

Hwee Jie

REF: NTUC

NS/INC19001572/Jvd302

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: SME 5628B

Policy No: 5104807208 18.10.18 - 01.11.19

Claims No: MT/1029550-002

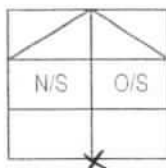
Sum Insured: _____ Excess: _____

(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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD6219G Yr Regn: 5 Oct 2015

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

Truck / Trailer or _____

Make: Toyota Prius C.C. 179g

Colour: maroon A/C: Insured / Std / NI / NA

Sp. Reading: 395923 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN36U30S766085

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Achilles

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 22/1/19 D.O.I. 23/1/19

Survey held at Surt

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	DA: 04092018	01/19/2111
	SHD 6219G - (R3 / A16 / 8016425 / Nhb3)		
	SME 5628B - X		

22/3/19 LS \$ 1300 confirmed by email (Ref 3587.70, 73M) SME 5628B

RECEIVED 25 MAR 2019

Date/Time, File Pass to? ☐ : Preli. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 25/3- typist

Report Format :

Lump Sum / I.B.I. / S

TP

1300/2

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Survey Fee

Transportation

1 S + PS \$

Photos

Others

TOTAL

160

160

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 25 March 2019 1:22 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi Veron,

For your attention.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1029550-002	SMRT TAIXS PTE LTD	SHD 6219G	SME 5628B

With Regards

Joreen Ang
Senior Admin Assistant
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

in with you

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, 25 March 2019 8:33 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1		SMRT TAIXS PTE LTD	SHD 6219G	SME 5628B

D.O.A	Time of Accident	Estimate	Tentative repair cost
22/1/2019	22:20	\$4887.70	\$1300.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

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="22/01/2019 11:28"/>
Vehicle No.(For Motor)	<input type="text" value="SME5628B"/>	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"/>	5104807208		LAU CHEAN FUNG	57986226F	GPC	drivo PREMIUM	SME5628B	SME5628B	18/10/2018	01/11/2019

Continue

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	23/01/2019 13:39
Date Of Accident	22/01/2019 22:20
Exact Location Of Accident	PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD6219G
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	CHIN SING PIAN
NRIC No	S1016813I
Date Of Birth	10/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	34
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190123/2008 On 22/01/2019 at about 2220hrs, I was travelling my taxi bearing SHD6219G on Pasir Ris Drive 1. I was on the right most lane intending to turn right into Pasir Ris Street 51. Out of sudden, a vehicle bearing registration number SME5628B hit the rear of my taxi. Both of us alighted from our vehicle and exchanged our particulars. Subsequently, I continued my journey as I had a passenger on board my taxi. Due to the accident, my taxi bumper was loosen and the reverse sensor was damaged. I wish to state that my taxi was in stationary position when the accident happened. Nobody was injured and no government property damaged. My taxi is not installed an in-car camera. I am lodging this report as directed by company and for insurance claim purpose. I wish to state that I might seek medical treatment after lodging this report.

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	SME5628B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LAU YIH CHIA
NRIC/Passport Number	S8780355D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
-----------------------------	--

Name	CHIN SING PIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD6219G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)**

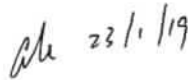
I understand, acknowledge, agree and consent that:

- (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.:



**SINGAPORE
POLICE FORCE**



T/20190123/2008

1 of 3

Report No. T/20190123/2008

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 03:28	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHIN SING PIAN			Address: APT BLK 34 MARSILING DRIVE #12-393 SINGAPORE 730034		
ID Type / ID No.: NRIC NO / S1016813I			Contact No.: Home/Office: Mobile: 97398193		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 10/12/1949	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/01/2019 22:20	Type of Location:
Location: PASIR RIS DRIVE 1 PASIR RIS STREET 51				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving vehicle head - Stationary vehicle rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

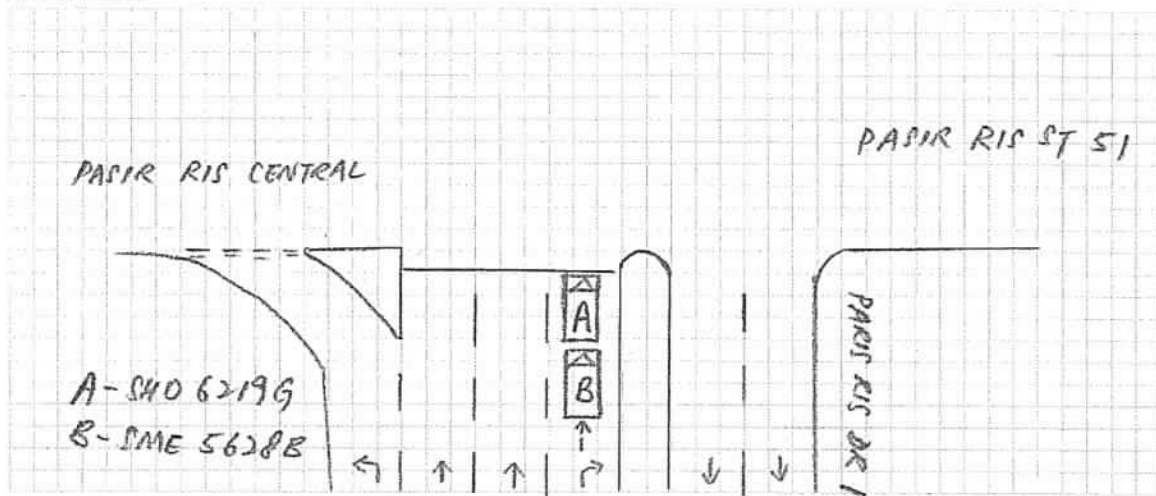
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6219G	TAXI	TOYOTA	PRIUS TAXI (SMRT)		Slightly Damaged	1
SME5628B	Car	BMW	530I LED NAV HUD MSPT	Blue		0

Details of Person Involved

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/2019 0123 / 200A

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: _____

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

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



**SINGAPORE
POLICE FORCE**



T/20190123/2008

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No. 1800-5529999

Report No. T/20190123/2008

CONTINUATION OF REPORT

Driver			
Name	CHIN SING PIAN		ID No. S10168131
Related Vehicle	NIL		Contact No. 97398193
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LAU YIH CHIA		ID No. S8780355D
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/01/2019 at about 2250hrs, I was travelling my taxi bearing SHD 6219G on Pasir Ris Drive 1. I was on the right most lane intending to turn right into Pasir Ris Street 51. Out of sudden, a vehicle bearing registration number SME 5628B hit the rear of my taxi. Both of us alighted from our vehicle and exchanged our particulars. Subsequently, I continued my journey as I had a passenger on board my taxi. Due to the accident, my taxi bumper was loosen and the reverse sensor was damaged.

I wish to state that my taxi was in stationary position when the accident happened. Nobody was injured and no government property damaged. My taxi is not installed with an in-car camera. I am lodging this report as directed by company and for insurance claim purpose. I wish to state that I might seek medical treatment after lodging this report.



**SINGAPORE
POLICE FORCE**



T/20190123/2008

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

.3 of 3
Report No. T/20190123/2008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**BISHAN NPC
20 BISHAN STREET 23
SINGAPORE 579757
TEL: 1800-5529999**

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:

E /

Sr Staff Sgt NORHIDAHYAH BINTE AHMAD

Signature Of Informant:

CHIN SING PIAN

Signature Of Interpreter:

Not applicable

Date/Time:

23/01/2019 03:28

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE



Case Details

Case Reference Number :

TAX/01/19/2111

Type of Repair : Accident Repair

Vehicle Registration Number :

SHD6219G

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-5478-ID

Assigned By : Taxi Claims Manager

Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 22/01/2019 02:20 PM

Vehicle Age(In Months) : 39

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOC Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval				Remarks
				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 ▼	DEF
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			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ▼	NN
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ▼	NN
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give ▼	NN
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give ▼	NN
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give ▼	NN
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	Replace ▼	Shurter
Total Spare Part Cost									1,952.80	Surveyor Total				643.95
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				20
Final Spare Part Cost									1,562.24	Final Sur Total				515.16

SMRT Recommendation

Surveyor Approval

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
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			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Check	▼
Total Spare Part Cost									1,952.80	Surveyor Total			643.95	
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			20	
Final Spare Part Cost									1,562.24	Final Sur Total			515.16	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	200	
Total:			676.00	200.00	

Spray Cost Detail

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

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
3	Main	TO WASH AND VACUUM	60.00	0	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			340.00	20.00	

Summary

Estimator Assessment(\$)

Surveyor Assessment(\$)

	Estimator Assessment(\$)	Surveyor Assessment(\$)
*Total Spare Part Detail	1,562.24	515.16
Total Labour Cost	676.00	200.00
Total Spray Painting	558.00	200.00
Other	340.00	20.00
Overall Total	3,136.24	935.16
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	3,150.00	950.00
Surveyor Approved Amount		950.00
No of Repair Days*	4	2
Remarks	-	L/S repair, photo after paint.
Surveyor Name		Hwee jie
Signature		 24/1/19
Survey Date	23/01/2019	<input type="button" value="Save"/> <input type="button" value="Clear"/>

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

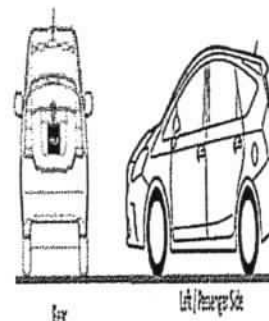
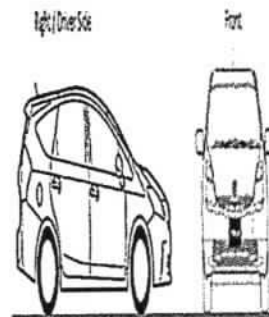
Signature:

Date:

Veron Finalized - HJ

Section A - Accident Details

Registration Number	SHD6219G
Case Reference Number	TAX/01/19/2111
Registration Date	5/10/2015
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	CHIN SING PIAN
Type of Accident	Head to Rear
Accident Date and Time	22/1/2019 10:20 PM
Accident Reported Date and Time	23/1/2019 1:39 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24099812
Special Instruction to ARC, if any	NTUC - LKK
Prepared Date and Time	23/1/2019 3:27 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Top View

Section B - Summary of Repair Estimates

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$676.00	\$200.00
Total Spray Cost	\$738.00	\$280.00
Total Spare Part Cost	\$2,458.13	\$1,149.29
Total Other Cost	\$340.00	(\$329.28)
TOTAL COST	\$4,212.13 4887.70	\$1,300.00 (L/S)
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	6.0	3.0
Prepared / Adjusted By	Zhi Yang Phua	Hwee Jie (LKK) / NTUC
ARC / Surveyor Sign Off Date	24/01/2019 7:36 PM	23/01/2019 4:01 PM
Signature		
Remarks	Initial estimates = 4 days Request number of days to extend 2 days	L/S repair, photo after paint.

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1903-0435	Invoice Number	
Quotation Date	22.03.2019	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	\$676.00	\$200.00
Total Labour	\$676.00	\$200.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR BUMPER	\$378.00	\$200.00
TO RESPRAY REAR PANEL	\$180.00	\$0.00
TO RESPRAY REAR BUMPER REINFORCEMENT	\$180.00	\$80.00
Total Spray Painting & Panel Beating	\$738.00	\$280.00

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	(\$349.28)
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$0.00
TO WASH AND VACUUM	\$60.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
Total Other Costs	\$340.00	(\$329.28)

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
		52016-47030	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
		52576-47020	BUMPER SIDE RETAINER RR/LH	0.00	\$94.80	0.00	\$0.00	Replace	Not Given
		52575-47020	BUMPER SIDE RETAINER RR/RH	0.00	\$94.80	0.00	\$0.00	Replace	Not Given
		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
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	Replace
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace
		58307-47060	END PANEL	0.00	\$602.10	0.00	\$0.00	Replace	Check
			SEALANT SIKAFLEX	0.00	\$37.00	0.00	\$0.00	Replace	Check
Total					\$2,431.40		\$643.95		

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 ✓
		52016-47030	ARM SUB-ASSY, RR BUMPER LH	1.00	\$139.60	25.00	\$104.70	Replace	Replace ✓
		52015-47050	ARM SUB-ASSY, RR BUMPER RH	1.00	\$139.60	25.00	\$104.70	Replace	Replace ✓
		89997-30070	ANTENNA, ELECTRICAL LOWER REAR	1.00	\$157.40	10.00	\$141.66	Replace	Replace ✓
Total					642.30		505.34		

PD
BT
BT
CRA

488770

$$\begin{array}{r}
 1149.29 \\
 + 200.00 \\
 + 300.00 \\
 \hline
 1649.29 \\
 - 202 \\
 \hline
 1319.43
 \end{array}$$

L/S \$1300/-

22/3/19 - Finalized L/s \$1300/- 3 days.



Veron Chen (LKKAUTO)

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis) <YeoPohsuan@smrt.com.sg>
Sent: Friday, 22 March 2019 12:04 PM
To: Hwee Jie (LKK Auto)
Cc: Veron Chen (LKKAUTO)
Subject: RE: SHD6219G

Hi,

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

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

From: Hwee Jie (LKK Auto) [mailto:hweejie@lkkauto.com]
Sent: Friday, 22 March 2019 11:44 AM
To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)
Cc: Veron Chen (LKKAUTO)
Subject: RE: SHD6219G

Hi poh suan,

Finalized L/S \$1,300/- 3days.

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: Friday, 22 March, 2019 11:00 AM
To: Hwee Jie (LKK Auto)
Cc: SUR; CS A Team
Subject: SHD6219G

Hi Hwee Jie,

Attached herewith the repair estimate of SHD 6219G having Case No: TAX/01/19/2111.

There is no change to the approved amount of \$1,300 @ 3 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards

Poh Suan

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

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

Sent: Friday, 22 March 2019 10:54 AM

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

Subject: Scan Data from FX-D421D6

**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/INC19001572/Jvd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 28-03-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SME 5628B	Veh. Inspected	SHD 6219G
Policy No.	5104807208	Coverage (\$)	0.00
Claim No.	MT/1029550-002	Excess (\$)	0.00
Assign From		Assign Date	23/01/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JTDKN36U305766085	Colour	MAROON
Odometer	395923	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	ACHILLES	6 mm
L/H Front Tyre	195/65 R15	ACHILLES	6 mm
R/H Rear Tyre	195/65 R15	ACHILLES	6 mm
L/H Rear Tyre	195/65 R15	ACHILLES	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	22/01/2019	Inspection Date	23/01/2019
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6219G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER REINFORCEMENT REAR (DISC 25%)	DENTED	205.70	154.28
1	ARM SUB-ASSY, RR BUMPER LH (DISC 25%)	BENT	139.60	104.70
1	ARM SUB-ASSY, RR BUMPER RH (DISC 25%)	BENT	139.60	104.70
1	ANTENNA, ELECTRICAL LOWER REAR (DISC 10%)	CRACKED	157.40	141.66
1	SENSOR REVERSE (SN)	SHORTED	180.00	180.00
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	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	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
			3,133.70	1,149.29
<u>LABOUR</u>				
	PANEL BEATING & BODY WORK.		676.00	200.00
	SPRAY PAINT.		738.00	280.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO APPLY RUST-PROOFING ON AFFECTED AREA.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
			1,754.00	500.00
GRAND TOTAL			4,887.70	1,649.29
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,300.00

Report Ref No. NS/INC19001572/Jvd3e2

Report Ref No. NS/INC19001572/Jvd3e2

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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