

APPOINTMENT Home Ins

REF:

NTUC NS/INC19001044 / JSd3er

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: GBE 7509D
 Policy No: 5078189353-02 180318-170319
 Claims No: MT/1028/07-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB234L Yr Regn: 7/2/14
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius C.C: 1797
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 661533 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN36U605722663
 Gen. Cond: 8 / Good / Fair / Poor / Burnt
 Steering: 8 / Inorder / Jammed / Leaked / Burnt or
 Brake: 8 / Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 14/1/19 D.O.I. 16/1/19
 Survey held at Swrt
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHB 234L - PCB/EQL/7052930/36W362</u> DIA: 30/11/2017 01/19/2070
	<u>GBE 7509D - NA/INC17054602/h4</u> DIA: 06/12/2017
<u>01/03/19</u>	<u>Combined' L/S \$ 750/- @ 2days with Home Tr. GBE7509D</u> <u>(C\$ 3,051.50 Red - 30%)</u>

RECEIVED 01 MAR 2019

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) Typist
 Date/Time, File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

2) _____
 Report Format : _____
 Lump Sum / I.B.I. (\$) Red - L/S

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech Invs (\$)
 Weekend (\$)

Survey Fee:	<u>160</u>
Transportation	
Photos	
Other	
TOTAL	<u>160</u>

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="14/01/2019 10:37"/>
Vehicle No.(For Motor)	<input type="text" value="GBE7509D"/>	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 checked="" type="radio"/>	5078189353-02		SIN YAM HENG DEPT STORE	22018300K	GCV	Comprehensive	GBE7509D	GBE7509D	18/03/2018	17/03/2019

Continue

Income: Follow-Through Survey

Date: 01/03/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1033392-002	COMFORT TRANSPORTATION PTE LTD	SHD 6803U	SMC 1442G	23/2/2019	\$ 3,012.00	\$ 1,250.00
2	MT/1033751-002	COMFORT TRANSPORTATION PTE LTD	SHC 1383C	GBH 8108E	25/2/2019	\$ 1,652.05	\$ 649.50
3	MT/1033809-002	COMFORT TRANSPORTATION PTE LTD	SHD 6835C	SMA 8500L	25/2/2019	\$ 5,191.68	\$ 800.00
4	MT/1028107-002	SMRT TAXIS PTE LTD	SHB 234L	GBE 7509D	14/1/2019	\$ 3,801.50	\$ 750.00

Claim received from LKK Auto

Shirley Hiew (LKK Auto)

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis) <YeoPohsuan@smrt.com.sg>
Sent: Wednesday, 27 February 2019 1:26 PM
To: Hwee Jie (LKK Auto)
Cc: Shirley Hiew (LKK Auto)
Subject: RE: SHB234L

Hi,

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

-----Original Message-----

From: Hwee Jie (LKK Auto) [mailto:hweejie@lkkauto.com]
Sent: Wednesday, 27 February 2019 11:04 AM
To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)
Cc: Shirley Hiew (LKK Auto)
Subject: RE: SHB234L

Hi poh suan,

Finalized L/S \$750/- 2days.

Best Regards,
Hwee Jie | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 9180 3151 | Email: Hweejie@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis) [mailto:YeoPohsuan@smrt.com.sg]
Sent: Tuesday, 26 February, 2019 9:00 AM
To: Hwee Jie (LKK Auto)
Cc: SUR; CS A Team; 'Leong Chee kwong'
Subject: SHB234L

Hi Hwee Jie,

Attached herewith the repair estimate of SHB 234L having Case No: TAX/01/19/2070.

There is no change to the approved amount of \$750 @ 2 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Aside Kwong,

Please provide the before / after paint photos as per surveyor's request.

Thanks & Regards

Poh Suan

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)

Sent: Monday, 25 February 2019 6:38 PM

To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)

Subject: Scan Data from FX-D421D6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	15/01/2019 09:32
Date Of Accident	14/01/2019 16:30
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB234L
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	LIM GHIM SENG
NRIC No	S0031220G
Date Of Birth	10/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1974
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	318
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?	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: : LESLIE SHAFFER
	GENDER: : MALE

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 TRAVELLING STRAIGHT ALONG GEYLANG ROAD AT THE SECOND RIGHT LANE WITH A PASSENGER ON BOARD WHEN THE VEHICLE GBE7509D FROM MY RIGHT CUT INTO MY LANE AND COLLIDED ONTO THE 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 Witness 1

Name	LESLIE SHAFFER
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7509D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

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:

A. 15/1/2019

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

ade 15/1/2019

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



Case Details

Case Reference Number : TAX/01/19/2070	Company Type : SMRT Taxis Pte Ltd	Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Type of Repair : Accident Repair	Estimation ID : EST-5372-ID	Accident Date and Time : 14/01/2019 08:30 AM
Vehicle Registration Number : SHB234L	Assigned By : Taxi Claims Manager Team	Vehicle Age(In Months) : 59

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			DOOR FRT/RH	1	894.40	894.40	25.00	670.80	Replace	1	0	Repair
One Time Key In	Main			STICKER DECAL SMRT (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace <i>NEC</i>
One Time Key In	Main			DOOR RR/RH	1	954.50	954.50	25.00	715.88	Replace	1	0	Repair
One Time Key In	Main			PIXEL STICKER	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace <i>NEC</i>
One Time Key In	Main			MOULDING BODY, RH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Giv
Total Spare Part Cost									2,011.88		Surveyor Total	120.00	
Lump Sum Discount (%)									20.00		Lump Sum Dis (%)	20	
Final Spare Part Cost									1,609.50		Final Sur Total	96.00	

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR RH PORTION	676.00	400	
Total:		676.00	400.00	

Spray Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
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S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO RESPRAY FRONT DOOR RH	378.00	200	
2	TO RESPRAY REAR DOOR RH	378.00	200	
3	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	
Total:		936.00	400.00	

Other Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40	
2	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
3	TO TRANSFER DOOR MECHANISM	240.00	0	
4	TO WASH AND VACUUM	60.00	0	
5	TO REPLACE SUNDRY PARTS	100.00	0	
Total:		580.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,609.50	96.00
Total Labour Cost	676.00	400.00
Total Spray Painting	936.00	400.00
Other	580.00	40.00
Overall Total	3,801.50	936.00
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	3,800.00	950.00
Surveyor Approved Amount		950.00
No of Repair Days*	4	2
Remarks	-	L/S repair, photo after paint.
Surveyor Name		Hwee jie

Estimator Assesment(\$)

Surveyor Assesment(\$)

Signature



[Handwritten signature]
21/1/19

Save Clear

Survey Date

16/01/2019

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

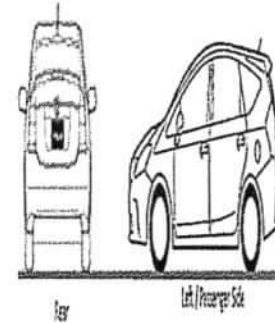
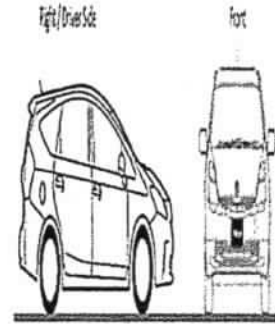
Acknowledged by Repairer

Signature:

Date:

Shirley

Section A - Accident Details	
Registration Number	SHB234L
Case Reference Number	TAX/01/19/2070
Registration Date	7/2/2014
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	LIM GHIM SENG
Type of Accident	Side Swipe
Accident Date and Time	14/1/2019 4:30 PM
Accident Reported Date and Time	15/1/2019 9:34 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24099689
Special Instruction to ARC, if any	DROVE IN / NTUC - LKK
Prepared Date and Time	16/1/2019 1:10 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Toyota Prius

Section B - Summary of Repair Estimates		
Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$676.00	\$400.00
Total Spray Cost	\$936.00	\$400.00
Total Spare Part Cost	\$1,609.50	\$120.00
Total Other Cost	\$580.00	(\$170.00)
TOTAL COST	\$3,801.50	\$750.00 (L/S)
Lump Sum Total	\$3,800.00	\$0.00
Number of Repair Days	4.0	2.0
Prepared / Adjusted By	Zhi Yang Phua	Hwee Jie (LKK) / NTUC
ARC / Surveyor Sign Off Date	16/01/2019 5:21 PM	16/01/2019 4:26 PM
Signature		
Remarks		L/S repair, photo after paint.

Section C - Quotation and Accident Invoice Details			
Quotation Number	QN-1902-0345	Invoice Number	
Quotation Date	25.02.2019	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 RH PORTION	\$676.00	\$400.00
Total Labour	\$676.00	\$400.00

Part 2 - Spray Painting & Panel Beating Related Works		
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY ROCKER PANEL MOULDING	\$180.00	\$0.00
TO RESPRAY FRONT DOOR RH	\$378.00	\$200.00
TO RESPRAY REAR DOOR RH	\$378.00	\$200.00
Total Spray Painting & Panel Beating	\$936.00	\$400.00

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	(\$210.00)
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$40.00
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
TO TRANSFER DOOR MECHANISM	\$240.00	\$0.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$580.00	(\$170.00)

Part 4 - Spare Parts / Material Usage									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
	NEC		STICKER DECAL SMRT (DOOR)	1.00	\$60.00	0.00	\$60.00	Replace	Replace
	R	67003-47080	DOOR RR/RH	1.00	\$954.50	100.00	\$0.00	Replace	Repair R
	R	67001-47070	DOOR FRT/RH	1.00	\$894.40	100.00	\$0.00	Replace	Repair R
	NN	75851-47900	MOULDING BODY, RH	0.00	\$673.60	0.00	\$0.00	Replace	Not Given X
	NEC		PIXEL STICKER	1.00	\$60.00	0.00	\$60.00	Replace	Replace
Total					\$2,642.50		\$120.00		

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
Total									

120.00
+ 400.00
+ 440.00

960.00
- 20%

768.00
45 \$750/-

3830.50

27/2/19 - Finalized C/s \$750/- 2 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19001044/Jsd3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 05-03-2019
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 7509D	Veh. Inspected	SHB 234L
Policy No.	5078189353-02	Coverage (\$)	0.00
Claim No.	MT/1028107-002	Excess (\$)	0.00
Assign From		Assign Date	16/01/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U605722663	Colour	MAROON
Odometer	661533	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 O/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/01/2019	Inspection Date	16/01/2019
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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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 234L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	STICKER DECAL SMRT (DOOR) (SN)	NECESSARY	60.00	60.00
1	PIXEL STICKER (SN)	NECESSARY	60.00	60.00
1	MOULDING BODY, RH	NOT NECESSARY	673.60	-
1	DOOR RR/RH	TO REPAIR SEE LABOUR	954.50	-
1	DOOR FRT/RH	TO REPAIR SEE LABOUR	894.40	-
			2,642.50	120.00
LABOUR				
PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF DOOR RR/RH AND DOOR FRT/RH.			676.00	400.00
SPRAY PAINT.			936.00	400.00
TO APPLY RUST-PROOFING ON AFFECTED AREA.			100.00	40.00
TO CHECK WIRING AND SYSTEM FUNCTION.			80.00	-
TO REPLACE SUNDRY PARTS.			100.00	-
TO TRANSFER DOOR MECHANISM.			240.00	-
TO WASH AND VACUUM.			60.00	-
			2,192.00	840.00
GRAND TOTAL			4,834.50	960.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC19001044/Jsd3e2

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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