

Surveyor: *P. Ram*

REF:

NS/INC18017105 / R19bnz

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: *GAG 9592M*

Policy No. *5074863750-02* *14.12.17*

Claims No. *MT/1011801-002*

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: *5* days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SHB 2P* Yr Regn: *2014 / may*

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

Truck / Trailer or

Make: *TOYOTA PRIUS* *1.8* c.c. *1798*

Colour: *MARON* A/C: Insured / Std / NI / NA

Sp. Reading: *477791* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *3TDKN36W205737497*

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: *195/65R15*

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

FALKEN

Front

Rear

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

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

D.O.A. *17/09/18* D.O.I. *19/09/18*

Survey held at *SMRT*

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

O/S Rear

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

| Date / Time | Action / Instruction |
|-------------|---|
| | <i>SHB 2P - CC3/TML/5003271/ R19bnz</i> <i>DOA: J302015</i> <i>09/18/2011</i> |
| | <i>GAG 9592M - X</i> |
| | <i>US \$1800, 5 days Cred \$5690.70, 76%</i> <i>NMC/GAG 9592M</i> |
| | <i>RECEIVED 19 DEC 2018</i> |

Date/Time, File Pass to?

☐

Preli. Report

1) *18/12 turner*

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: *5*

Resurvey No. of Trip: *1*

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: *TP*

Lump Sum / I.B.I: (\$ *1800*)

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/INC18017105/R1qb | | | |
| 73 BRAS BASAH ROAD | |  | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | |
| | | Date: 20-09-2018 | |
| | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | GBG 9592M | Veh. Inspected | SHB 2P |
| Policy No. | 5074863750-02 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 19/09/2018 |
| 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 | 17/09/2018 | Inspection Date | 19/09/2018 |
| 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

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

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------|---|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5074863750-02 | | PAN PACIFIC VAN & TRUCK LEASING PTE LTD | 201511635R | GFT | Comprehensive | GBG9592M | GBG9592M | 14/12/2017 | |

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/12/2018

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|--------------|
| 2 | MT/1024271-001 | COMFORT TRANSPORTATION PTE LTD | SHA 4323S | GBB 3629H | 13/12/2018 | 17:00 | \$ 1,093.68 |
| | MT/1023223-002 | CITYCAB PTE LTD | SHC 7921K | SMA 7034Y | 10/12/2018 | 7:15 | \$ 5,247.52 |
| | MT/1011801-002 | SMRT TAXIS PTE LTD | SHB 2P | GBG 9592M | 17/09/2018 | 9:30 | \$ 7,490.70 |
| | MT/1021180-002 | SMRT TAXIS PTE LTD | SHB 992G | SKT 6768T | 23/11/2018 | 10:45 | \$ 17,609.60 |

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 | 17/09/2018 11:28 |
| Date Of Accident | 17/09/2018 09:30 |
| Exact Location Of Accident | HAVELOCK ROAD TOWARDS UPPER PICKERING STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHB2P |
| Insured/Policyholder | |
| Name Of Registered Owner | SMRT TAXIS PTE LTD |
| Co Reg No | 198905369K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-800000000 |

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 | LEE KIM HUA |
| NRIC No | S1169206J |
| Date Of Birth | 01/11/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/04/1976 |
| Driving Experience | 42 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-800000000 |
| 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: : WILLY 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 STRAIGHT ALONG HAVELOCK ROAD TOWARDS UPPER PICKERING STREET WITH ONE PASSENGER (FEMALE) ON BOARD. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE GBG9592M WHICH WAS ON MY RIGHT, CUT TOWARDS MY LANE AND COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

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 Witness 1

| | |
|---------------|------|
| Name | WILY |
| Phone Number | |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG9592M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |

Contact Number

Address

Postcode

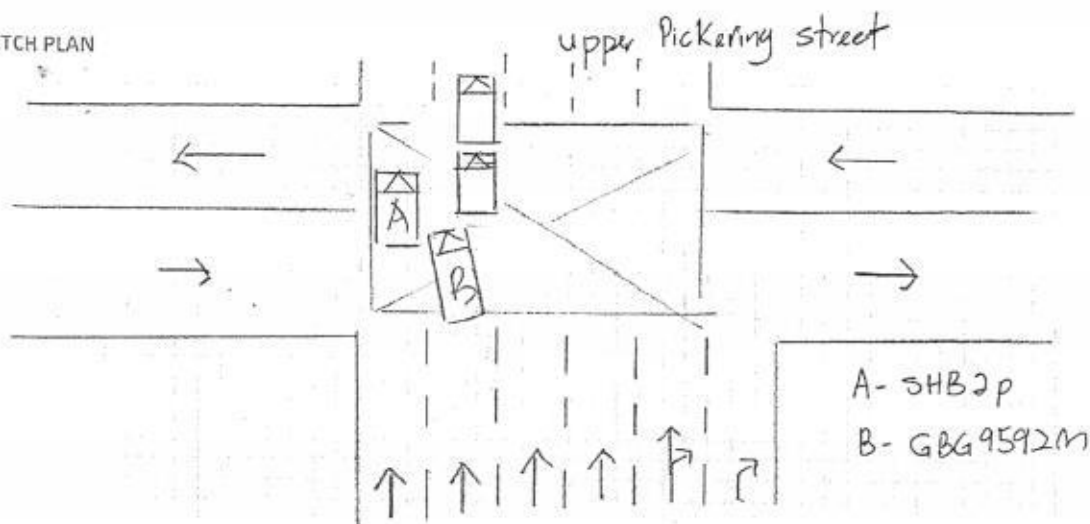
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 11/3/2011

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

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

SKETCH PLANIMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

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

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

SMRT Accident Taxi Repair Estimates

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

Reg. No. : SHB 2P Ref. No. TAX 9 / 18 / ??

Make / Model : TOYOTA PRIUS Reg. Date : 19/05/2014

Name of Driver : LEE KIM HUA

Date/Time of Accident : 17/09/2018 09:30

Surveyer is Required ? YES / NO

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

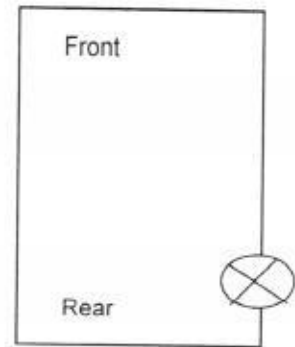
Taxi is Towed Back ? YES / NO

Replacement Taxi Issued ? YES / NO

Accident Repair Job Card No. : NIL

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 : JTDKN36U205737497 Mileage :

Date Prepared : Repair Completed date/time:

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------|--------------------|-------------------------------------|
| Total Labour Charges : | \$ 845.00 | \$ |
| Total Spray Painting Charges : | \$ 1,494.00 | \$ |
| Total Material Charges : | \$ 2,820.90 | \$ |
| Other Charges : | \$ 500.00 | \$ |
| TOTAL : | \$ 5,659.90 | \$ |

No. of Repair Days : [5

Signature : Prepared by: FOO

18/09/2018 11:10

Adjusted by: [Signature]

19/09/18 15:20

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 RH PORTION | 845.00 | 500 |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Labour | \$ 845.00 | \$ |

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 REAR FENDER RH | 378.00 | 200 |
| TO RESPRAY RIM | 180.00 | 50 |
| TO RESPRAY RH REAR DOOR | 378.00 | 200 |
| TO RESPRAY ROCKER PANEL MOULDING | 180.00 | 100 |
| | | |
| Total Spray Painting & Panel Beating | \$ 1,494.00 | \$ |

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 | 40 |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | 120.00 | X 11 |
| TO WASH AND VACUUM | 60.00 | X 11 |
| TO DO WHEEL ALIGNMENT / TYRE BALANCING | 120.00 | 60 |
| TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE) | 120.00 | 30 |
| | | |
| | | |
| | | |
| Total Other Costs | \$ 500.00 | \$ |

Reservation No : _____

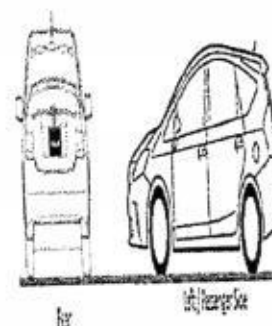
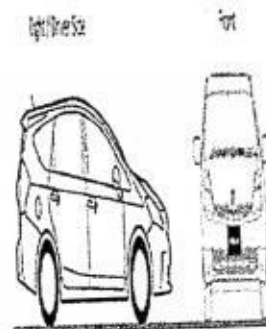
Page (1)

| To be completed by Service Advisor, ARC | | | | | | | Surveyor Adj |
|---|----------------------------|--------------|-----------------|--------------|------------------|-----------------------------|--|
| Part Number | Parts Description | Qty | List Price (\$) | Discount (%) | Final Price (\$) | Repair (R) Replace (/) | Not given (x) Repair (R) Replace (/) |
| 52159-47905 | BUMPER REAR | 1 | 458.60 | 25% | 343.95 | / | R |
| 52575-47020 | BUMPER SIDE RETAINER RR/RH | 1 | 94.80 | 25% | 71.10 | / | X 84 |
| | PIXEL STICKER | 2 | 60.00 | 0% | 120.00 | / | new / |
| 61604-47090 | FENDER RR/RH | 1 | 766.80 | 25% | 575.10 | / | R |
| | SMRT LOGO | 1 | 7.80 | 0% | 7.80 | / | new / |
| | STICKER DECAL 6555 8888 | 1 | 21.60 | 0% | 21.60 | / | new / |
| 42611-47140 | WHEEL DISC | 1 | 1484.20 | 25% | 1113.15 | / | R |
| 67003-47080 | DOOR RR/RH | 1 | 954.50 | 25% | 715.88 | / | BT - |
| 69211-74020 | DOOR OUTER HANDLE RR/RH | 1 | 69.80 | 25% | 52.35 | / | R |
| 75851-47900 | MOULDING BODY, RH | 1 | 673.60 | 25% | 505.20 | / | R |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL MATERIALS | | LUMP SUM 20% | | \$ | | 2,820.90 | |

749070

Section A - Accident Details

| | |
|------------------------------------|---------------------|
| Registration Number | SHB2P |
| Case Reference Number | TAX/09/18/2071 |
| Registration Date | 19/03/2014 |
| Company Type | SMRT Taxis Pte Ltd |
| Make | TOYOTA |
| Model | PRIUS |
| Name of Driver | LEE KIM HUA |
| Type of Accident | Side Swipe |
| Accident Date and Time | 17/09/2018 9:30 AM |
| Accident Reported Date and Time | 17/09/2018 11:00 AM |
| Is Surveyor Required? | Yes |
| Survey by | |
| Vehicle is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24097977 |
| Special Instruction to ARC, if any | NTUC - LKK |
| Prepared Date and Time | 14/10/2018 11:41 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 | \$845.00 | \$500.00 |
| Total Spray Cost | \$1,494.00 | \$750.00 |
| Total Spare Part Cost | \$3,528.13 | \$865.28 |
| Total Other Cost | \$500.00 | (\$315.28) |
| TOTAL COST | \$6,365.13 | \$1,800.00 (L/S) |
| Lump Sum Total | \$0.00 | \$0.00 |
| Number of Repair Days | 6.0 | 5.0 |
| Prepared / Adjusted By | Kim Ming Chin | RASUL (LKK) / NTUC |
| ARC / Surveyor Sign Off Date | | |
| Signature | | |
| Remarks | | |



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
63 Woodlands Industrial Park E4, Singapore 757705
FAX Number: 53555592
Estimator Telephone Number: 88662623
Accident Reporting Number: 58662672

Date Generated: 03/12/2018

User ID: kimmingshin

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--------------|----------------|--|
| Quotation Number | QN-1812-0004 | Invoice Number | |
| Quotation Date | 03.12.2018 | 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 RH PORTION | \$845.00 | \$500.00 |
| Total Labour | \$845.00 | \$500.00 |

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 REAR FENDER RH | \$378.00 | \$200.00 |
| TO RESPRAY RIM | \$180.00 | \$50.00 |
| TO RESPRAY RH REAR DOOR | \$378.00 | \$200.00 |
| TO RESPRAY ROCKER PANEL MOULDING | \$180.00 | \$100.00 |
| Total Spray Painting & Panel Beating | \$1,494.00 | \$750.00 |

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 | \$40.00 |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | \$120.00 | \$0.00 |
| TO WASH AND VACUUM | \$60.00 | \$0.00 |
| TO DO WHEEL ALIGNMENT / TYRE BALANCING | \$120.00 | \$60.00 |
| TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE) | \$120.00 | \$30.00 |
| Lump Sum Adjustment by Surveyor | \$0.00 | (\$445.28) |
| Total Other Costs | \$500.00 | (\$315.28) |

Part 4 - Spare Parts / Material Usage

| Part Number | Portion | Stock Number | Part Name | Quantity | List Price (\$) | Discount (%) | Final Price (\$) | Estimator Approved | Surveyor Approved |
|-------------|---------|--------------|----------------------------|----------|-----------------|--------------|------------------|--------------------|-------------------|
| 6505548 | | 52159-47905 | BUMPER REAR | 1.00 | \$458.60 | 100.00 | \$0.00 | Replace | Repair |
| | | | BUMPER SIDE RETAINER RR/RH | 0.00 | \$94.80 | 25.00 | \$0.00 | Replace | Not Given |
| | | | PIXEL STICKER | 2.00 | \$60.00 | 0.00 | \$120.00 | Replace | Replace |
| | | | FENDER RR/RH | 1.00 | \$766.80 | 100.00 | \$0.00 | Replace | Repair |
| | | | SMRT LOGO | 1.00 | \$7.80 | 0.00 | \$7.80 | Replace | Replace |
| | | | STICKER DECAL 6555 8888 | 1.00 | \$21.60 | 0.00 | \$21.60 | Replace | Replace |
| | | 42611-47140 | WHEEL, DISC | 1.00 | \$1,484.20 | 100.00 | \$0.00 | Replace | Repair |
| | | | DOOR RR/RH | 1.00 | \$954.50 | 25.00 | \$715.88 | Replace | Replace |
| | | | DOOR OUTER HANDLE RR/RH | 1.00 | \$69.80 | 100.00 | \$0.00 | Replace | Repair |
| | | | MOULDING BODY, RH | 1.00 | \$673.60 | 100.00 | \$0.00 | Replace | Repair |
| Total | | | | | \$4,591.70 | | \$865.28 | | |

865.28
+500.00
+880.00

2245.28

-202

1796.22

45 \$1800/-



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/INC18017105/R1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-12-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | GBG 9592M | Veh. Inspected | SHB 2P |
| Policy No. | 5074863750-02 | Coverage (\$) | 0.00 |
| Claim No. | MT/1011801-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 19/09/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | TOYOTA PRIUS 1.8 | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | JTDKN36U205737497 | Colour | MAROON |
| Odometer | 477791 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS 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 | 17/09/2018 | Inspection Date | 19/09/2018 |
| 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: | 5 Working Days |
|-------------------------------------|----------------|

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 2P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | DOOR RR/RH (DISC 25%) | BENT | 954.50 | 715.88 |
| 2 | PIXEL STICKER @\$60.00 (SN) | NECESSARY | 120.00 | 120.00 |
| 1 | SMRT LOGO (SN) | NECESSARY | 7.80 | 7.80 |
| 1 | STICKER DECAL 65558888 (SN) | NECESSARY | 21.60 | 21.60 |
| 1 | BUMPER SIDE RETAINER RR/RH | SERVICEABLE | 94.80 | - |
| 1 | BUMPER REAR | TO REPAIR SEE LABOUR | 458.60 | - |
| 1 | FENDER RR/RH | TO REPAIR SEE LABOUR | 766.80 | - |
| 1 | WHEEL DISC | TO REPAIR SEE LABOUR | 1,484.20 | - |
| 1 | DOOR OUTER HANDLE RR/RH | TO REPAIR SEE LABOUR | 69.80 | - |
| 1 | MOULDING BODY,RH | TO REPAIR SEE LABOUR | 673.60 | - |
| | | | 4,651.70 | 865.28 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF BUMPER REAR,FENDER RR/RH,WHEEL DISC,DOOR OUTER HANDLE RR/RH AND MOULDING BODY,RH. | | 845.00 | 500.00 |
| | SPRAY PAINT. | | 1,494.00 | 750.00 |
| | TO CHECK WIRING AND SYSTEM FUNCTION. | | 80.00 | 40.00 |
| | TO TEST AND REFIX REVERSE SENSOR SYSTEM. | NOT NECESSARY | 120.00 | - |
| | TO WASH AND VACUUM. | NOT NECESSARY | 60.00 | - |
| | TO DO WHEEL ALIGNMENT/TYRE BALANCING. | | 120.00 | 60.00 |
| | TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE). | | 120.00 | 30.00 |
| | | | 2,839.00 | 1,380.00 |
| GRAND TOTAL | | | 7,490.70 | 2,245.28 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,800.00 |

Report Ref No. NS/INC18017105/R1qbn2

Report Ref No. NS/INC18017105/R1qbn2

A handwritten signature in black ink, appearing to read "MRB".

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

A handwritten signature in black ink, appearing to read "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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