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU4 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.

8/5/13

D.O.I.

7/5/18

Survey held at

BART

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

SHD 6044T - NA / INC16004173 / JJ

SLM 7007A - X

DUP: 030316 TA X/05/18/2042

LKR.

NTUC.

Confirm L1s \$450 @ 2 days

Red: \$1154.60, 72%.

SLM 7007A

RECEIVED 1-3 JUN 2018

Date/Time: File Pass to?



Preli. Report

Days Of Repair:

2

1) *typist*

Final Report

Resurvey No. of Trip:

1

Date/Time: File Return to?

Survey Fee:

Transportation:

2)

Add Fee:



Site Insp (\$

) \$ + RS. \$



Interview (\$

) Photos



Tech. Invs (\$

) Others



Week-end (\$

) TOTAL

Report Format:

TP

Lump Sum / A.B. I. (\$

450



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/INC18008669/Srb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-05-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLM 7007A	Veh. Inspected	SHD 6044T
Policy No.	5094858317	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	08/05/2018	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.
--

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	Estimate	Tentative repair cost
1	MT/0998231-002	COMFORT TRANSPORTATION PTE LTD	SHA 4517A	SGY 7368D	08.06.2018	\$ 4,012.62	\$ 2,142.92
3	MT/0998472-001	SMRT	SHD 6044T	SLM 7007A	08.05.2018	\$ 1,604.60	\$ 450.00

Claim received from LKK Auto

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094858317	ERIC AUJ	S7902108C	GPC	Third Party, Fire & Theft	SLM7007A	SLM7007A	13/10/2017	12/10/2018

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; 'Leong Chee kwong'
Subject: RE: SHD6044T
Attachments: SHD_6044_T_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 4:08 PM
To: Sebastian Yeang (LKK Auto)
Cc: SUR; CS A Team; 'Leong Chee kwong'
Subject: SHD6044T

Hi Sebastian,

Attached herewith the repair estimate of SHD 6044T having Case No: TAX/05/18/2042.

There is no change to the approved amount of \$450 @ 2 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Aside Kwong,

Please provide the before / after paint photos as per surveyor's request.

Thanks & Regards
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Sent: Thursday, 17 May 2018 4:02 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)

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	08/05/2018 15:37
Date Of Accident	08/05/2018 13:15
Exact Location Of Accident	JALAN MASJID
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6044T
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	CHIA BOON KWANG TONY
NRIC No	S1209310A
Date Of Birth	06/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	11
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)	0

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

MY TAXI WAS PARKED IN THE PARKING LOT ALONG JALAN MASJID AS I WENT FOR MY LUNCH. AFTER MY LUNCH I WAS STANDING NEAR MY TAXI AND SUDDENLY A VEHICLE SLM7007A WHICH WAS PASSING BY HAD HIT ONTO THE LEFT REAR PORTION OF MY TAXI.

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	SLM7007A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG WEI QUAN
NRIC/Passport Number	S9239593F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

AL JASRA RESTAURANT

Jalan Masjid

A- SHD6044T

B-SLM7007A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

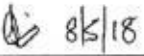
SKETCH PLANIMPORTANT NOTICE

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:


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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

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:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

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 11 May 2018

Company

5369K

SHD6044T

No

11 May 2018

TOYOTA

PRIUS TAXI (SMRT)

Maroon

2015

2ZR1631032

JTDKN36U005765914

100.0 kW (134 bhp)

\$29,508.00

05 Oct 2015

05 Oct 2015

0

\$5,000.00

Yes

04 Oct 2023

\$3,750.00

04 Oct 2023

A - Car up to 1600cc & 97kW (130bhp)

8

\$45,439.00

\$30,653.00

\$34,403.00

OK

SMRT Accident Vehicle Repair Estimates

G-14

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

Reg. No : SHD6044T
 Ref. No : TAX/05/18/2042
 Reg. Date : 05/10/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : CHIA BOON KWANG TONY
 Type of Accident : CHAIN COLLISION
 Date / Time of Accident : 08/05/2018 01:15:00 PM
 Accident Reported Date / Time : 08/05/2018 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 : 000024095957
 Special Instruction to ARC, if any :
 SLM7007A
 Prepared Date : 08/05/2018 04:15:56 PM



Sebastian
 9/5/18

- Inp 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 : JTDKN36U005765914

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	: 378.00	0.00
Total Material Charges	: 589.20	589.20
Other Charges	: 260.00	0.00
TOTAL	: 1,565.20	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	0.00
Prepared / Adjusted By	:	2 days
Arc / Surveyor Sign Off Date	: 08/05/2018 06:08:50 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 08/05/2018 06:08:50 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 : 5/8/2018 6:08:54 PM

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH 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 /
Total Spray Painting & Panel Beating	378.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
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
52159-47905		6505548	BUMPER REAR	1	458.60	25.00	343.95	Replace	Replace <i>R</i>	No
76088-47020		6505617	BUMPER LIP COVER RR/LH	1	72.20	25.00	54.15 <i>hn</i>	Replace	Replace <i>></i>	No
52576-47020		6505550	BUMPER SIDE RETAINER RR/LH	1	94.80	25.00	71.10 <i>hn</i>	Replace	Replace <i>X</i>	No
			PIXEL STICKER	2	60.00	0.00	120.00 <i>/</i>	Replace	Replace <i>✓ N/C</i>	No
TOTAL MATERIALS								589.20	589.20	
TOTAL MATERIALS(Discounted)							589.20	589.20		

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									

11-5-18/12:34

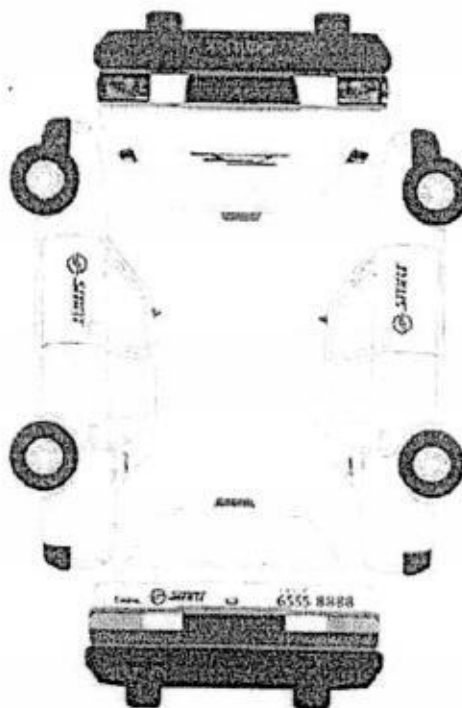
11-5-18/16:39

9-5-18/16:39

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6044T
Ref. No : TAX/05/18/2042
Reg. Date : 05/10/2015
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS
Name of Driver : CHIA BOON KWANG TONY
Type of Accident : CHAIN COLLISION
Date / Time of Accident : 08/05/2018 01:15:00 PM
Accident Reported Date / Time : 08/05/2018 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 : 000024095957
Special Instruction to ARC, if any :



SLM7007A NTUC L/S

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

Prepared Date : 08/05/2018 04:15:56 PM

11/5/18 15:30 P953

Recording Camera

☐
☒

Radio Antenna

☐
☒

1st witness

Date

9-5-18

2nd witness

Date

E 1/2 F
KM 139194

Vehicle to Wega Date In:	10/5
Time In:	1100
Wega Job No:	05/0296
Vehicle sent to SMRT Date In:	11-5-2018
Time In:	11:35
Received by (SMRT):	[Signature]

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

Chassis No : JTDKN36U005765914

Mileage

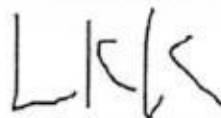
0

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	: 378.00	200.00
Total Material Charges	: 120.00	120.00
Other Charges	: 260.00	-70.00
TOTAL	: 1,096.00	450.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00
Prepared / Adjusted By	:	SEBASTIAN (LKK)
Arc / Surveyor Sign Off Date	: 08/05/2018 06:08:50 PM	09/05/2018 04:39:43 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 08/05/2018 06:08:50 PM

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

Quotation No : QN-1805-0372

Invoice No :

Quotation Date : 17/5

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 5/8/2018 6:08:54 PM

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH 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 /
Total Spray Painting & Panel Beating	378.00	200.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
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
Lump Sum Adjustment by Surveyor	0.00	-100.00
Total Other Costs	260.00	-70.00

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
2159-7905		6505548	BUMPER REAR	1	458.60	100.00	0.00	Replace	Repair	No
6088-7020		6505617	BUMPER LIP COVER RR/LH	0	72.20	25.00	0.00	Replace	Not given	No
2576-7020		6505550	BUMPER SIDE RETAINER RR/LH	0	94.80	25.00	0.00	Replace	Not given	No
			PIXEL STICKER	2	60.00	0.00	120.00	Replace	Replace	No
TOTAL MATERIALS					628.60			120.00	120.00	
TOTAL MATERIALS(Discounted)								120.00	120.00	

dded 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									

$$\begin{array}{r}
 120.00 / \\
 + 200.00 / \\
 + 230.00 / \\
 \hline
 550.00 / \\
 - 20\% \\
 \hline
 440.00 /
 \end{array}$$

49 \$450/-

Sebastian
21/5/18

1721.60

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18008669/Srbs2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 19-06-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLM 7007A	Veh. Inspected	SHD 6044T
Policy No.	5094858317	Coverage (\$)	0.00
Claim No.	MT/0998472-001	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.	2015
Chassis No.	JTDKN36U005765914	Colour	MAROON
Odometer	139194	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 N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/05/2018	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.			
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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6044T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER REAR	TO REPAIR	458.60	-
			745.60	120.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		538.00	230.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		378.00	200.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			976.00	430.00
GRAND TOTAL			1,721.60	550.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				450.00

Report Ref No. NS/INC18008669/Srbs2

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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