

Tanpin

REF:

INC

NS/INC18013593/THber

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: **YN 5815M**  
 Policy No: **5071086573-DS D1042018**  
 Claims No: **MT/11004374-002**  
 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **SMB/621X** Yr Regn: **2013 Nov**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Tajla Prius** C.C: **1798**  
 Colour: **Maroon** A/C: Insured / Std / NI / NA  
 Sp.Reading: **716106** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **JTDKN364700707962**  
 Gen. Cond: **Good** / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / SRim / STD A/Rim or  
 Tyre Size: F: **195/65R15**  
 R: **195/65R15**

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

<u>Front</u>	<u>Rear</u>
R/Bal. <b>6</b> mm	R/Bal. <b>6</b> mm
L/Bal. <b>6</b> mm	L/Bal. <b>6</b> mm
D.O.A. <b>24/7/12</b>	D.O.I. <b>25/7/12 @ 4pm</b>

Survey held at **SMKT**  
 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	DA: 170916	DA: 170416	TP: 5815M
	SMB 1621X - CB/CTUBO/TH/18/Klyb392			
	YN 5815M - NS/INC16007191/TH/302			
	Lump Sum \$1500f (Red: 3928.25, 720/0)			

RECEIVED 16 AUG 2018

Date/Time, File Pass to? ☐ : Preli. Report

**16/8 Typist** ☒ : Final Report

Date/Time, File Return to?

3)

Report Format: **TP**  
 Lump Sum / I.B.I: (\$ **1500f**)

Days Of Repair: **3**

Resurvey No. of Trip: **1**

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

Survey Fee: **160**

Transportation: \_\_\_\_\_

Photos: \_\_\_\_\_

Others: \_\_\_\_\_

TOTAL

**160**



## 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/INC18013593/T1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-07-2018

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 5815M	Veh. Inspected	SHB 1621X
Policy No.	5071086573-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	25/07/2018

### 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	24/07/2018	Inspection Date	25/07/2018
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="24/07/2018 13:27"/>						
Vehicle No.(For Motor)	<input type="text" value="YN5815M"/>								
<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"/>	5071086573-03	CHYE THIAM MAINTENANCE PTE LTD	198801700E	GFT	Comprehensive	YN5815M	YN5815M	01/04/2018	
<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.
1	MT/1007447-001	COMFORT TRANSPORTATION PTE LTD	SH 7642J	SGW 6777Z
2	MT/1006907-002	COMFORT TRANSPORTATION PTE LTD	SHC 8126H	SJP 2296Y
3	MT/1007096-002	CITYCAB PTE LTD	SHB 3420X	SHC 6930R
4	MT/1007261-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SKM 6659L
5	MT/1006877-002	COMFORT TRANSPORTATION PTE LTD	SHD 3503E	SLW 9739E
6	MT/1007260-002	COMFORT TRANSPORTATION PTE LTD	SHD 6683Z	SLW 2952B
7	MT/1007452-001	COMFORT TRANSPORTATION PTE LTD	SHD 4255P	SKL 9885K
8	MT/1004057-002	SMRT TAXIS PTE LTD	SHF 1011K	SIH 2414R
9	MT/1004374-002	SMRT TAXIS PTE LTD	SHB 1621X	YN 5815M

Claim received from LKK Auto

## 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	24/07/2018 10:29
Date Of Accident	24/07/2018 03:05
Exact Location Of Accident	TAMPINES ST 31 TOWARDS TAMPINES AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1621X
<b>Insured/Policyholder</b>	
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	SOH CHEE HOE ( SU ZHIHAO )
NRIC No	S8101583Z
Date Of Birth	18/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	10 YEARS AND 10 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)	2
Passenger 1	NAME: : UNKNOWN
	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 STATIONARY ALONG TAMPINES ST 31 TOWARDS TAMPINES AVE 2 WITH ONE PASSENGER(FEMALE MYANMAR) AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY A VEHICLE YN5815M WHICH WAS STATIONARY ON MY RIGHT WAS MOVING OUT TOWARDS THE RIGHT AS HE WANTED TO MAKE A U TURN. WHILST DOING SO THE BACK OF THE LORRY SWUNG TOWARDS MY TAXI AND HIT ONTO THE RIGHT FRONT PORTION OF MY TAXI. THIRD PARTY WAS MAKING AN ILLEGAL U TURN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5815M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	SUHAIMI BIN ABDUL HALIM
NRIC/Passport Number	S6936731C
Contact Number	
Address	
Postcode	

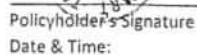
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

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



24/7/2018

*[Signature]* 24/7/2018



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:

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



60 Woodlands Industrial Park E4, Singapore 757705

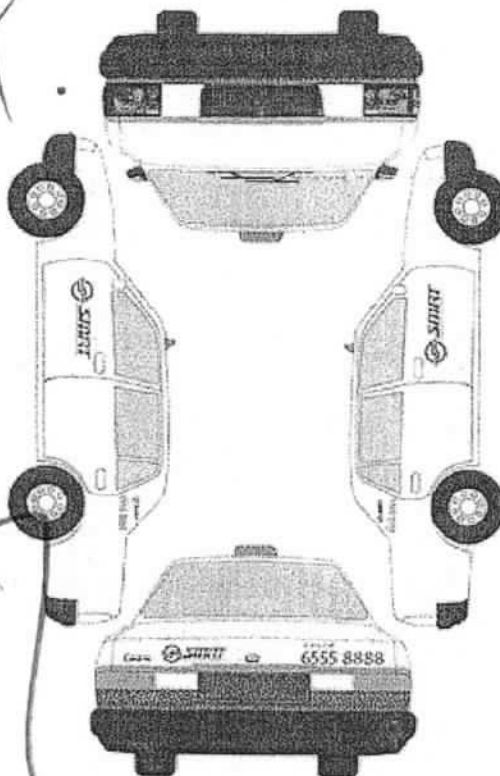
FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

**SMRT Accident Vehicle Repair Estimates****Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre**

Reg. No : SHB1621X  
 Ref. No : TAX/07/18/2109  
 Reg. Date : 15/11/2013  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS  
 Name of Driver : SOH CHEE HOE ( SU ZHIHAO )  
 Type of Accident : SIDE SWIPE  
 Date / Time of Accident : 24/07/2018 03:04:00 AM  
 Accident Reported Date / Time : 24/07/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by : Taufikh  
 Vehicle is Towed Back? : No  
 Towed Back Date/Time :  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No : 000024097191  
 Special Instruction to ARC, if any :  
 YN5815M - NTUC - LKK  
 Resurvey After paint photo ,FOR CHECK ITEM and REPLACE ITEM.PLEASE CALL SURVEYOR TAUFIKH , HP 9749 5749/ EMAIL: sur@lkkauto.com  
 Prepared Date : 24/07/2018 10:59:12 AM



Recording Camera

Radio Antenna

1<sup>st</sup> witness2<sup>nd</sup> witness

☐ ☒  
☐ ☒  
 Date 25-7-18  
 Date

716107

1  
 1/4 1/2 3/4 1

QC 11.38 28/7/18 Pass 716176

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

Vehicle Return Time:

SMRT staff sign:

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

Chassis No : JTDKN36U70-5707962

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	300.00
Total Spray Painting Charges	: 936.00	400.00
Total Material Charges	: 730.31	1,141.11
Other Charges	: 480.00	-341.11
<b>TOTAL</b>	<b>: 2,991.31</b>	<b>1,500.00</b>
Lump Sum Total	: 0.00	0.00
No. of Repair Days	: 5.00	3.00
Prepared / Adjusted By	:	TAUFIK (LKK)
Arc / Surveyor Sign Off Date	: 25/07/2018 08:47:07 AM	25/07/2018 04:34:00 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 25/07/2018 08:46:41 AM

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

Quotation No : QN-1868-0012

Invoice No :

Quotation Date : 2/8

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 FRONT PORTION	845.00	300.00
<b>Total Labour</b>	<b>845.00</b>	<b>300.00</b>

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	200.00
TO RESPRAY FRONT FENDER RH	378.00	200.00
TO RESPRAY RIM	180.00	0.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>936.00</b>	<b>400.00</b>

**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	30.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00
TO WASH AND VACUUM	60.00	0.00
Lump Sum Adjustment by Surveyor	0.00	-401.11
<b>Total Other Costs</b>	<b>480.00</b>	<b>-341.11</b>

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached	
52119-47930		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace	No	de
52161-16010			BUMPER CLIPS	10	1.61	25.00	12.07	Replace	Replace	No	ne
52115-47040		6505515	BUMPER SUPPORT F/RH	1	76.40	25.00	57.30	Replace	Replace	No	ne
53801-47050		6505557	FENDER FRT/RH	1	723.40	25.00	542.55	Replace	Replace	No	bt
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace	No	ne
53875-47030		6505553	FENDER LINER FRT/RH	1	171.70	25.00	128.77	Replace	Replace	No	de
53851-47040			FENDER LINER PAD, FR WHEEL. RH	0	49.30	25.00	0.00	Replace	Not given	No X	nn
		6503707	TYRE	0	126.74	0.00	0.00	Replace	Not given	No X	nn
42611-47140 (Frt)		6505658	WHEEL DISC. FRONT	0	1,484.20	25.00	0.00	Replace	Not given	No X	nn
TOTAL MATERIALS							1,141.13	1,141.11			
TOTAL MATERIALS(Discounted)							730.31	1,141.11			

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									

1141.11  
 + 300.00  
 + 460.00  


---

 1901.11  
 - 20%  


---

 1520.89

45 \$1500/-

5442.74

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHB1621X  
 Ref. No : TAX/07/18/2109  
 Reg. Date : 15/11/2013  
 Vehicle Type : TAXI  
 Make : TOYOTA PRIUS  
 Model : PRIUS  
 Name of Driver : SOH CHEE HOE ( SU ZHIHAO )  
 Type of Accident : SIDE SWIPE  
 Date / Time of Accident : 24/07/2018 03:04:00 AM  
 Accident Reported Date / Time : 24/07/2018 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 : 000024097191  
 Special Instruction to ARC,if any :  
 YN5815M - NTUC - LKK  
 Prepared Date : 24/07/2018 10:59:12 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:

Tanjin 97495744  
 'UP'  
 Lumpsun 25/7/18 @ 4pm  
 Resurvey after repair  
 3 days.  
 Sur @ lkkauto.com

Chassis No : JTDKN36U70-5707962

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 :	936.00	0.00
Total Material Charges :	1,934.38	1,934.38
Other Charges :	480.00	0.00
<b>TOTAL :</b>	<b>4,195.38</b>	<b>0.00</b>
<b>Lum Sum Total :</b>	<b>4,200.00</b>	<b>0.00</b>
No. of Repair Days :	5.00	0.00
Prepared / Adjusted By :		
Arc / Surveyor Sign Off Date :	25/07/2018 08:47:07 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 25/07/2018 08:46:41 AM

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

Quotation No :	Invoice No :
Quotation Date :	Invoice Date :
Invoice Amount :	Prepared Date :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH FRONT PORTION	845.00	0.00
Total Labour	845.00	0.00 300

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	378.00	0.00 200
TO RESPRAY FRONT FENDER RH	378.00	0.00 200
TO RESPRAY RIM	180.00	0.00 x m
Total Spray Painting & Panel Beating	936.00	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 30
TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0.00 x }
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0.00 x }
TO WASH AND VACUUM	60.00	0.00 x }
Total Other Costs	480.00	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
52119-47930		6505517	BUMPER FRT	1	482.00	25.00	361.50	Replace	Replace <i>de</i> ✓	No
52161-16010			BUMPER CLIPS	10	1.61	25.00	12.07	Replace	Replace <i>de</i> ✓	No
52115-47040		6505515	BUMPER SUPPORT F/RH	1	76.40	25.00	57.30	Replace	Replace <i>de</i> ✓	No
53801-47050		6505557	FENDER FRT/RH	1	723.40	25.00	542.55	Replace	Replace <i>ht</i> ✓	No
75374-47051			NAME PLATE (HYBRID)	1	51.90	25.00	38.92	Replace	Replace <i>de</i> ✓	No
53875-47030		6505553	FENDER LINER FRT/RH	1	171.70	25.00	128.77	Replace	Replace <i>de</i> ✓	No
53851-47040			FENDER LINER PAD, FR WHEEL. RH	1	49.30	25.00	36.97	Replace	Replace <i>X</i>	No
		6503707	TYRE	1	126.74	0.00	126.74	Replace	Replace <i>X</i>	No <i>X</i>
52611-47140 Frt)		6505658	WHEEL DISC. FRONT	1	1,484.20	25.00	1,113.15	Replace	Replace <i>X</i>	No
TOTAL MATERIALS								2,417.99	2,417.97	
TOTAL MATERIALS(Discounted)							1,934.38	1,934.38		

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									



## 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/INC18013593/T1tbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-08-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	YN 5815M	Veh. Inspected	SHB 1621X
Policy No.	5071086573-03	Coverage (\$)	0.00
Claim No.	MT/1004374-002	Excess (\$)	0.00
Assign From		Assign Date	25/07/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTDKN36U705707962	Colour	MAROON
Odometer	716106	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	24/07/2018	Inspection Date	25/07/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	

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Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1621X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BUMPER FRT (DISC 25%)	DEFORMED	482.00	361.50
10	BUMPER CLIPS @\$1.61 (DISC 25%)	NECESSARY	16.10	12.07
1	BUMPER SUPPORT F/RH (DISC 25%)	NECESSARY	76.40	57.30
1	FENDER FRT/RH (DISC 25%)	BENT	723.40	542.55
1	NAME PLATE (HYBRID) (DISC 25%)	NECESSARY	51.90	38.92
1	FENDER LINER FRT/RH (DISC 25%)	DEFORMED	171.70	128.77
1	FENDER LINER PAD,FR WHEEL RH	NOT NECESSARY	49.30	-
1	TYRE	NOT NECESSARY	126.74	-
1	WHEEL DISC,FRONT	NOT NECESSARY	1,484.20	-
			3,181.74	1,141.11
<b><u>LABOUR</u></b>				
	PANEL BEATING & BODY WORK.		845.00	300.00
	SPRAY PAINT.		936.00	400.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	30.00
	TO APPLY RUST-PROOFING ON AFFECTED AREA.		100.00	30.00
	TO DO WHEEL ALIGNMENT/TYRE BALANCING.	NOT NECESSARY	120.00	-
	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE).	NOT NECESSARY	120.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			2,261.00	760.00
<b>GRAND TOTAL</b>			<b>5,442.74</b>	<b>1,901.11</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,500.00</b>

Report Ref No. NS/INC18013593/T1tbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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