

Message

ASS. REC. BY:

REP

CS/EG118022450/Jgd362

Special Instruction:

Surveyor: Two Joe

ASSIGNMENT (Office)

From (Person): Yee Pei Li

of

EGI

Date/Time

13/12/18 @ 2:07pm

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHC 4116M

Insured:

SJC 2815T

at Workshop m/s

SMRT

Tel:

6866 2872

of

SMRT Depot (Woodlands)

Policy No:

Claim No:

SJC 2815T / SL / P

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

11/12/2018

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

2:11pm @ 13/12/18

Person Contacted:

Shendi

Vehicle

IN OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHC 4116M - X

SJC 2815T - X

12/12/18 @

12:11pm revised to Steve Lim by email.

US \$ 1700, 3 days (Red & 3136.21, 69%)

ASSIGNMENT

Huse Jie

REF:

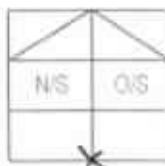
Ergo

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV _____
 To Inspect Vehicle No: _____
 at Workshop n/s: _____
 of _____
 Insured _____
 Policy No: _____
 Claims No: _____
 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 / FR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh ID: SHC 4116M Yr Regn: 8 Nov 2013
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or _____

Make: Toyota Prius CC: 1797
 Colour: maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 509537 T/Radio: Insured / Std / NI / NA

Eng No: _____
 Ch No: JTDKN36U105702269

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Under / Jammed / Leaked / Burnt or

Brake: Under / Jammed / Leaked / Burnt or

Modi: Nil / S/R / 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	<u>6</u> mm	R/Bal	<u>6</u> mm
L/Bal	<u>6</u> mm	L/Bal	<u>6</u> mm
D.O.A	<u>11/12/18</u>	D.O.A	<u>13/12/18</u>

Survey held at Smart

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: _____

12/18/2053

RECEIVED 03 MAY 2019

SJC 2815T

CaseTime: File Pass to: ☐ : Preli. Report

11/03/18 tyrion ☐ : Final Report

DateTime: File Return to: _____

SI

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee
 Transporter

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Insp (\$)
☐ Workshop (\$)

Report Format: 7P

Lump Sum / I.B.T. IS 1700

290

290

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Thursday, 13 December 2018 2:02 PM
To: admin-d@lkkauto.com
Cc: SUR (sur@lkkauto.com)
Subject: OI : SJC2815T / TP : SHC4116M/VAC / DOA : 11/12/2018
Attachments: SHC4116M - SAS.pdf; SHC4116M - PRS FORM.pdf

Dear Catherine/Nivitha,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **SMRT AUTOMOTIVE SERVICES PTE LTD**,

ADDRESS : SMRT DEPOT @ WOODLANDS
PERSON TO CONTACT : SHANTI @ 6866 2671 / 6866 2672
ERGO OFFICER-IN-CHARGE : STEVE LIM

Note: To survey on WITHOUT PREJUDICE basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. Please advise the consistency of damages to third party vehicle. Obtain estimate from workshop and inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

Attached is third party's SAS (note: reports not to be released to any Third Party).

Kindly acknowledge receipt of this email.

Regards,
Yee Pei Li
Claims Assistant (Motor)

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-01 Suntec Tower Five
Singapore 038985
DID: +65 6829 9194
Tel: +65 6829 9199
Fax: +65 6829 9247

ERGO

www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers

ERGO

Date: 13.12.2018
Our Reference: SJC 2815T/SL/pl
Your Reference: SHC 4116M

Sent via Fax

or

Email

To: SMRT AUTOMOTIVE SERVICES PTE LTD

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SHC 4116M
Insured's Vehicle: SJC 2815T
Date Of Accident: 11.12.2018


We acknowledge receipt of your request for PRS on: 13.12.2018

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

<input checked="" type="checkbox"/>	Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
<input type="checkbox"/>	Your request for inspection does not have your client's GIA report, kindly forward a copy.
<input type="checkbox"/>	We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
<input checked="" type="checkbox"/>	Our Insured's driver has not reported the accident to us todate.
<input checked="" type="checkbox"/>	Others: <u>OFFICER-IN-CHARGE - STEVE LIM</u>

Prepared by:		Pei Li	6829 9194	<u>claims@ergo.com.sg</u>
Signature:				FAX : 6829 9247

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our Inspection is on a without admission to liability basis.

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 17 December 2018 12:11 PM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)'; assignments; 'Steve Lim'
Cc: SUR
Subject: RE: SJC2815T / TP : SHC4116M/VAC / DOA : 11/12/2018
Attachments: CSEGI18022450Jqd3.pdf

Dear Steve,

Enclosed herewith preliminary advice of SHC 4116M.

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)

From: Admin-D (LKKAUTO)
Sent: Thursday, 13 December 2018 2:08 PM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: SJC2815T / TP : SHC4116M/VAC / DOA : 11/12/2018

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Survey Report (ERGO Insurance Pte. Ltd.) [<mailto:Survey.Report@ergo.com.sg>]
Sent: Thursday, 13 December 2018 2:02 PM
To: admin-d@lkkauto.com
Cc: SUR (sur@lkkauto.com) <sur@lkkauto.com>
Subject: OI : SJC2815T / TP : SHC4116M/VAC / DOA : 11/12/2018

Dear Catherine/Nivitha,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **SMRT AUTOMOTIVE SERVICES PTE LTD**.

ADDRESS : SMRT DEPOT @ WOODLANDS



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: SJC 2815T/SL/pl

Date: 17th December 2018

Our Ref: CS/EG118022450/Jqd3

Without Prejudice

The Motor Claims Department
ERGO Insurance Pte Ltd

Attn: Pei Li

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHC 4116M

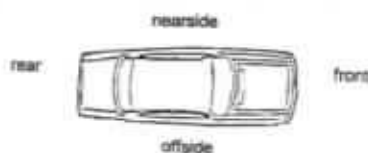
We thank you for the instruction on 13/12/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 13/12/2018 at the premises of M/s SMRT and have the following to report:-

Workshop Estimate Amount	: S\$ <u>4,836.21</u>
Revised Estimate Amount	: S\$ <u>1,520.46</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
Salvage Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages consistent.

Days of repair: 3 days.

We have NOT authorise repair.

Yours faithfully

Hwee Jie
Automotive Assessor

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	12/12/2018 13:39
Date Of Accident	11/12/2018 10:15
Exact Location Of Accident	BLK 989D JURONG WEST ST 93
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4116M
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	GOH TIONG MIN
NRIC No	S1392208Z
Date Of Birth	29/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1977
Driving Experience	41 YEARS AND 0 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	COLLIDED INTO PARKED VEHICLE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181211/2136 ON 11/12/25018 AT ABOUT 10.15 AM, I WENT TO THE BACK OF MY TAXI (SHC4116M, SMRT) AND OPENED THE BOOT AS I WANTED TO RETRIEVE SOMETHING. WHEN I HAD MY BACK FACING THE ROAD, OUT OF A SUDDEN, ONE VEHICLE WHICH WAS PARKING OPPOSITE ME REVERSED WHERE IT SUBSEQUENTLY COLLIDED ONTO MY LEGS. IT HAD CAUSED MY LEGS TO BE STUCK BETWEEN MY TAXI AND THE OTHER VEHICLE. MY TAXI'S REAR BUMPER ALSO HAD DENTS CAUSING THE BOOT NOT BEING ABLE TO CLOSE. AMBULANCE LATER CAME DOWN TO RENDER MEDICAL ASSISTANCE TO ME. I WAS LATER CONVEYED TO NG TENG FONG HOSPITAL FOR FURTHER MEDICAL TREATMENT. I WAS GIVEN 7 DAYS OF MC (11/12/2018 - 17/12/2018). I SUFFERED LOWED LEG INJURY (BOTH SHIN AND CALVES). MY TAXI DOES NOT HAVE ANY REAR IN-CAR CAMERA INSTALLED.

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	SJC2815T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRIL ANUAR BIN JAWANUN

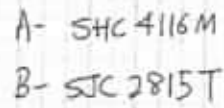
NRIC/Passport Number	S8834496J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

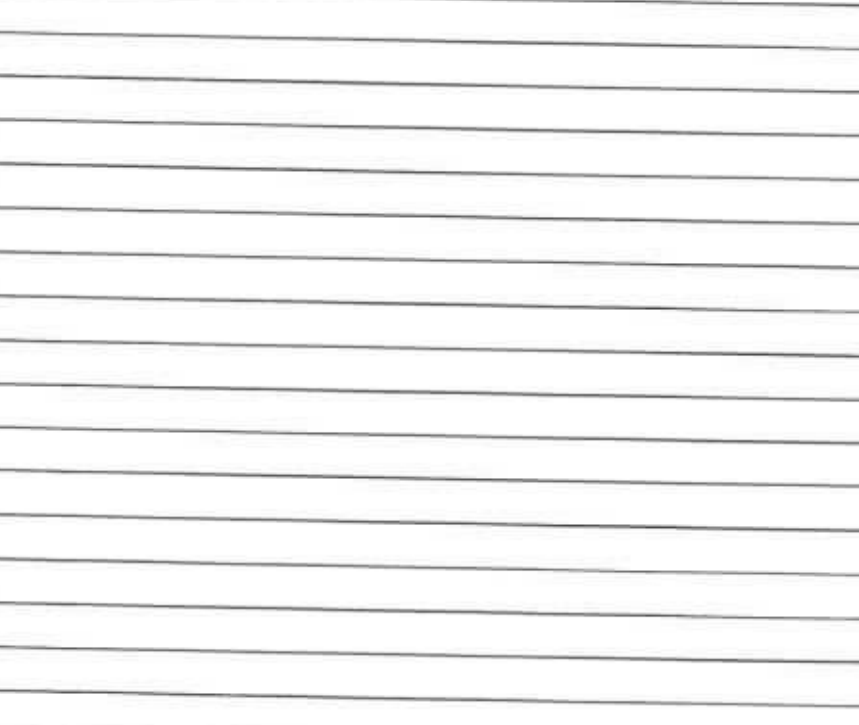
Name	GOH TIONG MIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC4116M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

Blk 989D Jurong West Street 93.



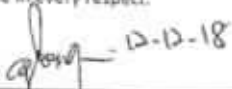
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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:

12/12/2018


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

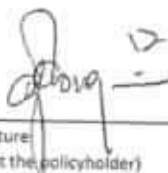
SKETCH PLANIMPORTANT NOTICE

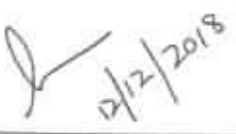
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

I understand, acknowledge, agree and consent that:

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


Policyholder's Signature
Date & Time:


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


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



**SINGAPORE
POLICE FORCE**



T/20181211/2136

1 of 3

Report No. T/20181211/2136 ✓

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 20:19		Vide Report No.: J/20181211/0058		Station Diary No.: 148	
Informant's Particulars					
Name of Informant: GOH TIONG MIN			Address: APT BLK 291 YISHUN STREET 22 #03-337 SINGAPORE 760291		
ID Type / ID No.: NRIC NO / S1392208Z			Contact No.: Home/Office: Mobile: 92370642		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 29/10/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2018 10:15	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 93 BLOCK 989D JURONG WEST STREET 93 AT THE CENTRAL RUBBISH CHUTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJC2815T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181211/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20181211/2136

CONTINUATION OF REPORT

Driver			
Name	GOH TIONG MIN		ID No. S1392208Z
Related Vehicle	NIL		Contact No. 92370642
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2018		Date Discharge 11/12/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 11/12/2018 at about 10.15am, I went to the back of my taxi (SHC4116M, SMRT) and opened the boot as I wanted to retrieve something. When I had my back facing the road, out of a sudden, one vehicle which was parking opposite me reversed where it subsequently collided onto my legs. It had caused my legs to be stuck in between my taxi and the other vehicle. My taxi's rear bumper also had dents causing the boot not being able to close. Ambulance later came down to render medical assistance to me. I was later conveyed to Ng Teng Fong Hospital for further medical treatment. I was given a total of 7-days of MC (11/12/2018-17/12/2018). I suffered lower leg injury (both shins and calves). My taxi does not have any rear in-car camera installed.



**SINGAPORE
POLICE FORCE**



T/20181211/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20181211/2136

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report L / Staff Sgt MUHAMMAD KHAIRI SUFYAN BIN YUNOS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2018 20:19
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438	Classification Of Case:
Authentication Stamp NP158	



Signature:  SN 065

Singapore Police Force



Case Details

Case Reference Number : TAX/12/18/2053
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHC4116M

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-4942-ID
 Assigned By : Kok Wah Wong

Insurance Company Name : ERGO Insurance Pte Ltd
 Accident Date and Time : 11/12/2018 02:15 AM
 Vehicle Age(In Months) : 61

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	Replace +
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check +
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check +
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check +
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give +
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check +
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check +
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give +
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give +
Total Spare Part Cost									2,676.33		Surveyor Total	763.58	
Lump Sum Discount (%)									20.00		Lump Sum Dis (%)	20	
Final Spare Part Cost									2,141.06		Final Sur Total	610.86	

SOM- 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 LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	*
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	*
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	*
One Time Key In	Main			SELANT SIKAPLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	*
One Time Key In	Main			TAILGATE DOOR LOCK	1	444.10	444.10	25.00	333.08	Replace	0	0	Check	*
One Time Key In	Main			END PANEL COVER, DECK TRIM HOLE	1	46.10	46.10	25.00	34.58	Replace	1	34.58	Replace	*
One Time Key In	Main			END PANEL COVER, DECK TRIM, RR	1	121.10	121.10	25.00	90.82	Replace	0	0	Check	*
One Time Key In	Main			TAILGATE DOOR WEATHER STRIP	1	353.40	353.40	25.00	265.05	Replace	1	265.05	Replace	*
									Total Spare Part Cost	2,676.33	Surveyor Total	763.68		
									Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20		
									Final Spare Part Cost	2,141.06	Final Sur Total	610.88		

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR REAR PORTION	845.00	200	
Total:		845.00	200.00	

Spray Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPSRAY REAR BUMPER	378.00	200	
2	TO RESPRAY REAR PANEL	180.00	0	
Total:		558.00	200.00	

Other Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30	
2	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
3	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
4	TO WASH AND VACUUM	60.00	0	
5	TO REPLACE SUNDRY PARTS	100.00	0	
6	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	
Total:		756.88	356.88	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	2,141.06	610.88
Total Labour Cost	845.00	200.00
Total Spray Painting	558.00	200.00
Other	756.88	356.88
Overall Total	4,300.94	1,367.74
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	0.00	1,350.00
Surveyor Approved Amount		1,350.00
No of Repair Days*	5	2

Remarks

Surveyor Name

Signature

Survey Date

13/12/2018

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:

L/S photo after paint, supplementary item pls send e-mail to : naz@lkkauto.com (91803151)

Here is



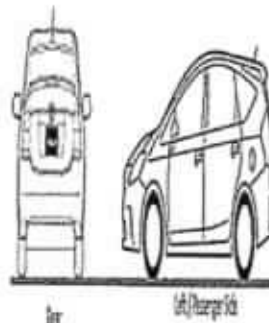
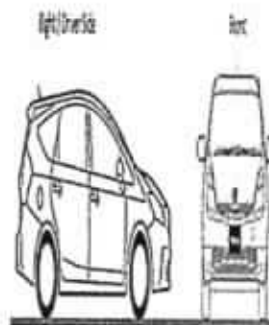
Save

Clear

Shina Chan

Section A - Accident Details

Registration Number	SHC4116M
Case Reference Number	TAX/12/18/2053
Registration Date	8/11/2013
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	GOH TIONG MIN
Type of Accident	Others
Accident Date and Time	11/12/2018 10:15 AM
Accident Reported Date and Time	12/12/2018 12:14 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	Yes
Towed Back Date and Time	11/12/2018 10:16 AM
Replacement Vehicle Issued?	No
Job Card Number	24089234
Special Instruction to ARC, if any	TOWED \$60
Prepared Date and Time	12/12/2018 2:42 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



L/S

L/S \$1700 + 3 days.

Section B - Summary of Repair Estimates

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$1,183.00	\$300.00
Total Spray Cost	\$738.00	\$300.00
Total Spare Part Cost	\$2,264.48	\$734.29
Total Other Cost	\$756.88	\$358.88
TOTAL COST	\$4,942.36	\$1,691.17
Lump Sum Total	\$4,950.00	\$1,700.00 (L/S)
Number of Repair Days	5.0	3.0
Prepared / Adjusted By	Zhi Yang Phua	Hwee Jia (LKK) / ERGO
ARC / Surveyor Sign Off Date	13/12/2018 4:15 PM	13/12/2018 3:44 PM
Signature		
Remarks	L/S photo after paint. supplementary item pls send e-mail to : naz@lkkauto.com (91803151)	

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1904-0475	Invoice Number	
Quotation Date	29.04.2019	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	\$338.00	\$100.00
TO REPAIR REAR PORTION	\$845.00	\$200.00
Total Labour	\$1,183.00	\$300.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR PANEL	\$180.00	\$100.00
TO RESPRAY REAR BUMPER	\$378.00	\$200.00
TO RESPRAY REAR PANEL	\$160.00	\$0.00
Total Spray Painting & Panel Beating	\$738.00	\$300.00

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 APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$30.00
TO WASH AND VACUUM	\$60.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	\$296.88	\$296.88
Total Other Costs	\$756.88	\$356.88

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	Check
		52018-47030	ARM SUB-ASSY, RR BUMPER LH	0.00	\$139.60	0.00	\$0.00	Replace	Check
		52015-47050	ARM SUB-ASSY, RR BUMPER RH	0.00	\$139.60	0.00	\$0.00	Replace	Check
			SENSOR REVERSE	0.00	\$180.00	0.00	\$0.00	Replace	Not Given
		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
		76088-47020	BUMPER LIP COVER RR/LH	0.00	\$72.20	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
		76891-47020	BUMPER LIP REAR	0.00	\$228.90	0.00	\$0.00	Replace	Not Given
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace
		56307-47060	END PANEL	0.00	\$602.10	0.00	\$0.00	Replace	Check

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			SELANT SIKAFLEX	0.00	\$37.00	0.00	\$0.00	Replace	Not Given	X	nn
		89350-47030	TAILGATE DOOR LOCK	0.00	\$444.10	0.00	\$0.00	Replace	Check	X	nn
		84716-47031B0	END PANEL COVER, DECK TRIM HOLE	1.00	\$46.10	25.00	\$34.58	Replace	Replace		def
		84716-47031B0	END PANEL COVER, DECK TRIM, RR	0.00	\$121.10	0.00	\$0.00	Replace	Check	X	nn
		87881-47022	TAILGATE DOOR WEATHER STRIP	1.00	\$353.40	25.00	\$265.05	Replace	Replace		CVT
Total					\$3,386.10		\$763.58				

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
Total					205.70		154.28		

917.86

- 202

734.29

+ 300.00

+ 656.88

1691.17

6339.68



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
ERGO INSURANCE PTE LTD			Ref : CS/EG18022450/Jqd3e2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985			Date : 16-05-2019	
			Code : EGI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJC 2815T	Veh. Inspected	SHC 4116M	
Policy No.		Coverage (\$)	0.00	
Claim No.	SJC2815T/SL/pl	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	13/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTDKN36U105702269	Colour	MAROON	
Odometer	509537	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	11/12/2018	Inspection Date	13/12/2018	
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		



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4116M

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	END PANEL COVER, DECK TRIM HOLE (DISC 25%)	DEFORMED	46.10	34.58
1	TAILGATE DOOR WEATHER STRIP (DISC 25%)	CUT	353.40	265.05
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
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 COVER RR/LH	NOT NECESSARY	72.20	-
1	BUMPER LIP COVER RR/RH	NOT NECESSARY	118.10	-
1	BUMPER LIP REAR	NOT NECESSARY	228.90	-
1	END PANEL	NOT NECESSARY	602.10	-
1	SELANT SIKAFLEX	NOT NECESSARY	37.00	-
1	TAILGATE DOOR LOCK	NOT NECESSARY	444.10	-
1	END PANEL COVER, DECK TRIM, RR	NOT NECESSARY	121.10	-
			3,661.80	917.86
<u>LABOUR</u>				
PANEL BEATING & BODY WORK.			1,183.00	300.00
SPRAY PAINT.			738.00	300.00
TO CHECK WIRING AND SYSTEM FUNCTION.			80.00	30.00
TO APPLY RUST-PROOFING ON AFFECTED AREA.			100.00	-
TO TEST AND REFIX REVERSE SENSOR SYSTEM.			120.00	30.00
TO WASH AND VACUUM.			60.00	-
TO REPLACE SUNDRY PARTS.			100.00	-
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER.			296.88	296.88
			2,677.88	956.88

Report Ref No. CS/EG118022450/Jqd3e2



GRAND TOTAL		6,339.68	1,874.74
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,700.00

Report Ref No. CS/EG18022450/Jqd3e2

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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