

Surveyor: Rajan

REF:

NS/INC18017107/Ribber

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: CB 7870m

Policy No. 506637 2660-04 01072018

Claims No. MT/1011923-002

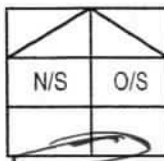
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 1793H Yr Regn: 2014 / 64

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Tax) / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS 1.8 c.c 1798

Colour: Maroon A/C: Insured / Std / NI / NA

Sp.Reading: 520223 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN 36 4205 75.2288

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: 195/65R15

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. 18/02/18 D.O.I. 19/09/18

Survey held at SMRT

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

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

| Date / Time | Action / Instruction |
|----------------------|--|
| | SHB 1793H - NS/INC16009594/Ribber2 DOA: 230516 09/18/2017 |
| | CB 7870m - X |
| 21/12/18 | Confirmed L/S \$1,450/- @ 3 days with Resul. NTMC / CB 7870m (\$1,620.84 red 537.) |
| RECEIVED 24 DEC 2018 | |

Date/Time, File Pass to?

24/12/18

1) Tyax
Date/Time, File Return to?

2) _____

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee: 160

Transportation: _____

_____ S + RS _____ SI

Photos

Others

TOTAL

160

Report Format :

Lump Sum / I.B.I: (\$ 1,450/- L/S)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)



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/INC18017107/R1sb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-09-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | CB 7870M | Veh. Inspected | SHB 1793H |
| Policy No. | 5066372660-04 | 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 | 18/09/2018 | 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

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="18/09/2018 09:51"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="CB7870M"/> | Certificate Number | <input type="text"/> | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input checked="" type="radio"/> | 5066372660-04 | | DKJ TRANSPORT SERVICE | 39711900C | GFT | Third Party, Fire & Theft | CB7870M | CB7870M | 01/07/2018 | |
| <input type="button" value="Continue"/> | | | | | | | | | | |

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/12/2018

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 2 | MT/1011923-002 | SMRT TAXIS PTE LTD | SHB 1793H | CB 7870M | 18/9/2018 | 7:25 | \$ 3,070.84 |
| | MT/1024238-002 | CITYCAB PTE LTD | SHC 766M | GBC 3153H | 17/12/2018 | 17:40 | \$ 3,312.98 |
| | MT/1024193-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3272X | SJU 6390E | 17/12/2018 | 10:30 | \$ 1,623.20 |
| | | | | | | | |

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 21 December 2018 12:06 PM
To: 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))'
Cc: Rasul (LKKAuto); SUR; 'Ms Lee (Lee Sheng Auto)'
Subject: RE: SHB1793H

Hi Poh Suan,

Confirmed final fig of \$1,450.00 (lump sum) @ 3 days of repairs.

Thank you.

Best Regards,

Shirley Hiew | 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: Ms Lee (Lee Sheng Auto) [mailto:ekchen_lee@leeshengauto.com.sg]
Sent: Friday, 21 December 2018 11:55 AM
To: 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))'
<YeoPohsuan@smrt.com.sg>
Cc: 'Rasul (LKK Auto)' <Rasul@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: SHB1793H

Best regards

Ms Lee Ek Chen

Lee Sheng Auto Pte Ltd

1, Kaki Bukit Ave 6 #01-60, Autobay@KB . S(417883) Tel : 67477397 Fax :
67457138 Email : ekchen_lee@leeshengauto.com.sg

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

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
[mailto:YeoPohsuan@smrt.com.sg]
Sent: Friday, 21 December, 2018 11:25 AM
To: 'Ms Lee (Lee Sheng Auto)'
Subject: FW: SHB1793H

Hi Ms Lee,

Please provide the photos.

Thanks & Regards *

Poh Suan

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

From: Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]
Sent: Friday, 21 December 2018 9:32 AM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex));
Rasul (LKKAuto)
Cc: SUR; CS A Team
Subject: RE: SHB1793H

Hi Poh Suan,

Kindly provide us after paint photo.

Thank you.

Best Regards,

Shirley Hiew | 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))
[mailto:YeoPohsuan@smrt.com.sg]
Sent: Monday, 17 December 2018 3:43 PM
To: Rasul (LKKAuto) <Rasul@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: SHB1793H

Hi Rasul,

Attached herewith the repair estimate of SHB 1793H having Case No:
TAX/09/18/2077.

There is no change to the approved amount of \$1,450 @ 3 working days under
lump sum 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: Monday, 17 December 2018 3:32 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
Subject: Scan Data from FX-D421D6

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 | 18/09/2018 08:30 |
| Date Of Accident | 18/09/2018 07:25 |
| Exact Location Of Accident | JALAN AHMAD IBRAHIM TOWARDS GUL WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHB1793H |
| 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 | JAYAKUMAR S/O KALIMUTHU |
| NRIC No | S7622022J |
| Date Of Birth | 12/07/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/01/2000 |
| Driving Experience | 18 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------|
| Address | 11 |
| Postcode | |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| 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) | 1 |

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 JALAN AHMAD IBRAHIM TOWARDS GUL WAY WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. A VEHICLE INFRONT ON MY TAXI STOPPED TO GIVE WAY TO A BUS THAT WAS COMING OUT FROM THE BUS STOP ON THE LEFT AND I FOLLOWED AND STOPPED AS WELL. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE CB7870M HAD COLLIDED ONTO THE REAR OF MY TAXI. WHEN I ALIGHTED I REALISED THAT IT WAS A CHAIN COLLISION INVOLVING THREE VEHICLES INCLUDING MINE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

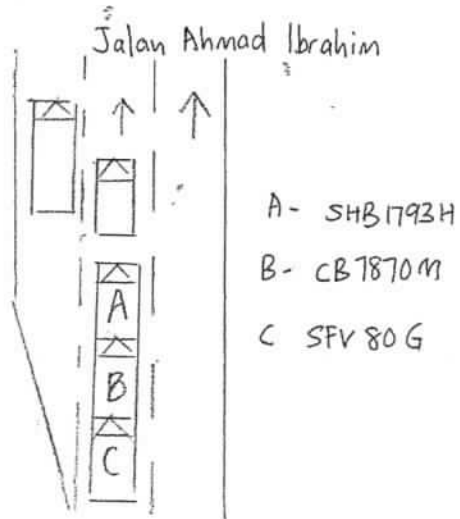
| | |
|-----------------------------|---------------|
| Vehicle Registration Number | CB7870M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | HENG FOOK WAH |
| NRIC/Passport Number | S1663553G |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SFV80G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

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 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:

[Signature] 18/9/2018

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

[Signature] 18/9/2018

SMRT Accident Taxi Repair Estimates

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

 Reg. No. : SHB 1793H Ref. No. TAX 9 / 18 / 2077

 Make / Model : TOYOTA PRIUS Reg. Date : 20/10/2014

Name of Driver : JAYAKUMAR S/O KALIMUTHU

 Date/Time of Accident : 18/09/2018 07:25

 Surveyer is Required ? YES / NO

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

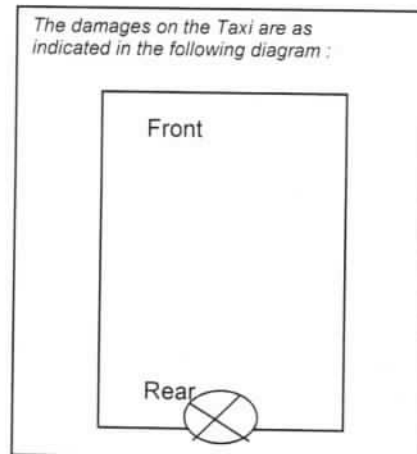
 Taxi is Towed Back ? YES / NO

Replacement Taxi Issued ? YES / NO

 Accident Repair Job Card No. : 24097981

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 : JTDKN36U205752288 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 : | \$ 558.00 | \$ |
| Total Material Charges : | \$ 1,294.35 | \$ |
| Other Charges : | \$ 556.88 | \$ |
| TOTAL : | \$ 2,747.23 | \$ () |

No. of Repair Days : [4] [3 days - L/S]

 Signature : Prepared by: FOO
19/09/2018 10:00

 Adjusted by: *[Signature]*
19/09/18 @ 1500hrs

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 14 |
| | | |
| | | |
| | | |
| | | |
| Total Spray Painting & Panel Beating | \$ 558.00 | \$ |

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 | 80 X |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | 120.00 | 60 |
| TO WASH AND VACUUM | 60.00 | X |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET) | 296.88 | 296.88 |
| | | |
| | | |
| | | |
| | | |
| Total Other Costs | \$ 556.88 | \$ |

Part 4 - Spare Parts / Material Usage

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 | / | DE ✓ |
| 52161-16010 | BUMPER CLIPS | 10 | 1.61 | 25% | 12.07 | 12.07 | RE ✓ |
| 52023-12240 | BUMPER REINFORCEMENT REAR | 1 | 205.70 | 25% | 154.27 | / | ? X 800 |
| 52016-47030 | ARM SUB-ASSY, RR BUMPER LH | 1 | 139.60 | 25% | 104.70 | / | ? ✓ BTR |
| 52015-47050 | ARM SUB-ASSY, RR BUMPER RH | 1 | 139.60 | 25% | 104.70 | / | ? ✓ BTR |
| 89997-30070 | ANTENNA, ELECTRICAL LOWER REAR | 1 | 157.40 | 10% | 141.66 | / | ? X 800 |
| | SENSOR REVERSE | 1 | 180.00 | 0% | 180.00 | / | NEW ✓ |
| | PIXEL STICKER | 2 | 60.00 | 0% | 120.00 | / | RE ✓ |
| 76087-47020 | BUMPER LIP COVER RR/RH | 1 | 118.10 | 25% | 88.57 | / | X 800 |
| 76891-47020 | BUMPER LIP REAR | 1 | 228.90 | 25% | 171.67 | 171.67 | DE ✓ |
| 76088-47020 | BUMPER LIP COVER RR/LH | 1 | 72.20 | 25% | 54.15 | / | X 2 |
| 52576-47020 | BUMPER SIDE RETAINER RR/LH | 1 | 94.80 | 25% | 71.10 | / | X 2 |
| 52575-47020 | BUMPER SIDE RETAINER RR/RH | 1 | 94.80 | 25% | 71.10 | / | X 2 |
| | | | | | | | |
| | | | | | | | |
| TOTAL MATERIALS | | | | | LUMP SUM 20% | \$ | 1,294.35 |

3428-68

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

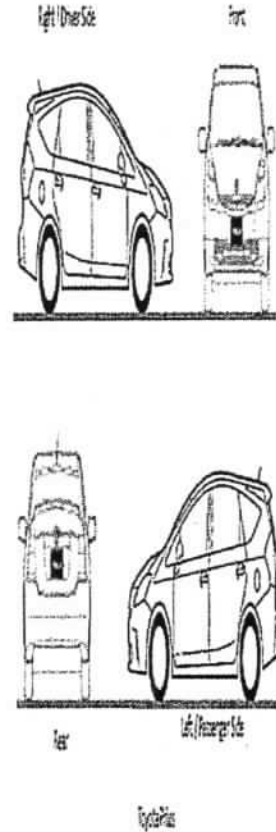
Acknowledged by Repairer

Signature:

Date:

Section A - Accident Details

| | |
|------------------------------------|-------------------------|
| Registration Number | SHB1793H |
| Case Reference Number | TAX/09/18/2077 |
| Registration Date | 20/10/14 |
| Company Type | SMRT Taxis Pte Ltd |
| Make | TOYOTA |
| Model | PRIUS |
| Name of Driver | JAYAKUMAR S/O KALIMUTHU |
| Type of Accident | Head to Rear |
| Accident Date and Time | 18/09/18 7:25 AM |
| Accident Reported Date and Time | 18/09/18 8:25 AM |
| Is Surveyor Required? | Yes |
| Survey by | |
| Vehicle Is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24097981 |
| Special Instruction to ARC, if any | NTUC - LKK |
| Prepared Date and Time | 14/10/18 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 | \$338.00 | \$200.00 |
| Total Spray Cost | \$558.00 | \$200.00 |
| Total Spare Part Cost | \$1,617.96 | \$1,037.11 |
| Total Other Cost | \$556.88 | \$12.89 |
| TOTAL COST | \$3,070.84 | \$1,450.00 (L/S) |
| Lump Sum Total | \$0.00 | \$0.00 |
| Number of Repair Days | 4.0 | 3.0 |
| Prepared / Adjusted By | Kim Ming Chin | RASUL (LKK) / NTUC |
| ARC / Surveyor Sign Off Date | | |
| Signature | <input type="checkbox"/> | <input type="checkbox"/> |
| Remarks | | |

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--------------|----------------|--|
| Quotation Number | QN-1812-0373 | Invoice Number | |
| Quotation Date | 17.12.2018 | 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 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 |
| Total Spray Painting & Panel Beating | \$558.00 | \$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 | \$0.00 |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | \$120.00 | \$60.00 |
| TO WASH AND VACUUM | \$60.00 | \$0.00 |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET) | \$296.88 | \$296.88 |
| Lump Sum Adjustment by Surveyor | \$0.00 | (\$343.99) |
| Total Other Costs | \$556.88 | \$12.89 |

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 | 25.00 | \$343.95 | Replace | Replace |
| | | 52161-16010 | BUMPER CLIPS | 10.00 | \$1.61 | 25.00 | \$12.08 | Replace | Replace |
| 6505547 | | 52023-12240 | BUMPER REINFORCEMENT REAR | 1.00 | \$205.70 | 25.00 | \$154.27 | Replace | Not Given X |
| | | | ARM SUB-ASSY, RR BUMPER LH | 1.00 | \$139.60 | 25.00 | \$104.70 | Replace | Replace |
| | | | ARM SUB-ASSY, RR BUMPER RH | 1.00 | \$139.60 | 25.00 | \$104.70 | Replace | Replace |
| | | | ANTENNA, ELECTRICAL LOWER REAR | 1.00 | \$157.40 | 10.00 | \$141.66 | Replace | Not Given X |
| | | | SENSOR REVERSE | 1.00 | \$180.00 | 0.00 | \$180.00 | Replace | Replace |
| | | | PIXEL STICKER | 2.00 | \$60.00 | 0.00 | \$120.00 | Replace | Replace |
| | | | BUMPER LIP COVER RR/RH | 1.00 | \$118.10 | 25.00 | \$88.57 | Replace | Not Given X |
| | | 76891-47020 | BUMPER LIP REAR | 1.00 | \$228.90 | 25.00 | \$171.68 | Replace | Replace |
| | | | BUMPER LIP COVER RR/LH | 1.00 | \$72.20 | 25.00 | \$54.15 | Replace | Not Given X |
| | | | BUMPER SIDE RETAINER RR/LH | 1.00 | \$94.80 | 25.00 | \$71.10 | Replace | Not Given X |
| | | | BUMPER SIDE RETAINER RR/RH | 1.00 | \$94.80 | 25.00 | \$71.10 | Replace | Not Given X |
| Total | | | | | \$1,951.31 | | \$1,617.96 | | |

1037.11
 + 200.00
 + 556.88
 1793.99
 - 202
 1435.19
 4/5 \$1450/-



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/INC18017107/R1sbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-12-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | CB 7870M | Veh. Inspected | SHB 1793H |
| Policy No. | 5066372660-04 | Coverage (\$) | 0.00 |
| Claim No. | MT/1011923-002 | 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. | JTDKN36U205752288 | Colour | MAROON |
| Odometer | 520223 | 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 REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 18/09/2018 | 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: | 3 Working Days |
|-------------------------------------|----------------|

**National Assessment Centre Services**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1793H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---------------------------------------|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BUMPER REAR (DISC 25%) | DEFORMED | 458.60 | 343.95 |
| 10 | BUMPER CLIPS @\$1.61 (DISC 25%) | NECESSARY | 16.10 | 12.08 |
| 1 | ARM SUB-ASSY, RR BUMPER LH (DISC 25%) | BENT | 139.60 | 104.70 |
| 1 | ARM SUB-ASSY, RR BUMPER RH (DISC 25%) | BENT | 139.60 | 104.70 |
| 1 | BUMPER LIP REAR (DISC 25%) | DEFORMED | 228.90 | 171.68 |
| 1 | SENSOR REVERSE (SN) | NOT WORKING | 180.00 | 180.00 |
| 2 | PIXEL STICKER @\$60.00 (SN) | NECESSARY | 120.00 | 120.00 |
| 1 | BUMPER REINFORCEMENT REAR | SERVICEABLE | 205.70 | - |
| 1 | ANTENNA, ELECTRICAL LOWER REAR | SERVICEABLE | 157.40 | - |
| 1 | BUMPER LIP COVER RR/RH | SERVICEABLE | 118.10 | - |
| 1 | BUMPER LIP COVER RR/LH | NOT NECESSARY | 72.20 | - |
| 1 | BUMPER SIDE RETAINER RR/LH | NOT NECESSARY | 94.80 | - |
| 1 | BUMPER SIDE RETAINER RR/RH | NOT NECESSARY | 94.80 | - |
| | | | 2,025.80 | 1,037.11 |
| <u>LABOUR</u> | | | | |
| PANEL BEATING & BODY WORK. | | | 338.00 | 200.00 |
| SPRAY PAINT. | | | 558.00 | 200.00 |
| TO CHECK WIRING AND SYSTEM FUNCTION. | | NOT NECESSARY | 80.00 | - |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM. | | | 120.00 | 60.00 |
| TO WASH AND VACUUM. | | NOT NECESSARY | 60.00 | - |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER. | | | 296.88 | 296.88 |
| | | | 1,452.88 | 756.88 |
| GRAND TOTAL | | | 3,478.68 | 1,793.99 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,450.00 |

Report Ref No. NS/INC18017107/R1sbe2

MOHAMMED RASUL BIN MOHD YUNUS

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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