# REF. NTUC NS/WC19000946/Jtd302

ASSIGNMENT

			,	2
From	Date	Veh No. SHC 4741H	Yr Regn. 22 (1	1
Estimated Cost:		Type M.Car / M.Cycle / Bus / Van /	Lorry / (a) / Prime Move	er/
OD / TP / WS / TP RE	ES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No		Make Tayota Prins	C.C	1797
at Workshop m/s		Colour Waroon	A/C Insured / S	td / NI / NA
of		Sp.Reading 408174	T/Radio: Insured / S	td/NI/NA
Insured 2Km	90337	Eng/No:		
	849546-04 240618-231	Ubly CINO: JTOKN36	0705766865	5
Claims No. WT	1027604-002	Gen. Cond: Good Fair / Poor / Bur	nt	
Sum Insured:	Excess.	Steering: Irrorder / Jammed / Leake	d/Burnt or	
(Client's Record)		Brake: Inorder / Jammed / Leake	d / Burnt or	
Make of Veh:		Modi: Nil / \$/Righ / STD A/Rim	or	
		Tyre Size: F: 195/65 R	15	
(Policy Condition)		R: -		
Remark: The veh had	d commenced its N/S O	BS / DUN / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR / S	UMI/
repair at th	e time of inspection.	* TOYO/YOKO OF Achill.		
Bal. or Market Value.	4	Front	Rear	
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal 6 mm	R/Bal. 6	mm
GIA / PR Seen:	Consistent? ; Yes or No	L/Bal. b mm	L/Bal. 6	mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 13/1/19	D.O.L 15/1/1	19
Lum Sum:	% 3 Val.: Yes or No		mrt	<u> </u>
		Des. of Damages : Frt / Rear / Ol		p or
CA / REV / RE	P. / 24 HRS Vehicle: IN / C			
Date:	Person Contacted:	The U/C / Chassis frame / Bo	ody Structure affected du	e to collision
	ation / Instruction	Leali		
	0 H7 4H - MS/INC18008267	/3/bn2 DEA: 03/520	18 01/19	2066
akt	n 9033Y - X		Chula	22 ¥
lu	MP Sum \$10007 (RE	ed444190:817)	SKM 9	33 /
IUI	IL OVIN THIODOL CE	-1(11110, 011)		
	RECEIVED 2	2 cun 2010		
	KEVEIVED	FED ANN		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:		
26/2 Typi	(	Resurvey No. of Trip:	Survey Fee	160
Date/Time. File Return to	· Val. i mai nopore	incoming the stript	Transportation	100
2)	Add	Fee:   Site Insp (\$	)S+RSSI	
		Interview (\$	j Photos	
Report Format :	TP	Tech Invs (\$	) Others	
Lump Sum / I.B.		Weekend IS	1	
			TOTAL	160

									alClaim
y Query					• Chang	je Languag	e + Chan	ge Password	· Log Ou
).	SKM903	13Y					13/01/2019 1	1:13	
		Policyholder Name	Policyholder NRIC	Search	Cover Type	Vehicle	Insured	Commence	Expiry Date
065849546- 04		CHUA SUAN CHO	S0112725Z	GPC	drivo CLASSIC	60000	0.000	24/06/2018	23/06/2019
	065849546-	Policy No. Certificate Number	Policy No. Certificate Number Name  1055849546- CHUA SUAN	Policy No. Certificate Number Name NRIC CHUA SUAN CHO S0112725Z	Policy No. Certificate Number Name Policyholder NRIC Product CHUA SUAN S0112725Z GPC	Policy No. Certificate Number Name NRIC Product Cover Type  10.(For Motor) SKM9033Y Certificate Number  Policy No. Certificate Number Name NRIC Product Cover Type  10.05849546- CHUA SUAN S01127257 GPC drivo	Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. 1005849546- CHUA SUAN S01127257 GPC drivo SYM003334	Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured No. Object CHUA SUAN S0112757 GPC drivo SYMPORTY	Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured Commence Number Object Date CHUA SUAN S01127257 CRC drivo SM00232 S

## Denise Tay (LKKAuto)

From:

mtreg <mtreg@income.com.sg>

Sent:

Tuesday, 26 February 2019 2:25 PM

To:

Denise Tay (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Hi Denise

We have registered the claim.

Date:

26/2/2019

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/1027604-	SMRT TAXIS	SHC	SKM	13/01/2019	21:50	5,163.90	1000.00
	002	PTE LTD	4741H	9033Y				

#### Josephine Cheah

Snr Administrator, Motor Insurance www.income.com.sg











At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.

Find out more at Income.com.sg/careers



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Tuesday, 26 February 2019 1:30 PM To: mtreg <mtreg@income.com.sg> Subject: REQUEST CLAIM NUMBER

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

Date: 26/2/2019

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 witholding 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.

海州东西州 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	ACCIDENT STATEMENT
Date Of Report	14/01/2019 14:26
Date Of Accident	13/01/2019 21:50
Exact Location Of Accident	MOUNBATTEN ROAD SLIP ROAD TO PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4741H
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	ТОУОТА
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	CHELLIAH ANANTH
NRIC No	S7910820J
Date Of Birth	18/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000

NOEMAIL

Address

355

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 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.

Number of Passengers (Including Driver)

NO

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

SINGAPORE

Police Station Contact

TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190113/2113 On 13/01/2019 at about 2050hrs, I was driving my SMRT taxi SHC4741H along Mountbatten Road towards PIE. I was on the merging lane and a car SKM9033Y had collided into the rear right wheel of my taxi. I was ferrying 2 passengers in my taxi at that time. Both of them were not injured. The car driver alighted from his vehicle, took photos of the accident scene, however he did not exchange his particulars with me. After the accident, I felt a strain on my upper back. I intend to seek for medical treatment later. The rear right wheel arc area of my taxi suffered scratches and the front left wheel arc area of the car had also suffered some scratches. My taxi has a camera installed only at the front windscreen.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKM9033Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

#### 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
- 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:

- 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)
  - (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
- (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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.

Policyholde

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14 01 2019

Reporting Centre Personnel's Signature

ple 14/1/29

NRIC/FIN No.:

KETCH PLAN						
			1			
					A-SHC 4	7414
			A		A-SHC 4 B-SKM	90334
			B			/
SCRIBE CIRCUI	MSTANCES C	F THE ACCIDENT				
REPER	To POCI	CE REPORT -	× 20190113/	2113		
I A D A THOUGH						
LARATION	\					
declare the lets	egoing particul	ars are true in every respect	t.		1	
			70		nh.	14/1/20
YOWS.	/				West	
yholder's Signatu	re	Driver's Signature		Reporting Centre	Personnel's Signa	ature
& Time:		(If driver is not the police	yholder)	Name:		
		Date & Time: A 60	w19 14:25 pm	NRIC/FIN No.:		





Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

1 of 3 Report No. T/20190113/2113

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2019 22:26		Made:	Vide Report No.:	Station Diary No.: 237	
Informa	nt's Partic	ulars			
	Informant: AH ANANT		Address: APT BLK 355A YISHUN R 761355	ING ROAD #01-1792 SINGAPORE	
ID Type / ID No.: NRIC NO / S7910820J			Contact No.: Home/Office: Mobile: 94883766		
National SINGAP	ty: ORE CITIZ	EN	Email:	16	
Sex: Age: Date of Birth: Male 39 18/04/1979			Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupati Taxi driv			Driving Licence Information Class: 3	n: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2019 20:50	Type of Location: Straight Road	
	EN ROAD				
Weather: Clear	11000		9.	Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Heavy	
	ion:	#5		Anyone conveyed by	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC4741H	Car	ТОУОТА	PRIUS	Maroon	Slightly Damaged	0
SKM9033Y	Car	MERCEDES BENZ	C 200 KOMPRESS OR	Silver	Slightly Damaged	0



T/20190113/2113

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

2 of 3 Report No. T/20190113/2113

CONTINUATION OF REPORT

#### Brief Details.

On 13/01/2019 at about 2050hrs, I was driving my SMRT taxi SHC4741H along Mountbatten Road towards PIE. I was on the merging lane and a car SKM9033Y had collided into the rear right wheel of my taxi. I was ferrying 2 passengers in my taxi at that time. Both of them were not injured. The car driver alighted from his vehicle, took photos of the accident scene, however he did not exchange his particulars with me.

After the accident, I felt a strain on my upper back. I intend to seek for medical treatment later. The rear right wheel arc area of my taxi suffered some scratches and the front left wheel arc area of the car had also suffered some scratches. My taxi has a camera installed only at the front windscreen.





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

3 of 3 Report No. T/20190113/2113

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 / Sr Staff Sgt MUHAMMAD IMRAN BIN MESLAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	13/01/2019 22:26
	·
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED	
MOHD SAID	
Contact No.: 65476172	<u> </u>
Authentication Stamp	
NP168	
The state of the s	
	Paller Anne



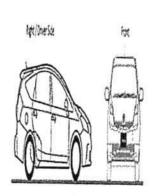
## SMRT Accident Vehicle Repair Estimates

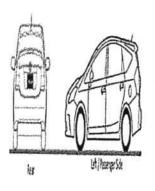
SMRT Automotive Services Pte Ltd 60 Weodlands Industrial Park E4, Singapere 757705 FAX Number : 6368582 Estimator Telephone Number : 68682623 Accident Reporting Number : 68682672

Data Generated : 25/02/2019 User ID ; PahSuan

	1	le.	A I z	
ect	ion	Α-	Acc	id
A VI	1.48		(Kill)	SV.

Part the Rose High Later State	Section A - Accident Details
Registration Number	SHC4741H
Case Reference Number	TAX/01/19/2066
Registration Date	22/1/2016
Company Type	SMRT Taxis Pte Ltd
Make	ТОУОТА
Model	PRIUS
Name of Driver	CHELLIAH ANANTH
Type of Accident	Side Swipe
Accident Date and Time	13/1/2019 9:50 PM
Accident Reported Date and Time	14/1/2019 2:28 PM
s Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
lob Card Number	24099677
Special Instruction to ARC, if any	DROVE IN
repared Date and Time	15/1/2019 1:30 PM
Chassis Number	
Mileage	
Vork Shop	
epair Completion Date and	





opins

Summary of Repair Estimate	s and a second	
IT STORMS CHESSEL HER STARRED (21).	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$845.00	\$450.00
Total Spray Cost	\$1,314.00	\$600.00
Total Spare Part Cost	\$1,831.62	\$149.40
Total Other Cost	\$340.00	(\$199.40)
TOTAL COST	\$4,330.62	\$1,000.00 (L/S)
Lump Sum Total	\$4,350.00	\$0.00
Number of Repair Days	6.0	4.0
Prepared / Adjusted By	Tuck Foo Kok	Hwee Jie (LKK) / NTUC
ARC / Surveyor Sign Off Date	15/01/2019 1:43 PM	15/01/2019 3:35 PM
Signature	a	-
Remarks		L/S repair, photo after paint

5163.90 5441.9



TO RESPRAY RH REAR DOOR

Total Spray Painting & Panel Beating

#### SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd

50 Weedlands Industrial Park E4, Singapore 757705

FAX Number | 63685592

Estimaler Telephone Number: 68852623 Accident Reporting Number: 58662672

Date Generated : 25/02/2019

Quotation Number	QN-1902-0356	Invoice Number	
Quotation Date	25.02.2019	Invoice Date	
invoice Amount		Prepared Date	
11 94 - 7 Tell 05 (15)		Section D - Details of Repair Estimates	
Part 1 - Labour Work	<b>(5</b>		
Job Scope		Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR RH POR	TION	\$845,00	\$450.00
Total Labour		\$845.00	\$450.00
Part 2 - Spray Paintir	ng & Panel Beating Related	Works	
Job Scope		Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY ROCK	ER PANEL MOULDING	\$180.00	\$0.00
TO RESPRAY REAR	FENDER RH	\$378.00	\$200.00

Job Scope	Quotation from ARC	Adjusted by Surveyor, i
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$30.00 £ 1000at
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$30.00
O CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
O WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$340.00	\$50.00

\$378.00

\$1,314.00

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price	Estimator Approved	Surveyor Approved
	Repi-	61604- 47090	FENDER RR/RH	1.00	\$766.80	100.00	\$0.00	Replace	Repair /
	Repair	67003- 47080	DOOR RR/RH	1.00	\$954.50	100.00	\$0.00	Replace	Repair P
	NEC		STICKER DECAL 6555 8888	1.00	\$21.60	0.00	\$21.60	Replace	Replace /
	NN	75851- 47900	MOULDING BODY, RH	0.00	\$673.60	0.00	\$0.00	Replace	Not Given
	Repair	52159- 47905	BUMPER REAR	1.00	\$458.60	100.00	\$0.00	Replace	Repair V
	NEC		PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace /
	NEC		SMRT LOGO	1.00	\$7.80	0.00	\$7.80	Replace	Replace
otal					\$2,942.90		\$149.40		

Added Spa	Added Spare Parts / Material Usage After Surveyor Signed off										
Part Number	HOPELS HOME SPECIFICAL	Stock Number	Part Name	Quantity	BETT OUTSTANDARD STREET	Discount (%)	Final Price (\$)	\$140@22557549675646246216	Surveyor Check		
Total											

560190

26/2/19 - finalized 45 \$ 1000/- 4days.

\$200.00

\$600.00

Dr.



## Case Details

Case Reference Number :

TAX/01/19/2066

Type of Repair : Accident Repair Vehicle Registration Number :

SHC4741H

Company Type: SMRT Taxis Pte Ltd

Estimation ID : EST-5358-ID Assigned By : Taxi Claims Manager

Team

Insurance Company Name: NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 13/01/2019 01:50 PM

Vehicle Age(In Months): 36

## Documents / Photographs

View Documents / Photographs

Total Documents: 1

## **Estimation Details**

#### Spare Part's Cost Detail

				SMRT Rec	omme	ndation						Surveyor Approv	val		
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/Rep	lace	ß
One Time Key In	Main			DOOR RR/RH	1	954.50	954.50	25.00	715.88	Replace	1	0	Repair		
One Time Key n	Main			MOULDING BODY, RH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Give	٠	
One Time Key n	Main			FENDER RR/RH	1	766.80	766.80	25.00	575.10	Replace	1	0	Repair	٠	
One Time Cey	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace	*	N
One Time Cey	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	٠	NE
ne ime ey	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	0	Repair	٠	
ne ime ey	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	•	N
						Т	otal Spare	Part Cost	2,289.53		Surveyor Total	149.40			
						Lum	p Sum Disc	count (%)	0.00		Lump Sum Dis (%)	20			
						F	inal Spare I	Part Cost	2,289.53		Final Sur Total	119.52			

#### Labour's Cost Detail

S.No. Job Scope

SMRT Recommendation(\$) Surveyor Adjustment(\$) Remarks

otal:

845.00

450.00

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR RH PORTION	845.00	450	
Total:		845.00	450.00	

#### Spray Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$) Remarks
1	TO RESPRAY RH REAR DOOR	378.00	200.00
2	TO RESPRAY ROCKER PANEL MOULDING	180.00	0
3	TO RESPRAY REAR FENDER RH	378.00	200
4	TO REPSRAY REAR BUMPER	378.00	200
Total:		1,314.00	600.00

#### Other Cost Detail

.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	30
3	TO REPLACE SUNDRY PARTS	100.00	o
4	TO WASH AND VACUUM	60.00	0
otal:		340.00	50.00

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,289.53	119.52
Total Labour Cost	845.00	450.00
Total Spray Painting	1,314.00	600.00
Other	340.00	50.00
Overall Total	4,788.53	1,219.52
ump Sum Repair Option		*
ump Sum Total	0.00	1,200.00
urveyor Approved Amount		1,200.00

. ;	Estimator Assesment(\$)	Surveyor Assesment(\$)
No of Repair Days*	6	4
Remarks		L/S repair, photo after paint
Surveyor Name		Hwee jie
Signature	63	and marks
Survey Date	15/01/2019	Save 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:



## **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 INSUR	RANCE CO-OPERATIVE LTD	Ref.	NS/INC1900094	6/Jtd3e2
73 BRAS BASAH ROA #05-01 NTUC TRADE 189556	D UNION HOUSESINGAPORE	Date:	01-03-2019 INC4	
1.	Policy Particulars	:- THIR	D PARTY CLAIM	
Insured Veh.	SKM 9033Y	Veh. li	nspected	SHC 4741H
Policy No.	5065849546-04	Cover	age (\$)	0.00
Claim No.	MT/1027604-002	Exces	s (\$)	0.00
Assign From		Assig	n Date	15/01/2019
2.	Vehicle Parti	culars 8	Condition	
Make & Model	TOYOTA PRIUS	c.c		1797
Engine No.	HIDDEN	Year o	of Reg.	2016
Chassis No.	JTDKN36U705766865	Colou	r	MAROON
Odometer	408174	Steeri	ng	IN ORDER
Brakes	IN ORDER	Modifi	cation	SPORTS RIM
General	GOOD			
3.	Conditi	ons of	Tyres	
	Size	Make		Balance
R/H Front Tyre	195/65 R15	ACHILI	ES	6 mm
L/H Front Tyre	195/65 R15	ACHILI	ES	6 mm
R/H Rear Tyre	195/65 R15	ACHILI	ES	6 mm
L/H Rear Tyre	195/65 R15	ACHILI	ES	6 mm
4.	Descripti	CONTRACTOR OF STREET	amages	
THE VEHICLE SU	STAINED DAMAGES AT THE O/S	BODY.		
DAMAGES SEE D	ETAILS.			
5.	Genera	Inform	ation	A SHEW THE THE RE
Accident Date	13/01/2019	Inspe	ction Date	15/01/2019
Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE L	TD	
	60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 7577	705
5a.	R	emarks		A CONTRACTOR OF
A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS. NOT AUTHORISED	REPAIRS.
5b.	Estimate	Days o	Repair	THE RESERVE TO SERVE THE PARTY OF THE PARTY
ESTIMATED NOR	MAL PERIOD FOR REPAIR:		4 Working Days	



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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4741H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	STICKER DECAL 6555 8888 (SN)	NECESSARY	21.60	21.60
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SMRT LOGO (SN)	NECESSARY	7.80	7.80
1	MOULDING BODY, RH	NOT NECESSARY	673.60	
1	FENDER RR/RH	TO REPAIR SEE LABOUR	766.80	
1	DOOR RR/RH	TO REPAIR SEE LABOUR	954.50	,
1	BUMPER REAR	TO REPAIR SEE LABOUR	458.60	
			3,002.90	149.40
	LABOUR			
	PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF FENDER RR/RH, DOOR RR/RH AND BUMPER REAR.		845.00	450.00
	SPRAY PAINT.		1,314.00	600.00
	TO APPLY RUST-PROOFING ON AFFECTED AREA.	REPEATED	100.00	
	TO APPLY RUST-PROOFING ON AFFECTED AREA.		100.00	30.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	
			2,599.00	1,100.00
	GRAND TOTAL		5,601.90	1,249.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,000.00

Report Ref No. NS/INC19000946/Jtd3e2

ONG HWEE JIE

**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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