

Signature *Parm*

REF: NS/INC18021510/ R1td3e2

ASSIGNMENT

From: Date: 26/11/18

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHF 147J

at Workshop m/s SMRT

of 1 Kaki Bkt Ave 6 # 01-58

Insured: GBC 7938J

Policy No. 50855A8915-02 (19/11/18-18/11/19)

Claims No. MT/1021177-002

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *lup*

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHF 147J Yr Regn: 2017 / DEC

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

Truck / Trailer or

Make: TOYOTA PRIUS 1.8A C.C. 1798

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

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

Eng/No:

C/No: JTDKB3FU303577344

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. 26/11/18 D.O.I. 26/11/18

Survey held at SMRT

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

Frt N/S

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

Date / Time Action / Instruction

SHF147J - NS/INC17015108/srbxx

DOA: 28/7/17

11/18/2091

GBC7938J - CC6/AXA15000723/M/ma3q2

DOA: 9/1/15

NTMC

Part by Part \$4478.44 (Red: 5578-36: 55%)

GBC 7938J

RECEIVED 28 JAN 2019

Date/Time, File Pass to?

1) 28/11/18 Typst

Date/Time, File Return to?

2)

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

160

Transportation:

\$ + RS. \$

Photos

Others

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$ 4478.44)

TOTAL

160

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 28 January 2019 11:28 AM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

 **Samsia**

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



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

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, January 28, 2019 10:55 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair
1	MT/1021177-002	SMRT TAXIS	SHF 147J	GBC 7938J	20/11/2018	23:15	\$ 10,056.80	\$ 4,000.00

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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 type="radio"/>	5085548915-02		HY-FRESH INDUSTRIES (S) PTE LTD	200923182N	GCV	Comprehensive	GBC7938J	GBC7938J	19/11/2018	18/11/2019

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 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. 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	21/11/2018 16:11
Date Of Accident	20/11/2018 23:15
Exact Location Of Accident	BLK 443 CLEMENTI AVE 3 CAR PARK (LOT 11)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF147J
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	RIDUWAN BIN SA'ADON
NRIC No	S1293463G
Date Of Birth	14/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	18 YEARS AND 10 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	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)	0

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 PARKED MY TAXI ALONG BLK 443 CLEMENTI AVE 3 CAR PARK LOT 11 AND WENT TO RUN AN ERRAND. WHEN I WAS WALKING BACK TO MY TAXI, I SAW A LORRY GBC7938J REVERSING TOWARDS MY TAXI AS HE WANTED TO PARK ON MY LEFT. WHILST DOING SO THE LORRY COLLIDED ONTO FRONT LEFT PORTION OF MY TAXI. I WENT OVER AND ASKED HIM TO STOP AND TOOK SOME PHOTOGRAPHS OF THE LORRY AND EXCHANGED PARTICULARS WITH THE DRIVER

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	GBC7938J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH THIAM TENG
NRIC/Passport Number	S0098761A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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	-
	-
	-

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Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH THIAM TENG
NRIC/Passport Number	S0098761A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

A diagram of a rectangular box labeled 'B'. On top of the box is a triangular prism. The prism's base is a rectangle that is wider than it is tall, and its height is indicated by a vertical line segment. The prism is oriented such that its triangular faces are parallel to the front and back faces of the box.

A

A - SHF147J
B - GBC7938J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

TAXIS
Policyholder's Signature
Date & Time

Driver's Signature 2/11/18
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

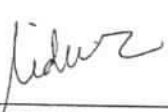
IMPORTANT NOTICE

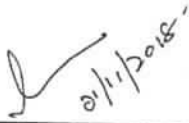
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

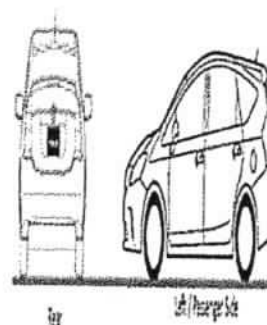
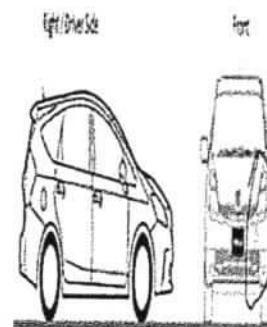
Policyholder's Signature
Date & Time: 

 21/11/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Section A - Accident Details

Registration Number	SHF147J
Case Reference Number	TAX/11/18/2091
Registration Date	19/12/17
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	RIDUWAN BIN SA'ADON
Type of Accident	Side Swipe
Accident Date and Time	20/11/18 11:14 PM
Accident Reported Date and Time	21/11/18 3:08 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24098845
Special Instruction to ARC, if any	TP/ NTUC - LKK
Prepared Date and Time	22/11/18 3:25 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	\$676.00	\$400.00
Total Spray Cost	\$756.00	\$400.00
Total Spare Part Cost	\$7,056.27	\$3,648.44
Total Other Cost	\$260.00	\$30.00
TOTAL COST	\$8,748.27	\$4,478.44 (P/P)
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	6.0	4.0
Prepared / Adjusted By	Tuck Foo Kok	RASUL (LKK) / NTUC
ARC / Surveyor Sign Off Date	22/11/2018 3:43 PM	26/11/2018 4:29 PM
Signature		
Remarks	Initial = 5 days Request number of days to extend 1 day	resurvey before paint

10,056.30

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1901-0223	Invoice Number	
Quotation Date	10.01.2019	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 FRONT PORTION	\$676.00	\$400.00
Total Labour	\$676.00	\$400.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	\$378.00	\$200.00
TO REPSRAY FRONT HOOD	\$378.00	\$200.00
Total Spray Painting & Panel Beating	\$756.00	\$400.00

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	\$30.00
TO REMOVE AND REFIT WIRE HARDESS	\$120.00	\$0.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$260.00	\$30.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52119479 62	COVER, FR BUMPER	1.00	\$495.50	25.00	\$371.63	Replace	Replace
		53101470 80	GRILLE SUB-ASSY	0.00	\$335.60	0.00	\$0.00	Replace	Check
		52116470 50	SUPPORT, FR BUMPER LH	0.00	\$82.30	0.00	\$0.00	Replace	Not Given
		52114471 90	BRACKET, FR BUMPER	0.00	\$99.80	0.00	\$0.00	Replace	Not Given
			NUMBER PLATE	0.00	\$35.00	0.00	\$0.00	Replace	Not Given
			NUMBER PLATE FRAME	0.00	\$25.00	0.00	\$0.00	Replace	Not Given
		52611471 40	ABSORBER, FR BUMPER	0.00	\$70.30	0.00	\$0.00	Replace	Check
		52021471 10	REINFORCEMENT FRONT UPPER	0.00	\$691.10	0.00	\$0.00	Replace	Check
		53301471 10	HOOD SUB-ASSY	1.00	\$938.40	25.00	\$703.80	Replace	Replace
		53420471 30	HINGE ASSY, HOOD, LH	0.00	\$57.00	0.00	\$0.00	Replace	Not Given
		53410471 30	HINGE ASSY, HOOD, RH	0.00	\$57.00	0.00	\$0.00	Replace	Not Given
		53395470 40	SEAL, HOOD TO FR END	1.00	\$24.40	25.00	\$18.30	Replace	Replace
		81185476 91	UNIT, HEADLAMP, LH	0.00	\$2,558.90	0.00	\$0.00	Replace	Check
Total					\$5,470.30		\$1,093.73		

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
		5310147080	GRILLE SUB-ASSY	1.00	\$335.60	25.00	\$251.70	Replace	Replace
		6118547691	UNIT, HEADLAMP, LH	1.00	\$2,558.90	10.00	\$2,303.01	Replace	Replace
Total					2,894.50		\$2,554.71		

3648.44
 + 400.00
 + 430.00

 4478.44

 4 days
 P/P

10096.80



Case Details

Case Reference Number : TAX/11/18/2091

Type of Repair : Accident Repair

Vehicle Registration Number : SHF147J

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-4633-ID

Assigned By : Kok Wah Wong

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 20/11/2018 03:14 PM

Vehicle Age(In Months) : 11

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval		
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace
One Time Key In	Main			COVER, FR BUMPER <i>OK</i>	1	495.50	495.50	25.00	371.63	Replace	1	371.63	Replace ▾
One Time Key In	Main			GRILLE SUB-ASSY <i>7</i>	1	335.60	335.60	25.00	251.70	Replace	0	0	Check ▾
One Time Key In	Main			SUPPORT, FR BUMPER LH <i>Xm</i>	1	82.30	82.30	25.00	61.72	Replace	0	0	Not Give ▾
One Time Key In	Main			BRACKET, FR BUMPER <i>Xm</i>	1	99.80	99.80	25.00	74.85	Replace	0	0	Not Give ▾
One Time Key In	Main			NUMBER PLATE <i>Xm</i>	1	35.00	35.00	0.00	35.00	Replace	0	0	Not Give ▾
One Time Key In	Main			NUMBER PLATE FRAME <i>Xm</i>	1	25.00	25.00	0.00	25.00	Replace	0	0	Not Give ▾
One Time Key In	Main			ABSORBER, FR BUMPER <i>7</i>	1	70.30	70.30	25.00	52.72	Replace	0	0	Check ▾
One Time Key In	Main			REINFORCEMENT FRONT UPPER <i>7</i>	1	691.10	691.10	25.00	518.33	Replace	0	0	Check ▾

Total Spare Part Cost 4,501.56

Surveyor Total 1,093.73

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 4,501.56

Final Sur Total 1,093.73

SMRT Recommendation												Surveyor Approval		
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			HOOD SUB-ASSY	1	938.40	938.40	25.00	703.80	Replace	1	703.80	Replace	▼
One Time Key In	Main			HINGE ASSY, HOOD, LH	1	57.00	57.00	25.00	42.75	Replace	0	0	Not Give	▼
One Time Key In	Main			HINGE ASSY, HOOD, RH	1	57.00	57.00	25.00	42.75	Replace	0	0	Not Give	▼
One Time Key In	Main			SEAL, HOOD TO FR END	1	24.40	24.40	25.00	18.30	Replace	1	18.30	Replace	▼
One Time Key In	Main			UNIT, HEADLAMP, LH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	0	0	Check	▼
Total Spare Part Cost									4,501.56		Surveyor Total	1,093.73		
Lump Sum Discount (%)									0.00		Lump Sum Dis (%)	0		
Final Spare Part Cost									4,501.56		Final Sur Total	1,093.73		

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR FRONT PORTION	676.00	400	
Total:		676.00	400.00	

Spray Cost Detail



S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPSRAY FRONT BUMPER	378.00	200	
2	TO REPSRAY FRONT HOOD	378.00	200	
Total:		756.00	400.00	

Other Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30	
Total:		260.00	30.00	

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	TO REMOVE AND REFIT WIRE HARDESS	120.00	0	X n n
3	TO WASH AND VACUUM	60.00	0	X n n
Total:		260.00	30.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,501.56	1,093.73
Total Labour Cost	676.00	400.00
Total Spray Painting	756.00	400.00
Other	260.00	30.00
Overall Total	6,193.56	1,923.73
Lump Sum Repair Option		
Lump Sum Total	0.00	1,923.73
Surveyor Approved Amount		1,923.73
No of Repair Days*	5	4
Remarks	-	resurvey before paint
Surveyor Name		Rasul
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	26/11/2018	



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/INC18021510/R1td3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 28-01-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBC 7938J	Veh. Inspected	SHF 147J
Policy No.	5085548915-02	Coverage (\$)	0.00
Claim No.	MT/1021177-002	Excess (\$)	0.00
Assign From		Assign Date	26/11/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS 1.8A	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU303577344	Colour	MAROON
Odometer	-	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 FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/11/2018	Inspection Date	26/11/2018
Survey held at	1 KAKI BKT AVE 6#01-58		
Repairer	SMRT AUTOMOTIVE SERVICES PTE LTD		
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:		4 Working Days	

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 147J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	COVER, FR BUMPER (DISC 25%)	DEFORMED	495.50	371.63
1	HOOD SUB-ASSY (DISC 25%)	BENT	938.40	703.80
1	SEAL, HOOD TO FR END (DISC 25%)	NECESSARY	24.40	18.30
1	GRILLE SUB-ASSY (DISC 25%)	CRACKED	335.60	251.70
1	UNIT, HEADLAMP, LH (DISC 10%)	CRACKED	2,558.90	2,303.01
1	GRILLE SUB-ASSY	SERVICEABLE	335.60	-
1	SUPPORT, FR BUMPER LH	SERVICEABLE	82.30	-
1	BRACKET, FR BUMPER	SERVICEABLE	99.80	-
1	NUMBER PLATE	SERVICEABLE	35.00	-
1	NUMBER PLATE FRAME	SERVICEABLE	25.00	-
1	ABSORBER, FR BUMPER	SERVICEABLE	70.30	-
1	REINFORCEMENT FRONT UPPER	SERVICEABLE	691.10	-
1	HINGE ASSY, HOOD, LH	SERVICEABLE	57.00	-
1	HINGE ASSY, HOOD, RH	SERVICEABLE	57.00	-
1	UNIT, HEADLAMP, LH	REPEATED	2,558.90	-
			8,364.80	3,648.44
<u>LABOUR</u>				
	PANEL BEATING & BODY WORK.		676.00	400.00
	SPRAY PAINT.		756.00	400.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	30.00
	TO REMOVE AND REFIT WIRE HARDESS.	NOT NECESSARY	120.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,692.00	830.00
GRAND TOTAL			10,056.80	4,478.44
RECOMMENDED COST OF REPAIRS (CONFIRMED)				4,478.44

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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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