

REF:

INC

ASSIGNMENT

From:

Date:

Veh No:

SHB1764S

Yr Regn:

2014

July

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Toyota Prius

C.C.

1798

at Workshop m/s

Colour:

Mewon

A/C:

Insured / Std / NI / NA

of

Sp. Reading

439307

T/Radio: Insured / Std / NI / NA

Insured:

SHD1031M

Eng/No:

Policy No:

5095103893 (20/10/17-

CtNo:

STDICN 364005 746778

Claims No:

M/1071314 052

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

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

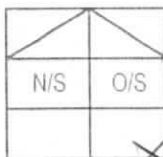
Tyre Size:

F:

195/65R15

R:

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



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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

2

days

Res.: Yes or No

D.O.A.

D.O.I.

27/11/18

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SURT

CA / REV / REP. / 24 HRS

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

Rear o/s

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

SHB 1764S - CS / TIT11014335 / Riji

DUA: 18/7/2011

SHD1031M - CS / FCI 17016184 / Kltbn2

DUA: 18/8/17

14/12.

4591050, 2 days email to Poh Sean
(read to Mrs. 10, 688)

TAX 11/18/2119

SHD 1031M.

RECEIVED 20 DEC 2010

Date/Time, File Pass to?



Preli. Report

Days Of Repair:

2

1) 20/12/2018



Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

Survey Fee:

160

2)

Add Fee:



Site Insp (\$)

Transportation:

) S + RS SI



Interview (\$)

) Photos



Tech. Invs (\$)

) Others



Weekend (\$)

)

Report Format:

24

Lump Sum / I.B. (\$)

109

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

20.12.2018

| S/NO | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | D.O.A | Time of Accident | Estimate | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|------------|------------------|-------------|-----------------------|
| 1 | MT/1023742-002 | COMFORT TRANSPORTATION PTE LTD | SHA 5947K | CB 5118R | 12/12/2018 | 15:30 | \$3,089.20 | \$2,800.08 |
| 2 | MT/1023784-002 | COMFORT TRANSPORTATION PTE LTD | SHA 7209U | PC 1427R | 12/12/2018 | 06:00 | \$1,740.88 | \$400.00 |
| 3 | MT/1023043-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8080E | SJN 7699X | 5/12/2018 | 15:40 | \$10,766.00 | \$6,400.00 |
| 4 | MT/1024548-001 | COMFORT TRANSPORTATION PTE LTD | SHA 7923R | SGR 9161G | 11/12/2018 | 14:55 | \$1,505.00 | \$1,000.00 |
| 5 | MT/1023028-002 | COMFORT TRANSPORTATION PTE LTD | SHC 2765C | YP 1158S | 7/12/2018 | 20:40 | \$9,964.20 | \$5,400.00 |
| 6 | MT/1024551-001 | COMFORT TRANSPORTATION PTE LTD | SH 6206S | SJT 4065M | 15/12/2018 | 10:05 | \$2,044.23 | \$860.95 |
| 7 | MT/1024552-001 | COMFORT TRANSPORTATION PTE LTD | SHC 2967L | SJZ 8581G | 14/12/2018 | 9:30 | \$1,580.32 | \$900.00 |
| 8 | MT/1023443-002 | COMFORT TRANSPORTATION PTE LTD | SHD 7164Z | SLK 9402P | 11/12/2018 | 8:30 | \$1,903.36 | \$850.00 |
| 9 | MT/1021314-002 | SMRT TAXIS PTE LTD | SHB 1764S | SHD 1031M | 26/11/2018 | 5:50 | \$2,982.26 | \$1,050.00 |

Claim received from LKK

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="26/11/2018 14:26"/> |
| Vehicle No.(For Motor) | <input type="text" value="SHD1031M"/> | Certificate Number | <input type="text"/> |

[Search](#)

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5095103893 | | PREMIER TAXIS PTE. LTD. | 200304975H | GFT | Third Party | SHD1031M | SHD1031M | 20/10/2017 | |

[Continue](#)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|---|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 5369K |
| Vehicle Details | |
| Vehicle No.: | SHB1764S |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 20 Dec 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS TAXI (SMRT) |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2014 |
| Engine No.: | 2ZR6090296 |
| Chassis No.: | JTDKN36U005746778 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$32,920.00 |
| Original Registration Date: | 02 Jul 2014 |
| First Registration Date: | 02 Jul 2014 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$8,088.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 01 Jul 2022 |
| PARF Rebate Amount: | \$6,066.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 01 Jul 2022 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$53,269.00 |
| COE Rebate Amount: | \$23,508.00 |
| Total Rebate Amount: | \$29,574.00 |
| Message | |
| Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. | |

The information contained herein is correct as at 20 Dec 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 10:08 |
| Date Of Accident | 26/11/2018 05:50 |
| Exact Location Of Accident | COMMONWEALTH AVE WEST (CLEMENTI MRT TAXI STAND) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHB1764S |
| 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 | NG INN HENG |
| NRIC No | S1514088G |
| Date Of Birth | 07/11/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/01/1997 |
| Driving Experience | 21 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------|
| Address | 928 |
| 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 | DRIZZLING |
| 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) | 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 STATIONARY AT THE TAXI STAND WAITING FOR PASSENGER WHEN THE SILVERCAB SHD1031M CAME FROM BEHIND AND COLLIDED ONTO THE REAR 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 LARGE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------|
| Vehicle Registration Number | SHD1031M |
| Vehicle Make/Model/Colour | SILVERCAB |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | CHIA YONG |
| NRIC/Passport Number | S0085760B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:

[Signature] 26/11/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 26/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CLEMENTI NR7

TAXI STAND

COMMONWEALTH AVENUE WEST

A-SMB17645

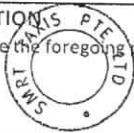
B- SHD 1031M

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.:



Case Details

Case Reference Number :

TAX/11/18/2119

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1764S

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-4719-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 25/11/2018 09:50 PM

Vehicle Age(In Months) : 52

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

| 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 REAR | 1 | 458.60 | 458.60 | 25.00 | 343.95 | Replace | 1 | 343.95 <i>de</i> | Replace ▾ |
| One Time Key In | Main | | | ARM SUB-ASSY, RR BUMPER LH | 1 | 139.60 | 139.60 | 25.00 | 104.70 | Replace | 0 | 0 <i>nn</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>nn</i> | Check ▾ |
| One Time Key In | Main | | | BUMPER REINFORCEMENT REAR | 1 | 205.70 | 205.70 | 25.00 | 154.27 | Replace | 0 | 0 <i>nn</i> | Not Give ▾ |
| One Time Key In | Main | | | SENSOR REVERSE | 1 | 180.00 | 180.00 | 0.00 | 180.00 | Replace | 0 | 0 <i>nn</i> | Not Give ▾ |
| One Time Key In | Main | | | BUMPER LIP REAR | 1 | 228.90 | 228.90 | 25.00 | 171.68 | Replace | 0 | 0 <i>nn</i> | 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>nn</i> | Check ▾ |
| One Time Key In | Main | | | BUMPER LIP COVER RR/LH | 1 | 72.20 | 72.20 | 25.00 | 54.15 | Replace | 0 | 0 <i>nn</i> | Not Give ▾ |
| Total Spare Part Cost | | | | | | | | | 1,464.22 | | Surveyor Total | 535.05 | |
| Lump Sum Discount (%) | | | | | | | | | 20.00 | | Lump Sum Dis (%) | 20 | |
| Final Spare Part Cost | | | | | | | | | 1,171.38 | | Final Sur Total | 428.04 | |

| 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 SIDE RETAINER RR/LH | 1 | 94.80 | 94.80 | 25.00 | 71.10 | Replace | 0 | 0 <i>ny</i> | Not Give |
| One Time Key In | Main | | | BUMPER SIDE RETAINER RR/RH | 1 | 94.80 | 94.80 | 25.00 | 71.10 | Replace | 1 | 71.10 <i>nel</i> | Replace |
| One Time Key In | Main | | | PIXEL STICKER | 2 | 60.00 | 120.00 | 0.00 | 120.00 | Replace | 2 | 120.00 <i>nel</i> | Replace |
| Total Spare Part Cost | | | | | | | | | 1,464.22 | | Surveyor Total | 535.05 | |
| Lump Sum Discount (%) | | | | | | | | | 20.00 | | Lump Sum Dis (%) | 20 | |
| Final Spare Part Cost | | | | | | | | | 1,171.38 | | Final Sur Total | 428.04 | |

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 CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 20 | |
| 2 | TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 0 | |
| 3 | TO TEST AND REFIX REVERSE SENSOR SYSTEM | 120.00 | 30 | |
| 4 | TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET) | 296.88 | 296.88 | |
| Total: | | 756.88 | 366.88 | |

| S.No. | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|-------------------------|-------------------------|-------------------------|---------|
| 5 | TO WASH AND VACUUM | 60.00 | 0 | |
| 6 | TO REPLACE SUNDRY PARTS | 100.00 | 20 | |
| Total: | | 756.88 | 366.88 | |

Summary

| | Estimator Assesment(\$) | Surveyor Assesment(\$) |
|--------------------------|-------------------------------------|---|
| Total Spare Part Detail | 1,171.38 | 428.04 |
| Total Labour Cost | 676.00 | 200.00 |
| Total Spray Painting | 378.00 | 200.00 |
| Other | 756.88 | 366.88 |
| Overall Total | 2,982.26 | 1,301.93 |
| Lump Sum Repair Option | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lump Sum Total | 3,000.00 | 1,300.00 |
| Surveyor Approved Amount | | 1,300.00 |
| No of Repair Days* | 4 | 2 |
| Remarks | | Resurvey after repair |
| Surveyor Name | | Taufikh |
| Signature | |  29/11/18 |
| Survey Date | 27/11/2018 | <input type="button" value="Save"/> <input type="button" value="Clear"/> |

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

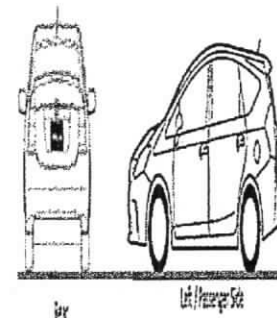
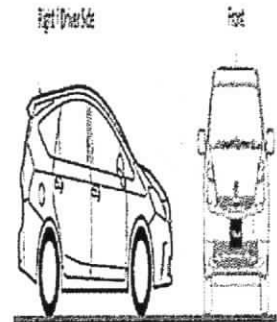
Acknowledged by Repairer

Signature:



Date:

Section A - Accident Details

| | |
|------------------------------------|--------------------|
| Registration Number | SHB1764S |
| Case Reference Number | TAX/11/18/2119 |
| Registration Date | 02/07/14 |
| Company Type | SMRT Taxis Pte Ltd |
| Make | TOYOTA |
| Model | PRIUS |
| Name of Driver | NG INN HENG |
| Type of Accident | Head to Rear |
| Accident Date and Time | 26/11/18 5:50 AM |
| Accident Reported Date and Time | 26/11/18 10:08 AM |
| Is Surveyor Required? | Yes |
| Survey by | |
| Vehicle is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24098981 |
| Special Instruction to ARC, if any | NTUC - LKK |
| Prepared Date and Time | 27/11/18 2:40 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 | \$378.00 | \$200.00 |
| Total Spare Part Cost | \$1,171.38 | \$535.05 |
| Total Other Cost | \$756.88 | \$114.95 |
| TOTAL COST | \$2,982.26 | \$1,050.00 (L/S) |
| Lump Sum Total | \$3,000.00 | \$0.00 |
| Number of Repair Days | 4.0 | 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 5:31 PM |
| Signature |  |  |
| Remarks | | Resurvey after repair |

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--------------|----------------|--|
| Quotation Number | QN-1812-0056 | Invoice Number | |
| Quotation Date | 05.12.2018 | 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 | \$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 REPSRAY REAR BUMPER | \$378.00 | \$200.00 |
| Total Spray Painting & Panel Beating | \$378.00 | \$200.00 |

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

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| Lump Sum Adjustment by Surveyor | \$0.00 | (251.93) |
| TO CHECK WIRING AND SYSTEM FUNCTION | \$80.00 | \$20.00 |
| TO APPLY RUST-PROOFING ON AFFECTED AREA | \$100.00 | \$0.00 |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | \$120.00 | \$30.00 |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET) | \$296.88 | \$296.88 |
| TO WASH AND VACUUM | \$60.00 | \$0.00 |
| TO REPLACE SUNDRY PARTS | \$100.00 | \$20.00 |
| Total Other Costs | \$756.88 | \$114.95 |

36688

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 |
| | | 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 | Check |
| | | 52023-12240 | BUMPER REINFORCEMENT REAR | 0.00 | \$205.70 | 0.00 | \$0.00 | Replace | Not Given |
| | | | SENSOR REVERSE | 0.00 | \$180.00 | 0.00 | \$0.00 | Replace | Not Given |
| | | 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 | Check |
| | | 76088-47020 | BUMPER LIP COVER RR/LH | 0.00 | \$72.20 | 0.00 | \$0.00 | Replace | Not Given |
| | | 52576-47020 | BUMPER SIDE RETAINER RR/LH | 0.00 | \$94.80 | 0.00 | \$0.00 | Replace | Not Given |
| | | 52575-47020 | BUMPER SIDE RETAINER RR/RH | 1.00 | \$94.80 | 25.00 | \$71.10 | Replace | Replace |
| | | | PIXEL STICKER | 2.00 | \$60.00 | 0.00 | \$120.00 | Replace | Replace |
| Total | | | | | \$1,792.30 | | \$535.05 | | |

535.05
+ 200.00
+ 566.88

1301.93
- 202

1041.54
US\$1050/-



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/INC18021537/T1qd3e2 | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 21-12-2018 |  |
| Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SHD 1031M | Veh. Inspected | SHB 1764S |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | MT/1021314-002 | 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. | 2014 |
| Chassis No. | JTDKN36U005746778 | Colour | MAROON |
| Odometer | 439307 | 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 | YOKOHAMA | 6 mm |
| L/H Front Tyre | 195/65 R15 | YOKOHAMA | 6 mm |
| R/H Rear Tyre | 195/65 R15 | YOKOHAMA | 6 mm |
| L/H Rear Tyre | 195/65 R15 | YOKOHAMA | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S 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 | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1764S

| 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 SIDE RETAINER RR/RH (DISC 25%) | NECESSARY | 94.80 | 71.10 |
| 2 | PIXEL STICKER @\$60.00 (SN) | NECESSARY | 120.00 | 120.00 |
| 1 | ARM SUB-ASSY, RR BUMPER LH | NOT NECESSARY | 139.60 | - |
| 1 | ARM SUB-ASSY, RR BUMPER RH | NOT NECESSARY | 139.60 | - |
| 1 | BUMPER REINFORCEMENT REAR | NOT NECESSARY | 205.70 | - |
| 1 | SENSOR REVERSE | NOT NECESSARY | 180.00 | - |
| 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 | - |
| 1 | BUMPER SIDE RETAINER RR/LH | NOT NECESSARY | 94.80 | - |
| | | | 1,852.30 | 535.05 |
| <u>LABOUR</u> | | | | |
| PANEL BEATING & BODY WORK. | | | 676.00 | 200.00 |
| SPRAY PAINT. | | | 378.00 | 200.00 |
| TO CHECK WIRING AND SYSTEM FUNCTION. | | | 80.00 | 20.00 |
| TO APPLY RUST-PROOFING ON AFFECTED AREA. | | NOT NECESSARY | 100.00 | - |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM. | | | 120.00 | 30.00 |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER. | | | 296.88 | 296.88 |
| TO WASH AND VACUUM. | | NOT NECESSARY | 60.00 | - |
| TO REPLACE SUNDRY PARTS. | | | 100.00 | 20.00 |
| | | | 1,810.88 | 766.88 |
| GRAND TOTAL | | | 3,663.18 | 1,301.93 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 1,050.00 |

Report Ref No. NS/INC18021537/T1qd3e2

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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