

Signature: Tajhi REF: INC

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: _____

Policy No: GBG 93504

Claims No: 5096220142 (29/11/17-28/11/18)

Sum Insured: MY/1030/09-001 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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB/167R- Yr Regn: 2013 NOV.

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

Truck / Trailer or

Make: Toyota Proace C.C: 1728

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

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

Eng/No: _____

C/N: 5TDKN364405.707443

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: 195/65R18

R: 4

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

TOYO / YOKO or Fallen

Front: _____ Rear: 6

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. _____ D.O.I. 27/11/18

Survey held at SMKT

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 Battery weak TAXI 11/18/2117

SHB 1167R - 003/116/17014513/SyB352 DOA: 24/7/17 GBG 93504.

GBG 93504 - X

29/1/19 @ 4.59pm confirmed with Pol Susan is to 1100, 2 days.

(Red to 2972, 72%)

RECEIVED 30 JAN 2019

Date/Time, File Pass to? ☐ : Preli. Report

30/1/2019 ☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation: _____ \$ + R\$ _____

Photos: _____

Others: _____

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Report Format: TP

Lump Sum / I.B. / \$ 1100

TOTAL: 160

TP Claims against NTUC Income: Follow-Through Survey

Date : 29/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1030109-001	SMRT TAXIS PTE LTD	SHB 1167R	GBG 9350U	26/11/2018	6:50	\$ 3,872.00

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

26/11/2018 14:26

Vehicle No.(For Motor)

GBG9350U

Certificate Number

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"/>	5096220142		CRYSTAL CLEAR CONTRACTOR PTE. LTD.	201205041N	GCV	Comprehensive	GBG9350U	GBG9350U	29/11/2017	28/11/2018

Continue

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 29 January 2019 4:59 PM
To: 'Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))'; Taufikh (LKKAUTO)
Cc: SUR; CS A Team
Subject: RE: SHB1167R

Dear Poh Suan,

WITHOUT PREJUDICE

Confirm Lump Sum \$1,100.00 before GST and 2 repair days.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@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: Tuesday, 8 January 2019 1:51 PM

To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>

Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>

Subject: SHB1167R

Hi Taufikh,

Attached herewith the repair estimate of SHB 1167R having Case No: TAX/11/18/2117.

There is no change to the approved amount of \$1,100 @ 2 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: Tuesday, 8 January 2019 1:53 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 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	26/11/2018 09:27
Date Of Accident	26/11/2018 06:50
Exact Location Of Accident	LAVENDER STREET TOWARDS BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1167R
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	LEE TIAN SAN
NRIC No	S1387646J
Date Of Birth	25/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	834
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS STATIONARY ALONG LAVENDER STREET TOWARDS BALESTIER ROAD WITH THREE PASSENGERS ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. WHILST I WAS STATIONARY, SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE GBG9350U HAD COLLIDED ONTO THE REAR 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG9350U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHOON MIN KEONG

NRIC/Passport Number

S7223277A

Contact Number

Address

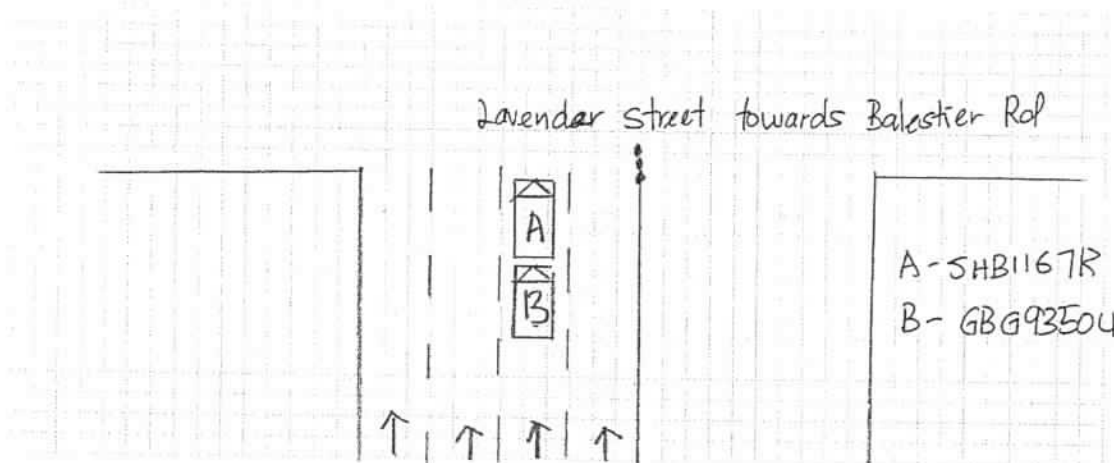
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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: _____

Driver's Signature
(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:


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


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



Case Details

Case Reference Number :

TAX/11/18/2117

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1167R

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-4715-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 25/11/2018 10:50 PM

Vehicle Age(In Months) : 60

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			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95 <i>de</i>	Replace ▾
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0 <i>xy</i>	Not Give ▾
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0 <i>xy</i>	Not Give ▾
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0 <i>xy</i>	Not Give ▾
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0 <i>ny ? x</i>	Check ▾
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0 <i>ny ? x</i>	Check ▾
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0 <i>ny ? x</i>	Check ▾
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00 <i>ny</i>	Replace ▾
Total Spare Part Cost									1,464.22		Surveyor Total	463.95	
Lump Sum Discount (%)									20.00		Lump Sum Dis (%)	20	
Final Spare Part Cost									1,171.38		Final Sur Total	371.16	

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			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0 <i>ny</i> X	Not Give
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0 <i>ny</i> X	Not Give
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0 <i>ny</i> X	Not Give
Total Spare Part Cost									1,464.22		Surveyor Total	463.95	
Lump Sum Discount (%)									20.00		Lump Sum Dis (%)	20	
Final Spare Part Cost									1,171.38		Final Sur Total	371.16	

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR REAR PORTION	676.00	200	
Total:		676.00	200.00	

Spray Cost Detail


S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPSRAY REAR BUMPER	378.00	200	
Total:		378.00	200.00	

Other Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
2	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
3	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
4	TO WASH AND VACUUM	60.00	0	
Total:		460.00	60.00	

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	TO REPLACE SUNDRY PARTS	100.00	10	
Total:		460.00	60.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,171.38	371.16
Total Labour Cost	676.00	200.00
Total Spray Painting	378.00	200.00
Other	460.00	60.00
Overall Total	2,685.38	831.16
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	2,700.00	850.00
Surveyor Approved Amount		850.00
No of Repair Days*	4	2
Remarks	.	Resurvey after repair
Surveyor Name		Taufikh
Signature		
Survey Date	27/11/2018	

Save

Clear

Taufikh 97475749
WP
27/11/18
02 days
Resurvey after repair.

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

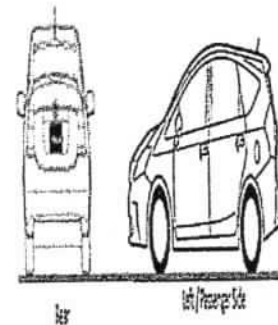
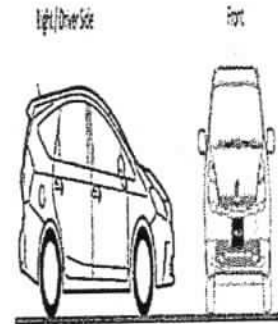
Acknowledged by Repairer

Signature:

Date:



Section A - Accident Details

Registration Number	SHB1167R
Case Reference Number	TAX/11/18/2117
Registration Date	15/11/13
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	LEE TIAN SAN
Type of Accident	Head to Rear
Accident Date and Time	26/11/18 6:50 AM
Accident Reported Date and Time	26/11/18 9:08 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle Is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24098939
Special Instruction to ARC, if any	NTUC - LKK
Prepared Date and Time	27/11/18 2:18 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	\$200.00
Total Spray Cost	\$558.00	\$300.00
Total Spare Part Cost	\$1,798.49	\$798.23
Total Other Cost	\$460.00	(\$198.23)
TOTAL COST	\$3,492.49	\$1,100.00 (L/S)
Lump Sum Total	\$0.00	
Number of Repair Days	5.0	2.0
Prepared / Adjusted By	Zhi Yang Phua	Taufikh (LKK) / NTUC
ARC / Surveyor Sign Off Date	28/11/2018 10:26 AM	27/11/2018 5:39 PM
Signature		
Remarks	Initial = 4 days Request number of days to extend 1 day	Resurvey after repair



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68562623
Accident Reporting Number : 88662072

Date Generated : 08/01/2019

User ID : PohSuan

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1901-0102	Invoice Number	
Quotation Date	06.01.2019	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 REAR PORTION	\$676.00	\$200.00
Total Labour	\$676.00	\$200.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY BUMPER BEAM	\$180.00	\$100.00
TO REPSRAY REAR BUMPER	\$378.00	\$200.00
Total Spray Painting & Panel Beating	\$558.00	\$300.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$0.00
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$30.00
TO WASH AND VACUUM	\$50.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$10.00
Lump Sum Adjustment by Surveyor	\$0.00	
Total Other Costs	\$460.00	\$60.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52159-47905	BUMPER REAR	1.00	\$458.60	25.00	\$343.95	Replace	Replace
		52023-12240	BUMPER REINFORCEMENT REAR	0.00	\$205.70	0.00	\$0.00	Replace	Not Given
		52016-47030	ARM SUB-ASSY, RR BUMPER LH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given
		52015-47050	ARM SUB-ASSY, RR BUMPER RH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given
			SENSOR REVERSE	0.00	\$180.00	0.00	\$0.00	Replace	Check
		52576-47020	BUMPER SIDE RETAINER RR/LH	0.00	\$94.80	0.00	\$0.00	Replace	Check
		52575-47020	BUMPER SIDE RETAINER RR/RH	0.00	\$94.80	0.00	\$0.00	Replace	Check
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace
		76891-47020	BUMPER LIP REAR	0.00	\$228.90	0.00	\$0.00	Replace	Not Given
		76087-47020	BUMPER LIP COVER RR/RH	0.00	\$118.10	0.00	\$0.00	Replace	Not Given
		76088-47020	BUMPER LIP COVER RR/LH	0.00	\$72.20	0.00	\$0.00	Replace	Not Given
Total					\$1,792.30		\$463.95		

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
		52023-12240	BUMPER REINFORCEMENT REAR	1.00	\$205.70	25.00	\$154.28	Replace	Replace <i>h</i>
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	Replace <i>nn</i>
Total					385.70		334.28		

$$\begin{array}{r}
 798.23 \\
 + 200.00 \\
 + 360.00 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 1358.23 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 - 207 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 1086.58 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 45 \$1100/- \\
 \hline
 \end{array}$$

3872

3872



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/INC18021536/T1qd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 30-01-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 9350U	Veh. Inspected	SHB 1167R
Policy No.	5096220142	Coverage (\$)	0.00
Claim No.	MT/1030109-001	Excess (\$)	0.00
Assign From		Assign Date	27/11/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTDKN36U405707143	Colour	MAROON
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	FALKEN	6 mm
L/H Front Tyre	195/65 R15	FALKEN	6 mm
R/H Rear Tyre	195/65 R15	FALKEN	6 mm
L/H Rear Tyre	195/65 R15	FALKEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/11/2018	Inspection Date	27/11/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1167R

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
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	NOT WORKING	180.00	180.00
1	BUMPER REINFORCEMENT REAR	NOT NECESSARY	205.70	-
1	ARM SUB-ASSY, RR BUMPER LH	NOT NECESSARY	139.60	-
1	ARM SUB-ASSY, RR BUMPER RH	NOT NECESSARY	139.60	-
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	BUMPER LIP REAR	NOT NECESSARY	228.90	-
1	BUMPER LIP COVER RR/RH	NOT NECESSARY	118.10	-
1	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
			2,238.00	798.23
<u>LABOUR</u>				
	PANEL BEATING & BODY WORK.		676.00	200.00
	SPRAY PAINT.		558.00	300.00
	TO APPLY RUST-PROOFING ON AFFECTED AREA.	NOT NECESSARY	100.00	-
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO TEST AND REFIX REVERSE SENSOR SYSTEM.		120.00	30.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
	TO REPLACE SUNDRY PARTS.		100.00	10.00
			-	-
			-	-
			-	-
			-	-
			-	-
			1,694.00	560.00
GRAND TOTAL			3,932.00	1,358.23

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,100.00
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MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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