

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: SJN 4989D
 Policy No. 5096640591 11.12.17 - 10.12.18
 Claims No. MT/1004613-002
 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: 3 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: SHD 6022 G Yr Regn: 28 NOV 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRINS c.c. 1798
 Colour: BROWN Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 100,609 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FUJ03574848
 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. <u>5</u> mm | R/Bal. <u>5</u> mm |
| L/Bal. <u>5</u> mm | L/Bal. <u>5</u> mm |
| D.O.A. <u>25/7/18</u> | D.O.I. <u>26/7/18</u> |

 Survey held at SMART WOODLANDS
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S REAR
 The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-----------------------------|---|
| | <u>SHD 6022G - PCB / Mh16031117 / Kiyce92</u> <u>DA: 02.11.16</u> <u>INC P/P</u> |
| | <u>SJN 4989D - X</u> |
| <u>5/9/18</u> | <u>CONFIRMED PART BY PART REPAIR \$2479.80 / 3 Days</u> <u>Red 15397.88, 62%</u> |
| <u>RECEIVED 07 SEP 2018</u> | |

Date/Time, File Pass to? : Preli. Report
11/06/19 transfer : Final Report
 Date/Time, File Return to? _____
 2) _____
 Report Format : TR
 Lump Sum / I.B.I: (\$) 2479.80
 Days Of Repair: 3
 Resurvey No. of Trip: 1
 Survey Fee: 160
 Transportation: _____
 Add Fee: : Site Insp (\$)) S + RS. SI
 : Interview (\$)) Photos
 : Tech. Invs (\$)) Others
 : Weekend (\$))
 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/INC18013876/Nqb | | | |
| 73 BRAS BASAH ROAD | | Date: 31-07-2018 | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE | | | |
| 189556 | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJN 4989D | Veh. Inspected | SHD 6022G |
| Policy No. | 5096640591 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 26/07/2018 |
| 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 | 25/07/2018 | Inspection Date | 26/07/2018 |
| 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. | | | |

Shiau Chan (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 6 September 2018 1:15 PM
To: Shiau Chan (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504. Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'

From: Shiau Chan (LKKAuto) [<mailto:siewsc@lkkauto.com>]
Sent: Thursday, September 06, 2018 12:17 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below.

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | |
|------|------------------|---------------------------------|----------------------|--------------------|--|
| 1 | MT/1004613-002 | SMRT TAXI PTE LTD | SHD 6022G | SJN 4989D | |

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@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. | <input type="text"/> | Date of Accident | <input type="text" value="25/07/2018 13:16"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJN4989D"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5096640591 | | WEI AN | 53338312M | GPC | drivo CLASSIC | SJN4989D | SJN4989D | 11/12/2017 | 10/12/2018 |

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|---|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 5369K |
| Vehicle Details | |
| Vehicle No.: | SHD6022G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 06 Sep 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS HYBRID 1.8 CVT |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2017 |
| Engine No.: | 2ZRS106684 |
| Chassis No.: | JTDKB3FU503574848 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$29,007.00 |
| Original Registration Date: | 28 Nov 2017 |
| First Registration Date: | 28 Nov 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Nov 2025 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 27 Nov 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$33,596.00 |
| COE Rebate Amount: | \$30,341.00 |
| Total Rebate Amount: | \$34,091.00 |
| 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 06 Sep 2018

OK

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 | 25/07/2018 13:33 |
| Date Of Accident | 25/07/2018 00:25 |
| Exact Location Of Accident | MCCALLUM STREET JUNCTION ROBINSON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD6022G |
|-----------------------------|----------|

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 | CHNG MENG KWANG |
| NRIC No | S1520685C |
| Date Of Birth | 10/04/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/07/1983 |
| Driving Experience | 35 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| Address | 214 |
| 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 - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180725/2082

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 | SJN4989D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHNG MENG KWANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD6022G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 2

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:

25/7/18

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

ahn 25/7/2018

26-07-18 10:49 FROM-

T-111 P0002/0004 F-128



**SINGAPORE
POLICE FORCE**



T/20180725/2082

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180725/2082

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------|--|---------------------------------|
| Name | CHNG MENG KWANG | ID No. | S1520685C |
| Related Vehicle | SHD6022G (Car) | Contact No. | 88385943 |
| Hospital/Clinic | A LIFE CLINIC PTE LTD | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 25/07/2018 | Date Discharge | 25/07/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 25/07/2018 at about 0027hrs, I was driving my taxi bearing the registration number SHD6022G at the cross junction of Robinson Road and McCallum Street. My lane was able to go straight or turn right while the lane on my right was only able to turn right. At the junction, there was only one vehicle bearing the registration number SJN4989D on the turn right lane. As the traffic light turn green, I moved off first. Shortly after, I felt an impact coming from my rear right. I then realised that the vehicle which was supposed to turn right had went straight and hit onto my vehicle. I then got down from my taxi, the other driver apologised and told me to help him, he suggested to settle the matter privately. I told him that I was unable to as I had a passenger on-board. We then exchanged our particulars before I called my company, SMRT who then called the towing company to tow my taxi away. I did not manage to get the other driver's contact number, The other driver was not injured. He does not have any passenger at that point of time.

I was having one foreign passenger on board, he was not injured at that point of time. He further informed me that he will be in Singapore for about 10 days, 25/01/2018 being the first day. I provided him a receipt of the trip, my name, contact number and my company contact number so that he can contact us in the event that he does not feel well due to the accident. He acknowledged. My company also called me today and asked for my passenger's name and contact number.

I have an in-car camera and it was recording at that point of time. My company has also viewed the footage. No TP or ambulance was at scene. The damages on my taxi include dents on my right passenger door.

I visited the doctor at A Life Clinic Pte Ltd as I felt pain on my neck, back, right hand and lower bottom of my back. I was given 5 days MC.

Particulars of my passenger as follows:
Benjamin Kocher, 92397010
+1 3478435401

Particulars of the other driver as follows:
Tan Kok Beng, S7601274A
Blk 697 Hougang Street 61 #05-32

26-07-2018 10:49 FROM-

T-111 P0003/0004 F-128



**SINGAPORE
POLICE FORCE**



T/20180725/2082

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No. T/20180725/2082

CONTINUATION OF REPORT

26-07-2018 10:50 FROM-

T-111 P0004/0004 F-128



**SINGAPORE
POLICE FORCE**



T/20180725/2082

4 of 4

Report No. T/20180725/2082

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|---|--|
| Signature Of Officer Recording The Report: G / Sgt 2 REGINA LUI YU TING | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 25/07/2018.15:25 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp NP168 |  SINGAPORE POLICE FORCE SIGNATURE |

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SHD6022G
Ref. No : TAX/07/18/2119
Reg. Date : 28/11/2017
Vehicle Type : TAXI
Make : TOYOTA PRIUS
Model : PRIUS4
Name of Driver : CHNG MENG KWANG
Type of Accident : HEAD TO SIDE
Date / Time of Accident : 25/07/2018 12:27:00 AM
Accident Reported Date / Time : 25/07/2018 12:00:00 AM
Surveyor is Required? : Yes
Survey by :
Vehicle is Towed Back? : Yes
Towed Back Date/Time : 25/07/2018
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024097221
Special Instruction to ARC,if any :
TOWED \$40 / SJN4989D
Prepared Date : 25/07/2018 01:54:07 PM



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

Chassis No : JTDKB3FU503574848

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 : | 3,089.48 | 3,089.48 |
| Other Charges : | 932.88 | 0.00 |
| TOTAL : | 5,803.36 | 0.00 |
| Lum Sum Total : | 0.00 | 0.00 |
| No. of Repair Days : | 5.00 | 0.00 |
| Prepared / Adjusted By : | | |
| Arc / Surveyor Sign Off Date : | 25/07/2018 07:45:29 PM | 01/01/1900 12:00:00 AM |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 25/07/2018 07:45:25 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 : |

Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|----------------------|--------------------|-------------------------------------|
| TO REPAIR RH PORTION | 845.00 | 0.00 600 |
| 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 REAR DOOR RH | 378.00 | 0.00 200 |
| TO RESPRAY ROCKER PANEL MOULDING | 180.00 | 0.00 100 |
| TO RESPRAY REAR FENDER RH | 378.00 | 0.00 200 |
| 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 |
|---|--------------------|-------------------------------------|
| TOWING CHARGE | 56.00 | 0.00 50 |
| TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 0.00 20 |
| TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 0.00 X 11 |
| TO TRANSFER DOOR MECHANISM | 120.00 | 0.00 50 |
| TO REMOVE / REFIT SEAT | 120.00 | 0.00 X 20 |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET) | 296.88 | 0.00 / net 296.88 |
| TO REPLACE SUNDRY PARTS | 100.00 | 0.00 X 11 |
| TO WASH AND VACUUM | 60.00 | 0.00 X 11 |
| Total Other Costs | 932.88 | 0.00 |

NA

6527.68

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 |
|------------------------------------|---------|----------|--|-----|-----------------|--------------|------------------|--------------------|-------------------|-----------------|
| 6700347210 | | | PANEL SUB-ASSY, REAR DOOR, RH | 1 | 1,243.90 | 25.00 | 932.92 | Replace | Replace | No <i>DT</i> |
| 8572047150 | | | DOOR REAR MOTOR ASSY, POWER WINDOW REGULATOR, RH | 1 | 768.60 | 10.00 | 691.74 | Replace | Replace | No <i>X</i> |
| 6980347020 | | | DOOR REAR WINDOW REGULATOR SUB-ASSY, RH | 1 | 200.70 | 25.00 | 150.52 | Replace | Replace | No <i>X</i> |
| | | | PIXEL STICKER | 1 | 60.00 | 0.00 | 60.00 | Replace | Replace | No <i>no</i> |
| 7585047910 | | | MOULDING ASSY, BODY ROCKER PANEL, RH | 1 | 576.00 | 25.00 | 432.00 | Replace | Replace | No <i>X</i> |
| 6160147150 | | | PANEL SUB-ASSY, FENDER REAR RH | 1 | 824.80 | 25.00 | 618.60 | Replace | Replace | No <i>X</i> |
| 6563747060 | | | LINER, REAR FENDER, RH | 1 | 135.80 | 25.00 | 101.85 | Replace | Replace | No <i>X</i> |
| TOTAL MATERIALS | | | | | | | | 2,987.64 | 2,987.63 | |
| TOTAL MATERIALS(Discounted) | | | | | | | | 3,089.48 | 3,089.48 | |

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 | | | | | | | | | |

Consent hence notify
 partner of the following:
 survey before/after repair/ painting
 display damaged part(s) during survey

- Parts prices are subject to fluctuation
- Third party survey on a "no prejudice" basis
- No illegal modifications
- Supplementary if needed, subject to final approval from the Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

NAZ LXX

26/7/18

1600

PK

3 DAYS

BEFORE PAINT PHOTO

[Signature]
6/8/18

6523.68

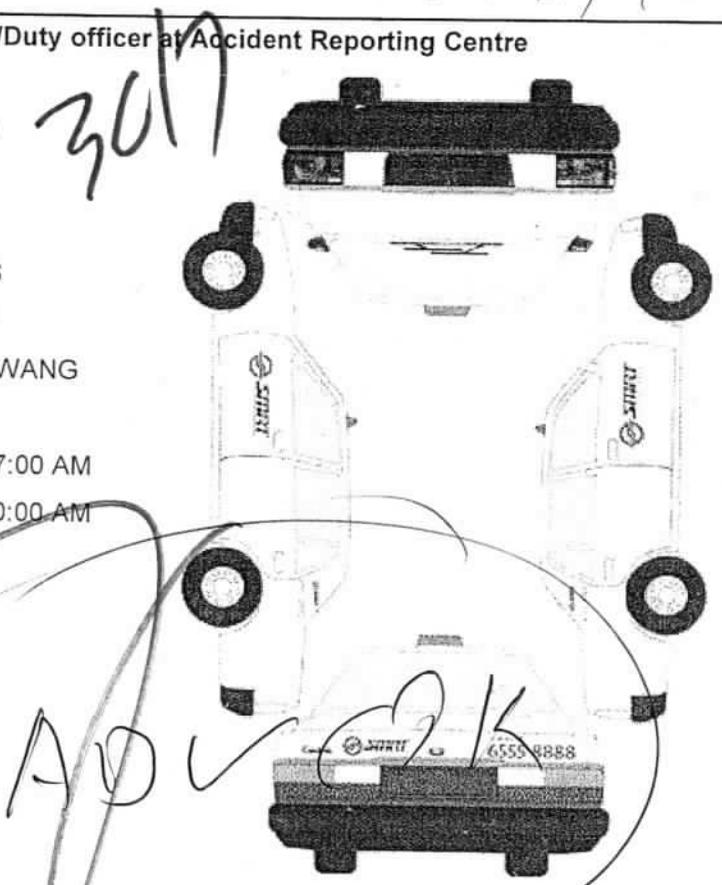
30.7.18 / 08:44
 ADV ← 30.7.18 / 12:44
 30.7.18 / 16:44

26.7.18 / 16:44

SMRT Accident Vehicle Repair Estimates

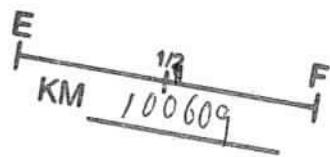
Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHD6022G
 Ref. No : TAX/07/18/2119
 Reg. Date : 28/11/2017
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS4
 Name of Driver : CHNG MENG KWANG
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 25/07/2018 12:27:00 AM
 Accident Reported Date / Time : 25/07/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Naz
 Vehicle is Towed Back? : Yes
 Towed Back Date/Time : 25/07/2018
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024097221
 Special Instruction to ARC, if any :



TOWED \$40 / SJN4989D NINE P/R
 BEFORE PAINT PHOTO AND AFTER PAINT PHOTO FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
 SURVEYOR Muhd Nazril (LKK) & Email naz@lkkauto.com HP:98804220 TEL:62563561

Prepared Date : 25/07/2018 01:54:07 PM



Vehicle to Wega Date In: 23/07 Towing: _____
 Time In: 11:52 Driver: Pch.
 Wega Job No: 07/04449
 Vehicle to Wega Date In: 30.07.18 Towing: _____
 Time In: 14:00 Driver: Y
 Received by (SMRT): _____

Recording Camera
 Radio Antenna
 1st witness _____ Date 26-7-18
 2nd witness _____ Date _____

30/7/18 14:51 P/SK

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

Chassis No : JTDKB3FU503574848

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 | 600.00 |
| Total Spray Painting Charges | : 936.00 | 500.00 |
| Total Material Charges | : 1,835.18 | 992.92 |
| Other Charges | : 876.88 | 386.88 |
| TOTAL | : 4,493.06 | 2,479.80 |
| Lum Sum Total | : 0.00 | 0.00 |
| No. of Repair Days | : 5.00 | 3.00 |
| Prepared / Adjusted By | : | NAZ (LKK) |
| Arc / Surveyor Sing Off Date | : 25/07/2018 07:45:29 PM | 26/07/2018 04:44:17 PM |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 25/07/2018 07:45:25 PM

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

Quotation No : *GN-1808-0050*

Invoice No :

Quotation Date : *3/8.*

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 7/26/2018 5:36:11 PM

Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---------------------|--------------------|-------------------------------------|
| REPAIR RH PORTION | 845.00 | 600.00 |
| Total Labour | 845.00 | 600.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| RESPRAY REAR DOOR RH | 378.00 | 200.00 |
| RESPRAY ROCKER PANEL MOULDING | 180.00 | 100.00 |
| RESPRAY REAR FENDER RH | 378.00 | 200.00 |
| Total Spray Painting & Panel Beating | 936.00 | 500.00 |

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

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 20.00 |
| APPLY RUST-PROOFING ON AFFECTED REA | 100.00 | 0.00 |
| TRANSFER DOOR MECHANISM | 120.00 | 50.00 |
| REMOVE / REFIT SEAT | 120.00 | 20.00 |
| PROVIDE LABOUR & MATERIAL FOR OVERTHEAT PROTECTION STICKER(NET) | 296.88 | 296.88 |
| REPLACE SUNDRY PARTS | 100.00 | 0.00 |
| WASH AND VACUUM | 60.00 | 0.00 |
| Total Other Costs | 876.88 | 386.88 |

| Part Number | Portion | Stock No | Part Name | Qty | List Price (\$) | Discount (%) | Final Price (\$) | ARC Recommended | Surveyor Approved | Photos Attache |
|------------------------------------|---------|----------|--|-----|-----------------|--------------|------------------|-----------------|-------------------|----------------|
| 67003472 10 | | | PANEL SUB-ASSY, REAR DOOR, RH | ✓ 1 | 1,243.90 | 25.00 | 932.92 | Replace | Replace | No ✓ |
| 85720471 50 | | | DOOR REAR MOTOR ASSY, POWER WINDOW REGULATOR, RH | X 1 | 768.60 | 10.00 | 691.74 | Replace | Check | No |
| 69803470 20 | | | DOOR REAR WINDOW REGULATOR SUB-ASSY, RH | X 1 | 200.70 | 25.00 | 150.53 | Replace | Check | No T |
| | | | PIXEL STICKER | ✓ 1 | 60.00 | 0.00 | 60.00 | Replace | Replace | No Y |
| 75850479 10 | | | MOULDING ASSY, BODY ROCKER PANEL, RH | R 1 | 576.00 | 100.00 | 0.00 | Replace | Repair | No ✓ R |
| 61601471 50 | | | PANEL SUB-ASSY, FENDER REAR RH | R 1 | 824.80 | 100.00 | 0.00 | Replace | Repair | No R |
| 65637470 60 | | | LINER, REAR FENDER, RH | R 1 | 135.80 | 100.00 | 0.00 | Replace | Repair | No R |
| TOTAL MATERIALS | | | | | | | | 1,835.19 | 992.92 | |
| TOTAL MATERIALS(Discounted) | | | | | | | | 1,835.18 | 992.92 | |

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 | | | | | | | | | |

992.92
 600
 + 886.88

 2479.80

CONFIRMED PART BY PART REPAIR \$2479.80/3DAY

5/9/18
H



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/INC18013876/Nqbe2 | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 02-10-2018 |  |
| Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJN 4989D | Veh. Inspected | SHD 6022G |
| Policy No. | 5096640591 | Coverage (\$) | 0.00 |
| Claim No. | MT/1004613-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 26/07/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | JTDKB3FU503574848 | Colour | MAROON |
| Odometer | 100609 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 195/65 R15 | FALKEN | 5 mm |
| L/H Front Tyre | 195/65 R15 | FALKEN | 5 mm |
| R/H Rear Tyre | 195/65 R15 | FALKEN | 5 mm |
| L/H Rear Tyre | 195/65 R15 | FALKEN | 5 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 25/07/2018 | Inspection Date | 26/07/2018 |
| 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. | | | |
| 5b. Estimate Days of Repair | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6022G

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | PANEL SUB-ASSY,REAR DOOR RH (DISC 25%) | DENTED | 1,243.90 | 932.92 |
| 1 | PIXEL STICKER (SN) | NECESSARY | 60.00 | 60.00 |
| 1 | DOOR REAR MOTOR ASSY,POWER WINDOW REGULATOR,RH | SERVICEABLE | 768.60 | - |
| 1 | DOOR REAR WINDOW REGULATOR SUB-ASSY,RH | SERVICEABLE | 200.70 | - |
| 1 | MOULDING ASSY,BODY ROCKER PANEL,RH | TO REPAIR SEE LABOUR | 576.00 | - |
| 1 | PANEL SUB-ASSY,FENDER REAR RH | TO REPAIR SEE LABOUR | 824.80 | - |
| 1 | LINER,REAR FENDER,RH | TO REPAIR SEE LABOUR | 135.80 | - |
| 1 | ADVERTISEMENT STICKER (SN) | NECESSARY | 296.88 | 296.88 |
| | | | 4,106.68 | 1,289.80 |
| LABOUR | | | | |
| PANEL BEATING & BODY WORK.INCLUSIVE OF THE REPAIR OF MOULDING ASSY,BODY ROCKER PANEL,RH,PANEL SUB-ASSY,FENDER REAR RH AND LINER,REAR FENDER,RH. | | | 845.00 | 600.00 |
| SPRAY PAINT. | | | 936.00 | 500.00 |
| TOWING CHARGE. | | | 56.00 | - |
| TO CHECK WIRING AND SYSTEM FUNCTION. | | | 80.00 | 20.00 |
| TO APPLY RUST-PROOFING ON AFFECTED AREA. | | | 100.00 | - |
| TO TRANSFER DOOR MECHANISM. | | | 120.00 | 50.00 |
| TO REMOVE/REFIT SEAT. | | | 120.00 | 20.00 |
| TO REPLACE SUNDRY PARTS. | | | 100.00 | - |
| TO WASH AND VACUUM. | | | 60.00 | - |
| | | | - | - |
| | | | - | - |
| | | | 2,417.00 | 1,190.00 |
| GRAND TOTAL | | | 6,523.68 | 2,479.80 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 2,479.80 |

Report Ref No. NS/INC18013876/Nqbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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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