

REF: NTUC NS/INC19001957/Jsd302

REF:

NTUC NS/INC19001957/Jsd302

# ASSIGNMENT

From:

Date:

Veh No: SHB 765X

Yr Regn: 10 Dec 2014

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make: Toyota Prius

c.c 1799

at Workshop m/s

Colour: Maroon

A/C: Insured / Std / NI / NA

of

Sp. Reading: 468597

T/Radio: Insured / Std / NI / NA

Insured: SCK 5226P

Eng/No:

Policy No. 0078877320-15 01/12/18-30/11/19

C/No: JTDKN36U305753496

Claims No. MT/1029768-004

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

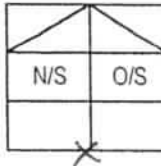
Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 195/65R15

R:

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



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

TOYO / YOKO or Falken

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 6 mm

Est. Repairs: days Res.: Yes or No

D.O.A. 28/1/19 D.O.I. 29/1/19

Lum Sum: % 3 Val.: Yes or No

Survey held at Smart

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

SHB 765X - CCS/MT/18001460/R1463  
SCK 5226P - X

007-2011-18

01/19/2133

Confirmed L/S \$800/- 2days of repair.  
( \$ 2,760.79 Red - 78% )

SCK 5226P

*[Signature]*

29/5/2019

RECEIVED 30 MAY 2019

Date/Time, File Pass to?

30/05/19



: Preli. Report



: Final Report

1) Typist

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) \$ + PS, \$

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$ 800/- L/S )

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

TOTAL

160

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/01/2019 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="SCK5226P"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	0078877320-15		OH KOK MENG	S1769655F	GPC	Third Party	SCK5226P	SCK5226P	01/12/2018	30/11/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/5/2019

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/1029768-004	SMRT TAXIS PTE LTD	SHB 765X	SCK 5226P	28/01/2019	10:15	\$ 3,560.79	\$ 800.00

## Shirley Hiew (LKK Auto)

---

**From:** Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis) <YeoPohsuan@smrt.com.sg>  
**Sent:** Thursday, 30 May 2019 10:59 AM  
**To:** Hwee Jie (LKK Auto)  
**Cc:** Shirley Hiew (LKK Auto)  
**Subject:** RE: SHB765X

Hi,

Amount confirmed as per your recommendation, thanks.

Regards  
Poh Suan

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

From: Hwee Jie (LKK Auto) [mailto:hweejie@lkkauto.com]  
Sent: 29 May 2019 13:07  
To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)  
Cc: Shirley Hiew (LKK Auto)  
Subject: RE: SHB765X

Hi,

Finalized L/S \$800/- 2days of repair.

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: Monday, 27 May, 2019 2:36 PM  
To: Hwee Jie (LKK Auto)  
Cc: SUR; CS A Team; 'Ms Lee (Lee Sheng Auto)'  
Subject: SHB765X

Hi Hwee Jie,

Attached herewith the repair estimate of SHB 765X having Case No: TAX/01/19/2133.

There is no change to the approved amount of \$800 @ 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 Ms Lee,

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, 27 May 2019 2:34 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	28/01/2019 13:08
Date Of Accident	28/01/2019 10:15
Exact Location Of Accident	KPE TUNNEL TOWARDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB765X
<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	YEO KHEE SENG
NRIC No	S6944903D
Date Of Birth	28/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1996
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	176
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LI LI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190128/2030 On 28/01/2019 at about 1016hrs, I was driving my taxi of registration plate number SHB765X along KPE towards ECP. I had one passenger inside the taxi and I was driving on the extreme left lane as I wanted to exit at Airport Road. The traffic was heavy and slow moving. Then, there was a white colour Honda car of registration plate number SCK5226P that collided onto the rear of my car. There was no passenger inside the car. My taxi does not have a CCTV focusing on the rear of the taxi. No ambulance or traffic police was at scene. I do not know if there is any CCTV at the incident location. Subsequently on the same day at about 1100hrs, I and the passenger went to STAT medical Clinic located at Blk 311 Hougang Ave 5 as we felt pain neck and back area. Both of us were given 3 days of MC from 28/01/2019 to 30/01/2019. As such I am lodging this report.

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCK5226P
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name YEO KHEE SENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB765X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name LI LI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB765X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



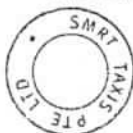
SKETCH PLAN

IMPORTANT NOTICE

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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.

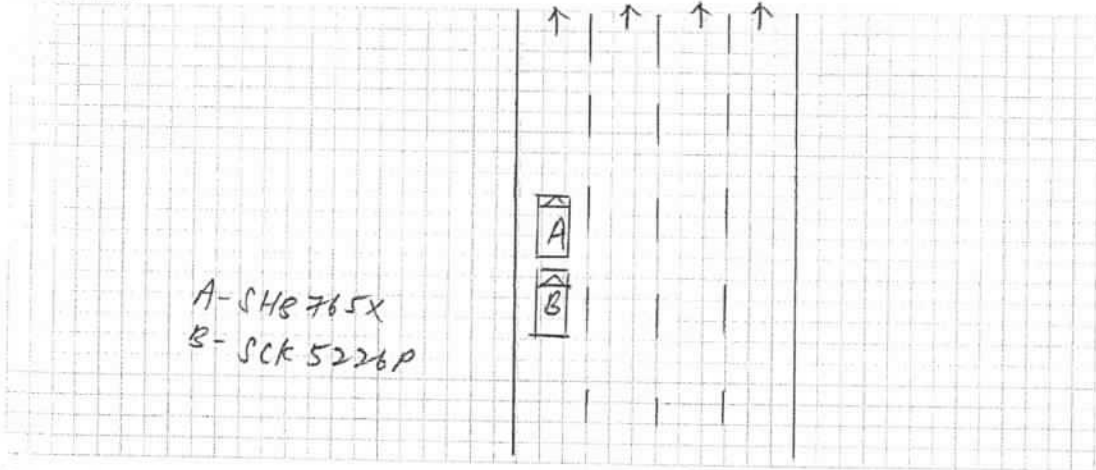


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/20190128/2030

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/20190128/2030

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9, SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20190128/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2019 12:15		Vide Report No.:		Station Diary No.: 56
<b>Informant's Particulars</b>				
Name of Informant: YEO KHEE SENG		Address: APT BLK 176 BUKIT BATOK WEST AVENUE 8 #10-305 SINGAPORE 650176		
ID Type / ID No.: NRIC NO / S6944903D		Contact No.: Home/Office: Mobile: 82299969		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 28/11/1969	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2019 10:15	Type of Location:
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Towards Airport Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCK5226P	Car				Slightly Damaged	0
SHB765X	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190128/2030

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20190128/2030

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	YEO KHEE SENG		ID No. S6944903D
Related Vehicle	SHB765X (Car)		Contact No. 82299969
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Li Li		ID No. G2831514M
Related Vehicle	SHB765X (Car)		Contact No. 82299959
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	03	Degree of Injury	Slight

**Brief Details.**

On 28/01/2019 at about 1016hrs, I was driving my taxi of registration plate number SHB765X along KPE towards ECP. I had one passenger inside the taxi and I was driving on the extreme left lane as I wanted to exit at Airport Road. The traffic was have heavy and slow moving. Then, there was a white colour Honda car of registration plate number SCK5226P that collided on to the rear of my car. There was no passenger inside the car. My taxi does not have a CCTV focusing on the rear of the taxi. No ambulance or traffic police was at scene. I do not know if there is any CCTV at the incident location.

Subsequently on the same day at about 1100hrs, I and the passenger went to STAT Medical Clinic located at Blk 311 Hougang Ave 5 as we felt pain neck and back area. Both of us were given 3 days of MC from 28/01/2019 to 30/01/2019. As such I am lodging this report.



**SINGAPORE  
POLICE FORCE**



T/20190128/2030

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20190128/2030

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Name	YEO KHEE SENG		ID No. S6944903D
Related Vehicle	SHB765X (Car)		Contact No. 82299969
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Li Li		ID No. G2831514M
Related Vehicle	SHB765X (Car)		Contact No. 82299959
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
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3 of 3

Report No. T/20190128/2030

## 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: F / Staff Sgt MOHAMED FAIZAL AKBAR ALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 12:15
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: SN 035
Authentication Stamp NP168	Signature: 
Singapore Police Force	



## Case Details

Case Reference Number :

TAX/01/19/2133

Type of Repair : Accident Repair

Vehicle Registration Number : SHB765X

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-5528-ID

Assigned By : Taxi Claims Manager  
TeamInsurance Company Name : NTUC Income Insurance Co-operative  
Ltd

Accident Date and Time : 28/01/2019 02:15 AM

Vehicle Age(In Months) : 49

## Documents / Photographs

View Documents / Photographs

Total Documents: 1

## Estimation Details

### Spare Part's Cost Detail

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			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace ▾	DEF	
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace ▾	NEC	
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	154.28 0	Check ▾	BT	
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check ▾	} un	
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			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give ▾		
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give ▾		
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	0	0	Not Give ▾		
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give ▾		
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give ▾		
Total Spare Part Cost									2,070.52	Surveyor Total			356.03		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			20		
Final Spare Part Cost									1,656.42	Final Sur Total			284.82		

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			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give ▾	} hw
One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give ▾	
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ▾	
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ▾	
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give ▾	
Total Spare Part Cost									2,070.52	Surveyor Total			356.03	
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			20	
Final Spare Part Cost									1,656.42	Final Sur Total			284.82	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	338.00	200	
Total:			338.00	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 BUMPER BEAM	180.00	0 80	
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 TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20	
3	Main	TO WASH AND VACUUM	60.00	0	
Total:			260.00	40.00	

4285 20



## Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	1,656.42	284.82
Total Labour Cost	338.00	200.00
Total Spray Painting	558.00	200.00
Other	260.00	40.00
Overall Total	2,812.42	724.82
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	2,800.00	700.00
Surveyor Approved Amount		700.00
No of Repair Days*	3	2
Remarks	-	L/S REPAIR, PHOTO AFTER PAINT.
Surveyor Name		Hwee jie
Signature		
Survey Date	29/01/2019	

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

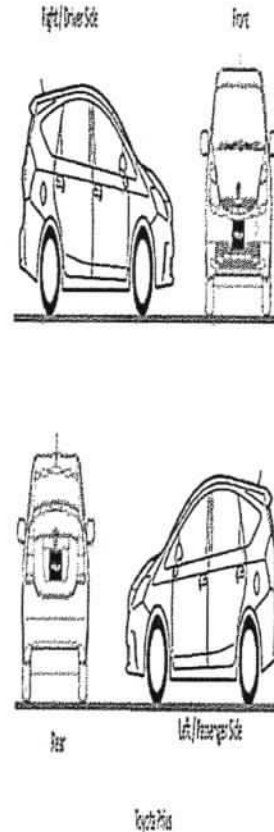
Acknowledged by Repairer



Signature:

Date:

**Section A - Accident Details**

Registration Number	SHB765X
Case Reference Number	TAX/01/19/2133
Registration Date	10/12/2014
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	YEO KHEE SENG
Type of Accident	Head to Rear
Accident Date and Time	28/1/2019 10:15 AM
Accident Reported Date and Time	28/1/2019 1:10 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle Is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24099885
Special Instruction to ARC,if any	TP
Prepared Date and Time	28/1/2019 4:14 PM
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	\$738.00	\$280.00
Total Spare Part Cost	\$2,224.79	\$510.31
Total Other Cost	\$260.00	(\$190.31)
<b>TOTAL COST</b>	<b>\$3,560.79</b>	<b>\$800.00 (L/S)</b>
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Tuck Foo Kok	Hwee Jie (LKK) / NTUC
ARC / Surveyor Sign Off Date	29/01/2019 5:49 PM	29/01/2019 5:27 PM
Signature		
Remarks		L/S REPAIR, PHOTO AFTER PAINT.

## Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1905-0205	Invoice Number	
Quotation Date	10.05.2019	Invoice Date	
Invoice Amount		Prepared Date	

## Section D - Details of Repair Estimates

## Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	\$338.00	\$200.00
Total Labour	\$338.00	\$200.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY BUMPER BEAM	\$180.00	\$80.00
TO RESPRAY REAR BUMPER	\$378.00	\$200.00
TO RESPRAY BUMPER BEAM	\$180.00	\$0.00
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
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$20.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$260.00	\$40.00

## 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
		52161-16010	BUMPER CLIPS	10.00	\$1.61	25.00	\$12.08	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
		89997-30070	ANTENNA, ELECTRICAL LOWER REAR	0.00	\$157.40	0.00	\$0.00	Replace	Not Given
			SENSOR REVERSE	0.00	\$180.00	0.00	\$0.00	Replace	Not Given
			PIXEL STICKER	0.00	\$60.00	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
		52592-47021	BUMPER SEAL, RR LH	0.00	\$88.90	0.00	\$0.00	Replace	Not Given
		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
		58308-47011	UNDER COVER SUBASSY, RR FLOOR	0.00	\$514.50	0.00	\$0.00	Replace	Not Given
Total					\$2,554.71		\$356.03		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
		52023-12240	BUMPER REINFORCEMENT REAR	1.00	\$205.70	25.00	\$154.28	Replace	Replace
Total					205.70		154.28		

$$\begin{array}{r}
 510.31 \\
 + 200.00 \\
 + 320.00 \\
 \hline
 1030.31 \\
 - 20\% \\
 \hline
 824.25 \\
 \hline
 L/S \$ 800/-
 \end{array}$$


**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/INC19001957/Jsd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 04-06-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SCK 5226P	Veh. Inspected	SHB 765X	
Policy No.	0078877320-15	Coverage (\$)	0.00	
Claim No.	MT/1029768-004	Excess (\$)	0.00	
Assign From		Assign Date	29/01/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JTDKN36U305753496	Colour	MAROON	
Odometer	468597	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	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	28/01/2019	Inspection Date	29/01/2019	
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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 765X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
10	BUMPER CLIPS @\$1.61 (DISC 25%)	NECESSARY	16.10	12.08
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	ARM SUB-ASSY, RR BUMPER LH	NOT NECESSARY	139.60	-
1	ARM SUB-ASSY, RR BUMPER RH	NOT NECESSARY	139.60	-
1	ANTENNA, ELECTRICAL LOWER REAR	NOT NECESSARY	157.40	-
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
2	PIXEL STICKER @\$60.00	NOT NECESSARY	120.00	-
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	BUMPER SEAL, RR LH	NOT NECESSARY	88.90	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	UNDER COVER SUBASSY, RR FLOOR	NOT NECESSARY	514.50	-
			2,629.20	510.31
	<b><u>LABOUR</u></b>			
	PANEL BEATING & BODY WORK.		338.00	200.00
	SPRAY PAINT.		558.00	280.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO TEST AND REFIX REVERSE SENSOR SYSTEM.		120.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			-	-
			-	-
			-	-
			-	-
			-	-
			1,156.00	520.00
	<b>GRAND TOTAL</b>		<b>3,785.20</b>	<b>1,030.31</b>

Report Ref No. NS/INC19001957/Jsd3e2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				800.00
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Report Ref No. NS/INC19001957/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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