

REF:

NS/INC19000217/TI1002

## ASSIGNMENT

From

Date:

3/1/19

Estimated Cost:

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

To Inspect Vehicle No:

SHB 1151K

at Workshop m/s

of

SMRT  
woodlands Depot

Insured

CB 73072

Policy No.

5067820807 - 04 01-10-2018

Claims No.

MT/1026197-002

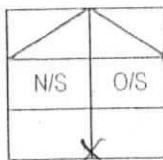
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>up</sup>

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHB1151K

Yr Regn:

2017 Oct

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

Truck / Trailer or

Make:

Toyota Prius

C.C

1798

Colour

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

173140

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK153F4903772939

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/55R15

R:

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

TOYO / YOKO or

Wentlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

3/1/19 2415pm

Survey held at

SMRT WL

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

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

Date / Time

Action / Instruction

SHB 1151K - NS/INC15003607/Rity323

DOT: 200515

01/19/2002  
INC

CB 73072

Part by part \$1210.13 (Red: 1623.27: 57%)

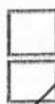
RECEIVED 24 JAN 2019

Date/Time, File Pass to?

1) 21/1 Typist

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

160

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

160

Report Format :

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

TP

1210.13

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067820807-04		NG KIM WAH	S1334095A	GFT	Comprehensive	CB7307Z	CB7307Z	01/10/2018	

## Denise Tay (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Monday, 21 January 2019 2:26 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

**Samsia**  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



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

**in** with you

---

**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Monday, January 21, 2019 11:03 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST CLAIM NUMBER

### TP Claims against NTUC Income: Follow-Through Survey

Date : 21/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1026197-002	SMRT TAXIS	SHB 1151K	CB 7307Z	02/01/2019	06:25	\$ 2,833.40	\$ 121

Best Regards,

**Denise Tay** | Case Handler

## 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	02/01/2019 09:46
Date Of Accident	02/01/2019 06:25
Exact Location Of Accident	JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1151K
<b>Insured/Policyholder</b>	
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	CHONG KING JOO
NRIC No	S1630153A
Date Of Birth	04/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	03/06/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail 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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	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 JURONG WEST AVE 2 WITH ONE PASSENGER (FEMALE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE CB7307Z 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	CB7307Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ANG GIM YIN
NRIC/Passport Number	S0017236G
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



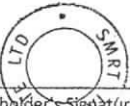
SKETCH PLAN


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:

  
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/01/19/2002

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1151K

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-5180-ID

Assigned By : Taxi Claims Manager  
Team

Insurance Company Name : NTUC Income Insurance Co-operative  
Ltd

Accident Date and Time : 01/01/2019 10:25 PM

Vehicle Age(In Months) : 15

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

## Estimation Details

### Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval		
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace
One Time Key In	Main			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	1	0	Repair <i>Rp</i> <i>+R</i>
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 1	2	3.80	7.60	25.00	5.70	Replace	0	0	Check <i>7</i> <i>+R</i>
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 2	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace <i>he</i>
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 3	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace <i>he</i>
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.00	22.00	25.00	16.50	Replace	0	0	Check <i>nn</i> <i>+R</i>
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	1	418.72	Replace <i>ant</i>
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	14.80	14.80	25.00	11.10	Replace	0	0	Check <i>?</i> <i>+R</i>
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Check <i>?</i> <i>+R</i>
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace <i>nel</i>

Total Spare Part Cost 1,320.44

Lump Sum Discount (%) 0.00

Final Spare Part Cost 1,320.44

Surveyor Total 730.12

Lump Sum Dis (%) 0

Final Sur Total 730.12

SMRT Recommendation										Surveyor Approval			
BOM Type	Costing Type <sup>1</sup>	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			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	<div> <div>nw ✓</div> <div>Replace ▾</div> </div>
Total Spare Part Cost									1,320.44		Surveyor Total	730.12	
Lump Sum Discount (%)									0.00		Lump Sum Dis (%)	0	
Final Spare Part Cost									1,320.44		Final Sur Total	730.12	

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR REAR BUMPER	338.00	200	
Total:		338.00	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 BUMPER BEAM	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 TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
3	TO WASH AND VACUUM	60.00	0	
4	TO REPLACE SUNDRY PARTS	100.00	20	
Total:		360.00	80.00	

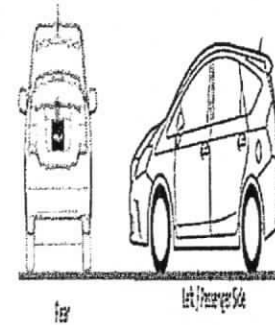
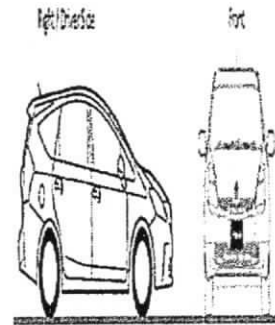
## Summary

2916.60

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,320.44	730.12
Total Labour Cost	338.00	200.00

Section A - Accident Details

Registration Number	SHB1151K
Case Reference Number	TAX/01/19/2002
Registration Date	12/10/17
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS4
Name of Driver	CHONG KING JOO
Type of Accident	Head to Rear
Accident Date and Time	02/01/19 6:25 AM
Accident Reported Date and Time	02/01/19 9:32 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24099479
Special Instruction to ARC, if any	TP
Prepared Date and Time	03/01/19 8:25 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$338.00	\$200.00
Total Spray Cost	\$558.00	\$200.00
Total Spare Part Cost	\$1,320.44	\$730.13
Total Other Cost	\$360.00	\$80.00
<b>TOTAL COST</b>	<b>\$2,576.44</b>	<b>\$1,210.13 (P/P)</b>
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Kim Ming Chin	Taufikh (LKK) / NTUC
ARC / Surveyor Sign Off Date	03/01/2019 8:37 AM	03/01/2019 5:38 PM
Signature	2833-40	
Remarks		Resurvey before paint

## Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1901-0294	Invoice Number	
Quotation Date	12.01.2019	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 BUMPER	\$338.00	\$200.00
<b>Total Labour</b>	<b>\$338.00</b>	<b>\$200.00</b>

## Part 2 - Spray Painting &amp; Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	\$378.00	\$200.00
TO RESPRAY BUMPER BEAM	\$180.00	\$0.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$558.00</b>	<b>\$200.00</b>

## 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 TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$30.00
TO WASH AND VACUUM	\$60.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$20.00
<b>Total Other Costs</b>	<b>\$360.00</b>	<b>\$80.00</b>

## Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		5215947913	COVER, RR BUMPER ASSY	1.00	\$423.90	100.00	\$0.00	Replace	Repair
		5246247030	PAD, RR BUMPER, RH & LH, 1	0.00	\$3.80	0.00	\$0.00	Replace	Check
		5246247020	PAD, RR BUMPER, RH & LH, 2	2.00	\$3.80	25.00	\$5.70	Replace	Replace
		5246247010	PAD, RR BUMPER, RH & LH, 3	2.00	\$3.80	25.00	\$5.70	Replace	Replace
		5219147030	SEAL, RR BUMPER ARM, RH & LH	0.00	\$11.00	0.00	\$0.00	Replace	Check
		5245347010	GUARD, RR BUMPER, LOWER	1.00	\$558.30	25.00	\$418.73	Replace	Replace
		5216947020	COVER, GUARD RR BUMPER LOWER	0.00	\$14.80	0.00	\$0.00	Replace	Check
		5202347030	REAR BUMPER REINFORCEMENT	0.00	\$318.80	0.00	\$0.00	Replace	Check
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	Replace
<b>Total</b>					<b>\$1,578.20</b>		<b>\$730.13</b>		

## 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
<b>Total</b>									

730.13  
+ 200.00  
+ 280.00  
1210.13

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spray Painting	558.00	200.00
Other	360.00	80.00
Overall Total	2,576.44	1,210.12
Lump Sum Repair Option		
Lump Sum Total	0.00	1,210.12
Surveyor Approved Amount		1,210.12
No of Repair Days*	3	2
Remarks	-	Resurvey before paint
Surveyor Name		Taufikh
Signature		 
Survey Date	03/01/2019	

Save Clear

Taufikh 97425749  
3/1/19 2415pm  
Resurvey before paint  
02 days survey/Make town

**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:**



## 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/INC19000217/T1tbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 22-01-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	CB 7307Z	Veh. Inspected	SHB 1151K	
Policy No.	5067820807-04	Coverage (\$)	0.00	
Claim No.	MT/1026197-002	Excess (\$)	0.00	
Assign From		Assign Date	03/01/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU903572939	Colour	MAROON	
Odometer	173140	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	02/01/2019	Inspection Date	03/01/2019	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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



Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1151K**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
2	PAD, RR BUMPER, RH & LH, 2 (DISC 25%)	NECESSARY	7.60	5.70
2	PAD, RR BUMPER, RH & LH, 3 @\$3.80 (DISC 25%)	NECESSARY	7.60	5.70
1	GUARD, RR BUMPER, LOWER (DISC 25%)	CUT	558.30	418.73
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	NOT WORKING	180.00	180.00
2	PAD, RR BUMPER, RH & LH, 1	NOT NECESSARY	7.60	-
2	SEAL, RR BUMPER ARM, RH & LH @\$11.00	NOT NECESSARY	22.00	-
1	COVER, GUARD RR BUMPER LOWER	NOT NECESSARY	14.80	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	318.80	-
1	COVER, RR BUMPER ASSY	TO REPAIR SEE LABOUR	423.90	-
			1,660.60	730.13
	<b><u>LABOUR</u></b>			
	PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF COVER, RR BUMPER ASSY.		338.00	200.00
	SPRAY PAINT.		558.00	200.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	30.00
	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	20.00
			1,256.00	480.00
<b>GRAND TOTAL</b>			<b>2,916.60</b>	<b>1,210.13</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>1,210.13</b>
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