

Surveyor: N/A

AX/09/18/2015

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: GBD 7230L

Policy No. 5078214995-02 080418-070419

Claims No. MT1012324-002

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: 2 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: 14B 5577 Yr Regn: 30 NOV 2015

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

Truck / Trailer or

Make: TOYOTA PRIMA C.C. 1,798

Colour: ~~Black~~ / Silver / A/C: ~~Insured~~ / Std / Nil /

Sp. Reading: 112, 179 T/Radio: ~~Insured~~ / Std / Nil /

Eng/No: _____

C/No: JTDKB3FU303575674

Gen. Cond: Good / ~~Good~~ / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Mod: 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. 5/1/18 D.O.I. 7/1/18

Survey held at SMRT WOODLAND

Des. of Damages: Frt / ~~Rev~~ / O/S / N/S / U/C / Rooftop or

REAR

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

Date / Time Action / Instruction

14B 5577 Y - 13/11/2018 17:00 / ZW DA: 12/10/08 N/A PR

8/1/19 FINALIZED PART BY PART REPAIR \$978.73 / 2 DAYS.
(Red. 2468.77, 712)

RECEIVED 21 JAN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Photos

Others

Report Format: TP

Lump Sum / I.B.I. (\$ 978.73)

TOTAL



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/INC18016466/Nrb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-09-2018



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | GBD 7230L | Veh. Inspected | SHB 5557Y |
| Policy No. | 5078214995-02 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 07/09/2018 |

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 | 05/09/2018 | Inspection Date | 07/09/2018 |
| 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

Date : 21/01/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|-----------------------|
| 1 | MT/1012324-002 | SMRT TAXIS PTE LTD | SHB 5557Y | GBD 7230L | 05/09/2018 | 12:05 | \$ 3,447.50 | \$ 978.73 |
| 2 | MT/1025801-002 | COMFORT TRANSPORTATION PTE LTD | SHC 3035U | SJM 2931M | 29/12/2018 | 18:45 | \$ 4,812.40 | \$ 3,200.00 |

Claim received from LKK Auto

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) Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|--------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5078214995-02 | | S.L. GUWE CONSTRUCTION PTE LTD | 199603995N | GCV | Comprehensive | GBD7230L | GBD7230L | 08/04/2018 | 07/04/2019 |

Continue

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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 | 05/09/2018 13:48 |
| Date Of Accident | 05/09/2018 12:05 |
| Exact Location Of Accident | YISHUN AVE 5 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB5557Y |
|-----------------------------|----------|

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 | LIM HENG GUAN |
| NRIC No | S1042402Z |
| Date Of Birth | 26/06/1948 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/12/1979 |
| Driving Experience | 38 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address 744
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 3
 Passenger 1
 NAME: : LEE AH THOE
 GENDER: : FEMALE
 Passenger 2
 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 TRAVELLING ALONG YISHUN AVE 5 AT THE RIGHT LANE WITH TWO PASSENGERS ON BOARD AND HAD STOPPED DUE TO RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT FROM BEHIND, THE VEHICLE GBD7230L FROM BEHIND HAD COLLIDED ONTO THE 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 GBD7230L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category GOODS VEHICLE
 Name of Driver OUI MING SEN HENRY
 NRIC/Passport Number S9004405B
 Contact Number
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

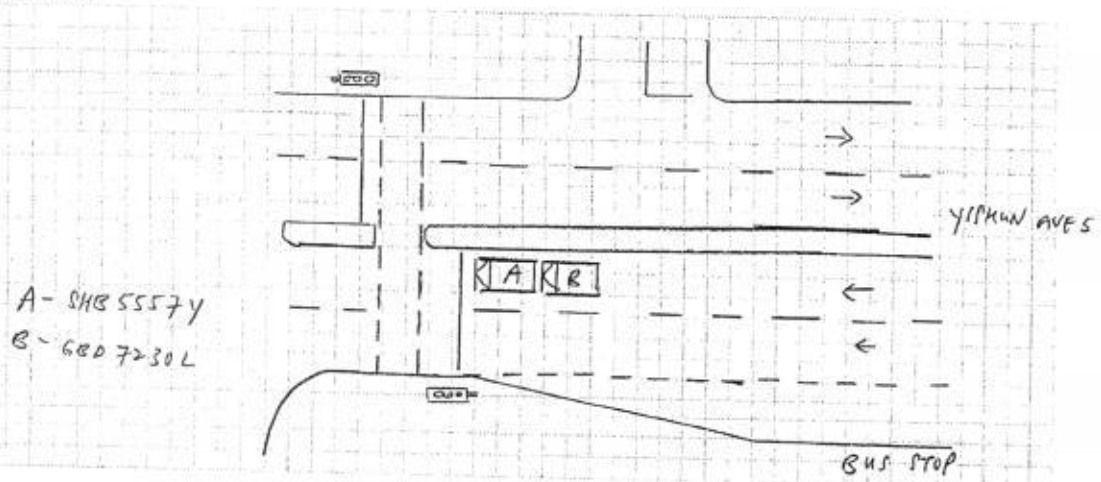


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

DECLARATION RE

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



Policyholder's Signature

Date & Time:

Donor's Signature

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 5369K |
| Vehicle Details | |
| Vehicle No.: | SHB5557Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 16 Jan 2019 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS HYBRID 1.8 CVT |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2017 |
| Engine No.: | 2ZRS109620 |
| Chassis No.: | JTDKB3FU303575674 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$29,007.00 |
| Original Registration Date: | 30 Nov 2017 |
| First Registration Date: | 30 Nov 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 29 Nov 2025 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 29 Nov 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$33,596.00 |
| COE Rebate Amount: | \$28,848.00 |
| Total Rebate Amount: | \$32,598.00 |
| 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 16 Jan 2019

OK

SMRT Accident Taxi Repair Estimates

Section A - To be completed by Claims Advisor/Duty Officer at Accident Reporting Centre

Reg. No. : SHB 5557Y Ref. No. TAX 9 / 18 / 2015

Make / Model : TOYOTA PRIUS 4 Reg. Date : 30/11/2017

Name of Driver : LIM HENG GUAN

Date/Time of Accident : 05/09/2018 12:05

Surveyer is Required ? YES / NO

If Yes, VICOM / LKK / LH Teo / AIS (Please circle one)

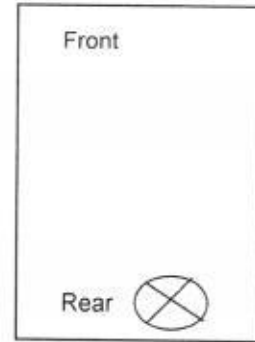
Taxi is Towed Back ? YES / NO

Replacement Taxi Issued ? YES / NO

Accident Repair Job Card No. : 24097826

Special Instruction to ARC, if any :

The damages on the Taxi are as indicated in the following diagram :



Signed : Date :

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

Chassis No : JTDKB3FU303575674 Mileage :

Date Prepared : Repair Completed date/time:

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------|--------------------|-------------------------------------|
| Total Labour Charges : | \$ 338.00 | \$ |
| Total Spray Painting Charges : | \$ 738.00 | \$ |
| Total Material Charges : | \$ 1,658.60 | \$ |
| Other Charges : | \$ 260.00 | \$ |
| TOTAL : | \$ 2,994.60 | \$ () |

No. of Repair Days : [3] [2]

Signature : Prepared by: FOO
06/09/2018 10:08

Adjusted by:

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

QN No. Invoice No. Invoice Date

Signed : Date :

Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|------------------------|--------------------|-------------------------------------|
| TO REPAIR REAR PORTION | 338.00 | 200 |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Labour | \$ 338.00 | \$ |

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 |
| TO RESPRAY BUMPER BEAM | 180.00 | X |
| TO RESPRAY FILLER RR BUMPER RH | 180.00 | X 00 |
| | | |
| | | |
| | | |
| Total Spray Painting & Panel Beating | \$ 738.00 | \$ |

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 | 20 |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | 120.00 | 20 |
| TO WASH AND VACUUM | 60.00 | X 11 |
| | | |
| | | |
| | | |
| | | |
| Total Other Costs | \$ 260.00 | \$ |

Reservation No : _____

Page (1)

Page (1)

[illegible]

NA2 284
719/18 1115

P/E

2 DAYS

AFTER REPAIR 140 TO

3447.50

Section A - Accident Details

| | |
|------------------------------------|--------------------|
| Registration Number | SHB5557Y |
| Case Reference Number | TAX/09/18/2015 |
| Registration Date | 30/11/17 |
| Company Type | SMRT Taxis Pte Ltd |
| Make | TOYOTA |
| Model | PRIUS4 |
| Name of Driver | LIM HENG GUAN |
| Type of Accident | Head to Rear |
| Accident Date and Time | 05/09/18 12:05 PM |
| Accident Reported Date and Time | 05/09/18 12:40 PM |
| Is Surveyor Required? | No |
| Survey by | |
| Vehicle is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24097826 |
| Special Instruction to ARC, if any | |
| Prepared Date and Time | 13/10/18 11:10 AM |
| Chassis Number | |
| Mileage | |
| Work Shop | |
| Repair Completion Date and Time | |

Section B - Summary of Repair Estimates

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|------------------------------|--------------------|-------------------------------------|
| Total Labour Cost | \$338.00 | \$200.00 |
| Total Spray Cost | \$738.00 | \$200.00 |
| Total Spare Part Cost | \$1,658.64 | \$538.73 |
| Total Other Cost | \$260.00 | \$40.00 |
| TOTAL COST | \$2,994.64 | \$978.73 (P/P) |
| Lump Sum Total | \$0.00 | \$0.00 |
| Number of Repair Days | 3.0 | 2.0 |
| Prepared / Adjusted By | Kim Ming Chin | Naz (LKK) / NTUC |
| ARC / Surveyor Sign Off Date | | |
| Signature | | |
| Remarks | | |

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--------------|----------------|--|
| Quotation Number | QN-1811-0395 | Invoice Number | |
| Quotation Date | 22.11.2018 | Invoice Date | |
| Invoice Amount | | Prepared Date | |

Section D - Details of Repair Estimates

Part 1 - Labour Works

| Job Scope | Quotation from AR | Adjusted by Surveyor, if applicable |
|------------------------|-------------------|-------------------------------------|
| TO REPAIR REAR PORTION | \$338.00 | \$200.00 |
| Total Labour | \$338.00 | \$200.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------------|--------------------|-------------------------------------|
| TO REPSRAY REAR BUMPER | \$378.00 | \$200.00 |
| TO RESPRAY BUMPER BEAM | \$180.00 | \$0.00 |
| TO RESPRAY FILLER RR BUMPER RH | \$180.00 | \$0.00 |
| Total Spray Painting & Panel Beating | \$738.00 | \$200.00 |

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

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO CHECK WIRING AND SYSTEM FUNCTION | \$80.00 | \$20.00 |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | \$120.00 | \$20.00 |
| TO WASH AND VACUUM | \$60.00 | \$0.00 |
| Total Other Costs | \$260.00 | \$40.00 |

Part 4 - Spare Parts / Material Usage

| Part Number | Portion | Stock Number | Part Name | Quantity | List Price (\$) | Discount (%) | Final Price (\$) | Estimator Approved | Surveyor Approved |
|-------------|---------|--------------|------------------------------|----------|-----------------|--------------|------------------|--------------------|-------------------|
| | | | COVER, RR BUMPER ASSY | 1.00 | \$423.90 | 25.00 | \$0.00 | Replace | Repair |
| | | | CLIPS PIECE, FRT & RR BUMPER | 0.00 | \$1.50 | 25.00 | \$0.00 | Replace | Not Given |
| | | | PAD, RR BUMPER, RH & LH, 1 | 0.00 | \$3.80 | 25.00 | \$0.00 | Replace | Not Given |
| | | | PAD, RR BUMPER, RH & LH, 2 | 0.00 | \$3.80 | 25.00 | \$0.00 | Replace | Not Given |
| | | | PAD, RR BUMPER, RH & LH, 3 | 0.00 | \$3.80 | 25.00 | \$0.00 | Replace | Not Given |
| | | | SEAL, RR BUMPER ARM, RH & LH | 0.00 | \$11.00 | 25.00 | \$0.00 | Replace | Not Given |
| | | 52023470 | REAR BUMPER REINFORCEMENT | 0.00 | \$318.80 | 25.00 | \$0.00 | Replace | Not Given |
| | | 30 | SENSOR REVERSE | 0.00 | \$180.00 | 0.00 | \$0.00 | Replace | Not Given |
| | | | PIXEL STICKER | 2.00 | \$60.00 | 0.00 | \$120.00 | Replace | Replace |
| | | | RETAINER, RR BUMPER, LH | 0.00 | \$111.50 | 25.00 | \$0.00 | Replace | Not Given |
| | | | RETAINER, RR BUMPER, RH | 0.00 | \$112.70 | 25.00 | \$0.00 | Replace | Not Given |
| | | | FILLER, RR BUMPER, RH | 0.00 | \$119.90 | 25.00 | \$0.00 | Replace | Not Given |
| | | | GUARD, RR BUMPER, LOWER | 1.00 | \$558.30 | 25.00 | \$418.73 | Replace | Replace |
| | | | PAD, RR BUMPER, CTR | 0.00 | \$2.20 | 25.00 | \$0.00 | Replace | Not Given |
| | | | COVER, GUARD RR BUMPER LOWER | 0.00 | \$14.80 | 25.00 | \$0.00 | Replace | Not Given |
| | | | SEAL, RR BUMPER, RH | 0.00 | \$85.20 | 25.00 | \$0.00 | Replace | Not Given |
| total | | | | | \$2,011.20 | | \$538.73 | | |

538.73

+ 200.00

+ 240.00

978.73

CONFIRMED PART BY PART REPAIR \$978.73 / 2 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18016466/Ncbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-01-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | GBD 7230L | Veh. Inspected | SHB 5557Y |
| Policy No. | 5078214995-02 | Coverage (\$) | 0.00 |
| Claim No. | MT/1012324-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 07/09/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | JTDKB3FU303575674 | Colour | MAROON |
| Odometer | 112179 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|-----------|--------|---------|
| R/H Front Tyre | 195/65R15 | FALKEN | 6 mm |
| L/H Front Tyre | 195/65R15 | FALKEN | 6 mm |
| R/H Rear Tyre | 195/65R15 | FALKEN | 6 mm |
| L/H Rear Tyre | 195/65R15 | FALKEN | 6 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 05/09/2018 | Inspection Date | 07/09/2018 |
| Survey held at | SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 2 Working Days |
|-------------------------------------|----------------|

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 5557Y

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | GUARD, RR BUMPER, LOWER (DISC 25%) | SCRATCHED | 558.30 | 418.73 |
| 2 | PIXEL STICKER @ \$60.00 (SN) | NECESSARY | 120.00 | 120.00 |
| 1 | REAR BUMPER REINFORCEMENT | SERVICEABLE | 318.80 | - |
| 1 | SENSOR REVERSE | SERVICEABLE | 180.00 | - |
| 1 | FILLER, RR BUMPER, RH | SERVICEABLE | 119.90 | - |
| 10 | CLIPS PIECE, FRT & RR BUMPER @ \$1.50 | NOT NECESSARY | 15.00 | - |
| 2 | PAD, RR BUMPER, RH & LH, 1 @ \$3.80 | NOT NECESSARY | 7.60 | - |
| 2 | PAD, RR BUMPER, RH & LH, 2 @ \$3.80 | NOT NECESSARY | 7.60 | - |
| 2 | PAD, RR BUMPER, RH & LH, 3 @ \$3.80 | NOT NECESSARY | 7.60 | - |
| 2 | SEAL, RR BUMPER ARM, RH & LH @ \$11.00 | NOT NECESSARY | 22.00 | - |
| 1 | RETAINER, RR BUMPER, LH | NOT NECESSARY | 111.50 | - |
| 1 | RETAINER, RR BUMPER, RH | NOT NECESSARY | 112.70 | - |
| 3 | PAD, RR BUMPER, CTR @ \$2.20 | NOT NECESSARY | 6.60 | - |
| 1 | COVER, GUARD RR BUMPER LOWER | NOT NECESSARY | 14.80 | - |
| 1 | SEAL, RR BUMPER, RH | NOT NECESSARY | 85.20 | - |
| 1 | COVER, RR BUMPER ASSY | TO REPAIR SEE LABOUR | 423.90 | - |
| | | | 2,111.50 | 538.73 |
| LABOUR | | | | |
| | PANEL BEATING & BODYWORK. INCLUSIVE OF THE REPAIR OF COVER, RR BUMPER ASSY. | | 338.00 | 200.00 |
| | SPRAY PAINT. | | 738.00 | 200.00 |
| | TO CHECK WIRING AND SYSTEM FUNCTION. | | 80.00 | 20.00 |
| | TO TEST AND REFIX REVERSE SENSOR. | | 120.00 | 20.00 |
| | TO WASH AND VACUUM. | NOT NECESSARY | 60.00 | - |
| | | | - | - |
| | | | - | - |
| | | | - | - |
| | | | 1,336.00 | 440.00 |
| GRAND TOTAL | | | 3,447.50 | 978.73 |

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| | | | |
|--|--|--|--------|
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | 978.73 |
|--|--|--|--------|

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MUHAMMAD NAZRIL BIN ABDULLAH

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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