

REF: NS/TNC18016467/Nvber

TAX 109/18/2007

Surveyor: N/A

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: FY 4585A

Policy No. 507217167 060118 - 050119

Claims No. MT 1015856-001

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: 1 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 6279 H Yr Regn: 28 JUN 201

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

Truck / Trailer or

Make: TOYOTA PRIN C.C. 1,798

Colour BROWN Maroon A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ I

Sp. Reading 182, 013 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ I

Eng/No: _____

C/No: JTDKN36U705768289

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In Order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In Order / ☐ 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 / IZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or ACHILLES (C) FALKEN (C)

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 3/9/18 D.O.I. 7/9/18

Survey held at SMART WOODLAND J

Des. of Damages: ☒ Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

0/5 FRT.

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

Date / Time _____ Action / Instruction _____

SHD 6279H - 003/11/1800595H / Sub362
FY 4585A - X

DLA: 260318

2NC P/P

15/10/18 Final fig \$ 239.32 confirmed by email (Ref 1833.28, 889)

RECEIVED 16 OCT 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 16/10 - typist

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)) \$ + RS. SI

☐ : Interview (\$ _____)) Photos

☐ : Tech. Invs (\$ _____)) Others

☐ : Weekend (\$ _____))

TOTAL

Report Format : TP

Lump Sum / I.B.I. (\$ 239.32)

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/INC18016467/Nvb

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. | FY 4585A | Veh. Inspected | SHD 6279H |
| Policy No. | 5097217167 | 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 | 03/09/2018 | 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. |
|--|

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="03/09/2018 16:33"/> |
| Vehicle No.(For Motor) | <input type="text" value="FY4585A"/> | 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 type="radio"/> | 5097217167 | | MUHAMMAD SHAHRAIN BIN MOHAMED ISMAIL | S8632293E | GMC | Third Party | FY4585A | FY4585A | 06/01/2018 | 05/01/2019 |

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 16 October 2018 1:31 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims 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



'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: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Tuesday, October 16, 2018 9:20 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us claim number

| S/NO | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle |
|------|------------------|---------------------------------|----------------------|----------------|
| 1 | MT/1015856-001 | SMRT TAXIS PTE LTD | SHD 6279H | FY 4585A |
| 2 | MT/1013183-002 | SMRT TAXIS PTE LTD | SHB 689H | SKP 7649T |
| 3 | MT/1015353-002 | COMFORT TRANSPOTATION PTE LTD | SHA 7588A | SJQ 7403S |

| D.O.A | Time of Accident | Estimate | Tentative repair cost |
|------------|------------------|------------|-----------------------|
| 3/9/2018 | 5:40 | \$2,072.60 | \$239.32 |
| 26/9/2018 | 08:15 | \$8,764.40 | \$2,250.00 |
| 12/10/2018 | 8:45 | \$1,374.53 | \$900.00 |

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 5369K |
| Vehicle Details | |
| Vehicle No.: | SHD6279H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 11 Sep 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS TAXI (SMRT) |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2015 |
| Engine No.: | 2ZR6603476 |
| Chassis No.: | JTDKN36U705768289 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$29,508.00 |
| Original Registration Date: | 28 Jun 2016 |
| First Registration Date: | 28 Jun 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Jun 2024 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 27 Jun 2024 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$37,164.00 |
| COE Rebate Amount: | \$26,918.00 |
| Total Rebate Amount: | \$30,668.00 |
| Message | |
| Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. | |

The information contained herein is correct as at 11 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 | 04/09/2018 11:30 |
| Date Of Accident | 03/09/2018 05:40 |
| Exact Location Of Accident | PIE TOWARDS JURONG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHD6279H |
| 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 | VICTOR LIM TAU CHIAK |
| NRIC No | S1152970D |
| Date Of Birth | 02/12/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/06/1985 |
| Driving Experience | 33 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---------------|
| Address | 22 |
| Postcode | |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 3 |
| Passenger 1 | NAME: : NIU SHIN YING GENDER: : FEMALE |
| Passenger 2 | NAME: : NIU XIAOYI 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 PIE TOWARDS JURONG WITH TWO PASSENGERS(FEMALE PRC) ON BOARD. I WAS TRAVELLING ON THE SECOND LANE, SUDDENLY A MOTORCYCLE FY4585A RODE IN BTWEEN 2 LANES, AS SUCH COLLIDED ONTO THE RIGHT WING MIRROR 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 Witness 1

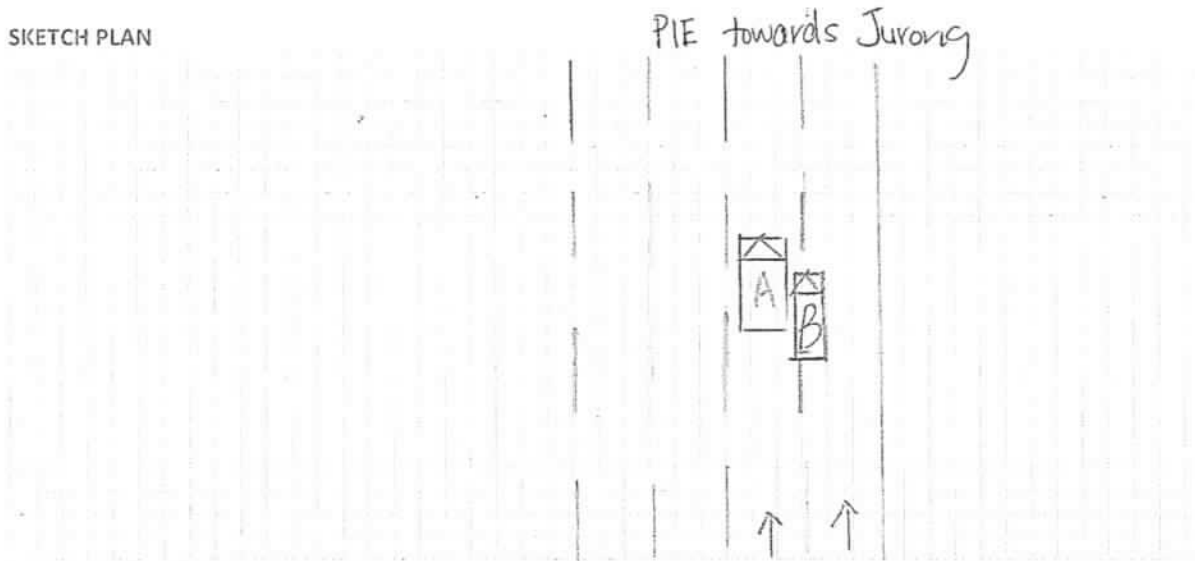
| | |
|---------------|---------------|
| Name | NIU SHIN YING |
| Phone Number | |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | FY4585A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |

| | |
|-------------------------------------|---------------------|
| Name of Driver | ABDULMUIZ BIN RAMLI |
| NRIC/Passport Number | S9907261Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | |
|---------------------------|--|
| <p><i>He</i> 04/09/18</p> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

DECLARATION

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


 Policyholder's Signature
 Date & Time:

He 04/09/18
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 4/9/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SMRT Accident Taxi Repair Estimates

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

 Reg. No. : SHD 6279H Ref. No. TAX 9 / 18 / 2007

 Make / Model : TOYOTA PRIUS Reg. Date : 28/06/2016

 Name of Driver : VICTOR LIM TAU CHIAK

 Date/Time of Accident : 03/09/2018 17:40

 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

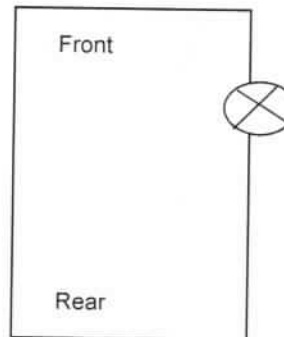
 Accident Repair Job Card No. : 24097809

Special Instruction to ARC, if any :

Signed : _____

Date : _____

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


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

 Chassis No : JTDKN36U705768289 Mileage : _____

Date Prepared : _____ Repair Completed date/time: _____

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------|---|-------------------------------------|
| Total Labour Charges : | \$ <u>0</u> | \$ _____ |
| Total Spray Painting Charges : | \$ <u>180</u> | \$ _____ |
| Total Material Charges : | \$ <u>1,279.25</u> | \$ _____ |
| Other Charges : | \$ <u>200</u> | \$ _____ |
| TOTAL : | \$ <u>1,659.25</u> | \$ _____ () |
| No. of Repair Days : | [<u>2</u>] | [<u>1</u>] |
| Signature : | Prepared by: <u>FOO</u> 05/09/2018 08:53 | 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 : _____

Section D - Details of Repair Estimates

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---------------------|--------------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Labour | \$ 0 | \$ |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO RESPRAY VIEW MIRROR | 180 | 80 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Spray Painting & Panel Beating | \$ 180 | \$ |

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

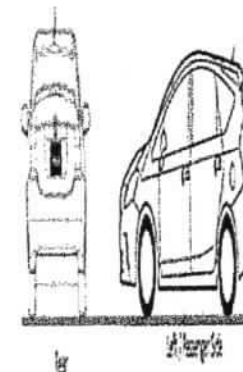
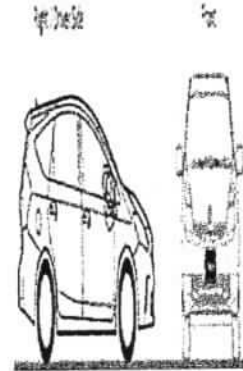
| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|-------------------------------------|--------------------|-------------------------------------|
| TO CHECK WIRING AND SYSTEM FUNCTION | 80 | 20 |
| TO REMOVE AND REFIX VIEW MIRROR | 120 | X 00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Other Costs | \$ 200 | \$ |

Section D - Details of Repair Estimates

Part 4 - Spare Parts / Material Usage

Section A - Accident Details

| | |
|------------------------------------|----------------------|
| Registration Number | SHD6279H |
| Case Reference Number | TAX/09/18/2007 |
| Registration Date | 28/06/2016 |
| Company Type | SMRT Taxis Pte Ltd |
| Make | TOYOTA |
| Model | PRIUS |
| Name of Driver | VICTOR LIM TAU CHIAK |
| Type of Accident | Side Swipe |
| Accident Date and Time | 03/09/2018 5:40 AM |
| Accident Reported Date and Time | 04/09/2018 12:00 AM |
| Is Surveyor Required? | Yes |
| Survey by | |
| Vehicle is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24097809 |
| Special Instruction to ARC, if any | |
| Prepared Date and Time | 21/09/2018 3:38 PM |
| 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 | \$0.00 | \$0.00 |
| Total Spray Cost | \$180.00 | \$80.00 |
| Total Spare Part Cost | \$1,279.25 | \$139.32 |
| Total Other Cost | \$200.00 | \$20.00 |
| TOTAL COST | \$1,659.25 2072.60 | \$239.32 (P/P) |
| Lump Sum Total | \$0.00 | \$0.00 |
| Number of Repair Days | 2 | 1.0 |
| Prepared / Adjusted By | Tuck Foo Kok | Naz (LKK) / NTUC |
| ARC / Surveyor Sign Off Date | | |
| Signature | - | - |
| Remarks | | |

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--------------|----------------|--|
| Quotation Number | QN-1810-0288 | Invoice Number | |
| Quotation Date | 14.10.2018 | 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 |
|--------------|-------------------|-------------------------------------|
| Total Labour | | |

| Part 2 - Spray Painting & Panel Beating Related Works | | |
|---|--------------------|-------------------------------------|
| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
| TO RESPRAY VIEW MIRROR | \$180.00 | \$80.00 |
| Total Spray Painting & Panel Beating | \$180.00 | \$80.00 |

| 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 REMOVE AND REFIX VIEW MIRROR | \$120.00 | \$0.00 |
| Total Other Costs | \$200.00 | \$20.00 |

| Part 4 - Spare Parts / Material Usage | | | | | | | | | |
|---------------------------------------|---------|--------------|-----------------|----------|-----------------|--------------|------------------|--------------------|-------------------|
| Part Number | Portion | Stock Number | Part Name | Quantity | List Price (\$) | Discount (%) | Final Price (\$) | Estimator Approved | Surveyor Approved |
| 6505600 | BODY RH | 87910-47330 | MIRROR ASSY, RH | 0.00 | \$1,307.10 | 25.00 | \$0.00 | Replace | Not Given X |
| 6505598 | BODY RH | 87931-47200 | MIRROR GLASS RH | 0.00 | \$212.80 | 25.00 | \$0.00 | Replace | Not Given X |
| 6505466 | VE | 81730-52090 | MIRROR LAMP RH | 1.00 | \$65.30 | 10.00 | \$58.77 | Replace | Replace / |
| 6505598 | BODY RH | 879157-4010 | COVER, OUTER | 1.00 | \$107.40 | 25.00 | \$80.55 | Replace | Replace / |
| Total | | | | | \$1,692.60 | | \$139.32 | | |

SVC
SVC
SCR
Brd

| Added Spare Parts / Material Usage After Surveyor Signed off | | | | | | | | | |
|--|---------|--------------|-----------|----------|---------------|--------------|------------------|-----------|----------------|
| Part Number | Portion | Stock Number | Part Name | Quantity | List Price \$ | Discount (%) | Final Price (\$) | ARC Check | Surveyor Check |
| Total | | | | | | | | | |

139.32
+ 100.00

239.32

2072.60

Veron Chen (LKKAUTO)

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
<YeoPohsuan@smrt.com.sg>
Sent: Tuesday, 16 October 2018 9:31 AM
To: Veron Chen (LKKAUTO); Naz (LKKAUTO)
Cc: SUR; CS A Team
Subject: RE: SHD6279H-DOA: 3/9/2018

Hi,

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, 15 October 2018 1:53 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex)); Naz (LKKAUTO)
Cc: SUR; CS A Team
Subject: RE: SHD6279H-DOA: 3/9/2018

Dear Poh Suan,

WITHOUT PREJUDICE

Confirm amount of \$239.32 @ 1 working days .

Best Regards,
Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email :sur@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 (Tx&Ex)/ARC (Tx&Ex)) <YeoPohsuan@smrt.com.sg>
Sent: Sunday, 14 October 2018 11:33 AM
To: Naz (LKKAUTO) <Naz@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: SHD6279H

Hi Naz,

Attached herewith the repair estimate of SHD 6279H having Case No: TAX/09/18/2007.

There is no change to the approved amount of \$239.32 @ 1 working days under part by part repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
Sent: Sunday, 14 October 2018 10:55 AM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
Subject: Scan Data from FX-D421D6

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Monday, 15 October 2018 1:53 PM
To: 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))'; Naz (LKKAUTO)
Cc: SUR; CS A Team
Subject: RE: SHD6279H-DOA: 3/9/2018

Dear Poh Suan,

WITHOUT PREJUDICE

Confirm amount of \$239.32 @ 1 working days .

Best Regards,
Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email :sur@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 (Tx&Ex)/ARC (Tx&Ex)) <YeoPohsuan@smrt.com.sg>
Sent: Sunday, 14 October 2018 11:33 AM
To: Naz (LKKAUTO) <Naz@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: SHD6279H

Hi Naz,

Attached herewith the repair estimate of SHD 6279H having Case No: TAX/09/18/2007.

There is no change to the approved amount of \$239.32 @ 1 working days under part by part repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
Sent: Sunday, 14 October 2018 10:55 AM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
Subject: Scan Data from FX-D421D6



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/INC18016467/Nvbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-11-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | FY 4585A | Veh. Inspected | SHD 6279H |
| Policy No. | 5097217167 | Coverage (\$) | 0.00 |
| Claim No. | MT/1015856-001 | 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. | 2016 |
| Chassis No. | JTDKN36U705768289 | Colour | MAROON |
| Odometer | 182013 | 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 | ACHILLES | 5 mm |
| L/H Front Tyre | 195/65 R15 | ACHILLES | 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 FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 03/09/2018 | 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: | 1 Working Days |
|-------------------------------------|----------------|



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6279H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--------------------------------------|---------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | COVER, OUTER (DISC 25%) | BROKEN | 107.40 | 80.55 |
| 1 | MIRROR LAMP RH (DISC 10%) | SCRATCHED | 65.30 | 58.77 |
| 1 | MIRROR ASSY, RH | SERVICEABLE | 1,307.10 | - |
| 1 | MIRROR GLASS RH | SERVICEABLE | 212.80 | - |
| | | | 1,692.60 | 139.32 |
| | <u>LABOUR</u> | | | |
| | SPRAY PAINT. | | 180.00 | 80.00 |
| | TO CHECK WIRING AND SYSTEM FUNCTION. | | 80.00 | 20.00 |
| | TO REMOVE AND REFIX VIEW MIRROR. | NOT NECESSARY | 120.00 | - |
| | | | 380.00 | 100.00 |
| | GRAND TOTAL | | 2,072.60 | 239.32 |
| RECOMMENDED COST OF REPAIRS | | | | 239.32 |

Report Ref No. NS/INC18016467/Nvbe2

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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