# ASSIGNMENT

FromDate	Veh No. SHB 3888 Yr Regn: 24 Oct 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 Pring cc 1799
at Workshop m/s	Colour Warren A/C Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured: ,S66 8844J	Eng/No.
Policy No. 5079709297=02 (25/04/2018-24/04/2019)	
Claims No MT 1038472 -001	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess.	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Igorder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STD A/Rim or
(Dollar Condition)	Tyre Size: F: 195 65 R 15
(Policy Condition)  Remark: The veh had commenced its  N/S O/S	R:
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
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm UBal. 6 mm
Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. 16 (3 (19 D.O.I. 18 (3   19
Lum Sum; % 3 Val.; Yes or No	Survey held at Surve
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 UIO Constitution of UIO Constitution of the UIO Constitution of UI
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	03/19/2072
SHB 328 B -NS/INC 17015087 / S.	be 2 0.04-03/03/2017
SGG 8844 1-x	366 88447
2/4/19 LS \$ 1800 Confirmed by an	
THIN IS \$ 1800 Confirmed by an	col (Red 5647.28, 769)
	70
Vote/Time File Pass to? Proli Paneut	1.
Freit. Roport	Days Of Repair:
Date/Time. File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation:
Add Fee:	7
Report Format : ? TP	Interview (\$ ) Photos
ump Sum / I.B.I: (3 1800)=	Tech Invs (\$ ) Others
7 000/2	Weekend (\$
	TOTAL

### Denise Tay (LKKAuto)

From:

MTCL@income.com.sg

Sent:

Tuesday, 2 April 2019 2:22 PM

To:

Denise Tay (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Hi All,

Claim created.

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/1038472- 001	SMART BUSES	SHB 388B	SGG 8844J	16/03/2019	00:00	7,447.28	1,800.00
2	MT/1031996- 002	SMART BUSES	SHC 931C	SJW 2713Z	13/2/2019	19:40	5,534.80	4,150.00

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



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

Sent: Tuesday, 2 April 2019 10:44 AM

To: MTCL@income.com.sg

Cc: mtreg <mtreg@income.com.sg> Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date:

2/4/2019

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	W	SMART BUSES	SHB 388B	SGG 8844J	16/03/2019	00:00	7,447.28	1,800.00

eBaoTech		1. 2. 分間	-192							Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601		1068		Annual Line		• Change	Language	> Chang	e Password	• Log Out
My Desktop	Polic	y Query				Date	of Accident	1	8/03/2019 1	2:03	
Notice of Loss	Policy No Vehicle	o. No.(For Motor)	SGG884	443		Certificate Number		E			
					19	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079709297- 02		DEVARRAJAN S/O RAJAGOPAL DHAMLINGAM	51237644H	GPC	Third Party, Fire & Theft	SGG8844)	5GG88443	25/04/2018	24/04/2019
						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 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.

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	STATE	MENT
----------	-------	------

Date Of Report 16/03/2019 10:32 Date Of Accident 16/03/2019 00:00 GANGES AVENUE Exact Location Of Accident Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

SHB388B Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner SMRT TAXIS PTE LTD Co Reg No 198905369K NOEMAIL Email Address

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?

THIRD PARTY

If No, Please state action to be taken

TAXI

Insurance Company

Vehicle Category

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy YES

Policy Number D-18090213MFSH

Cover Note Number

Driver

Name of Driver TAN KOK SENG NRIC No S6819953J Date Of Birth 24/05/1968 OUTDOOR Occupation Date Of Driving Pass 24/08/1988

30 YEARS AND 6 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-80000000

Fax Number Contact Number

EMail Address NOEMAIL Address

43

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

T.

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?

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

NO

ambulance?

onosta.

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)

1

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

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

I WAS STATIONARY ALONG GANGES AVE TOWARDS CITY AS IT WAS THE RED TRAFFIC LIGHT, WHILST I WAS STATIONARY I FELT AN IMPACT AT THE REAR OF MY TAXI, A VEHICLE SGG8844J HAD COLLIDED ONTO THE REAR OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

#### .

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

Vehicle Registration Number

Was there any audio recorded?

SGG8844J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DEVARRAJAN S/O RAJAGOPAL DHAMLINGAM

NRIC/Passport Number

S1237644H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

SKETCH PLAN	Gane	ks Avenue	
	Gave	117	
et .		A-s	тнв 388 в 3GG 8844J
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT		
	£		
DECLARATION  I/We declare the foregoing particulars  Polewielder Signature  Date & Time:	Driver's Signature		porting Centre Personnel's Signature

#### Sketch Plan Pg. 2

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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;
  - 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:
  - 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.

STE LID

Policyholder's Signature Date & Time: 924, 16 3 19 Driver's Signature

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

Name: NRIC/FIN No.:

#### Sketch Plan Pg. 2



#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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  - 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 Sigh Stufe Date & Time:

Oriver'\(\frac{1}{3}\) Signature\(\)
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	5369K
Vehicle No.:	SHB388B
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1449314
Chassis No.:	JTDKN36U605752469
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	24 Oct 2014
First Registration Date:	24 Oct 2014
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Oct 2022
PARF Rebate Amount: Intended COE Rebate Details	\$6,066.00
COE Expiry Date:	23 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$22,815.00
Total Rebate Amount: Message	\$28,881.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Mar 2019

OK



### Case Details

Case Reference Number:

TAX/03/19/2072

Type of Repair : Accident Repair Vehicle Registration Number :

SHB388B

Company Type: SMRT Taxis Pte Ltd

Estimation ID : EST-6123-ID Assigned By : Taxi Claims Manager

Team

Insurance Company Name: NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 15/03/2019 04:00 PM

Vehicle Age(In Months): 53

# Documents / Photographs

View Documents / Photographs

Total Documents: 1

### **Estimation Details**

### Spare Part's Cost Detail

				SMRT Recon	mend	ation					Surveyor Approval			
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(S)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replac	e 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 REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	1.0
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 LH	.1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	nn
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check	
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check	
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	nec
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	Replace *	Shertod
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give •	m

Total Spare Part Cost	2,998.67	Surveyor Total	904.20	
Lump Sum Discount (%)	20.00	Lump Sum Dis (%)	20	
Final Spare Part Cost	2,398.94	Final Sur Total	723.36	

SMRT Recommendation

Surveyor Approval

	1			SMH1 Hecom	mena	ation						55.75	yo. reppiora		
вом Туре	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/Replac	e Ro	emarks
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	1	88.57	Replace		DEF
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25,00	171.68	Replace	1	171.68	Replace	•	Def
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		
One Time Key In	Main			FENDER RR/RH	1	766.80	766.80	25.00	575.10	Replace	0	0	Not Give	*	NY
One Time Key In	Main			STICKER SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	•	nn
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0.	Not Give	,	n.z
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	30.70	30.70	25.00	23.02	Replace	0	0	Check	•	
One Time Key In	Main			TAIL LAMP RH	1	557.80	557.80	25.00	418.35	Replace	0	0	Check	*	
						т	otal Spare	Part Cost	2,998.67			Surveyor Total	904.20		
						Lum	p Sum Dis	count (%)	20.00		Lum	p Sum Dis (%)	20		
						F	inal Spare	Part Cost	2,398,94			Final Sur Total	723.36		

### Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	845.00	200	
Total:			845.00	200.00	

### Spray Cost Detail

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

Total:

936.00

200.00

3/18/2019			https://vacsweb.	smrt.com.sg/E	stimation.aspx	
	S.No.	Costing Type	Job Scope	SMRT	Surveyor	Remarks
18	, 3	Main	TO RESPRAY REAR FENDER RH	376.00	0	
	Total:			936.00	200.00	

### Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(S)	Remarks
31	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 PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	
4	Main	TO WASH AND VACUUM	60.00	0	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			636.88	316.88	

# Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,398.94	723.36
Total Labour Cost	845.00	200.00
Total Spray Painting	936.00	200.00
Other	636.88	316.88
Overall Total	4,816,82	1,440.24
Lump Sum Repair Option		•
Lump Sum Total	0.00	1,450.00
Surveyor Approved Amount		1,450.00
No of Repair Days*	5	3
Remarks	ā)	L/S REPAIR, PHOTO AFTER PAINT.
Surveyor Name		
		Hwee jie

Estimator Assesment(\$)

Surveyor Assesment(\$)

Signature

Clear Save

Survey Date

18/03/2019

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:

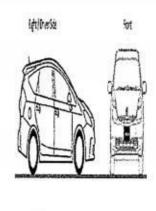


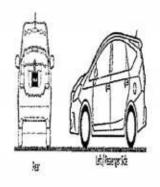
### SMRT Accident Vehicle Repair Estimates

SHRT Automative Services Pts L1d
60 Wapdurds Industrial Park E4. Singapore 757705
FAX Number: 61686692
Estimator Telephane Number: 68662623
Accident Reporting Number: 68662512

Date Generated: 29/03/2019 User ID : PohSuan

A Taurana Maria	Section A - Accident Details
Registration Number	SHB388B
Case Reference Number	TAX/03/19/2072
Registration Date	24/10/2014
Company Type	SMRT Taxis Pte Ltd
Make	тоуота
Model	PRIUS
Name of Driver	TAN KOK SENG
Type of Accident	Head to Rear
Accident Date and Time	16/3/2019 12:00 AM
Accident Reported Date and Time	16/3/2019 10:53 AM
ls Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24100626
Special Instruction to ARC, if any	TP
Prepared Date and Time	18/3/2019 11:42 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and	







AL FRED TO THE TANKS	Section B - Summary of Repair Est	Secretary and the second		
Summary of Repair Estimate		WHO CONTRACTOR		
o manners and the contract of the first	Quotation from ARC	Adjusted by Surveyor, if applicable		
Total Labour Cost	\$1,095.00	\$300,00		
Total Spray Cost	\$1,494.00	\$500.00		
Total Spare Part Cost	\$3,257.64	\$1,163.19		
Total Other Cost	\$636.88	(\$163.19)		
TOTAL COST	\$6,483.52	\$1,800.00 (L/S)		
Lump Sum Total	\$0.00	\$0.00		
Number of Repair Days	5.0	4.0		
Prepared / Adjusted By	Zhi Yang Phua	Hwee Jie (LKK) / NTUC		
ARC / Surveyor Sign Off Date	18/03/2019 3:20 PM	18/03/2019 3:01 PM		
Signature	N. C.	0		
Remarks	Initial estimates = 5 days Request number of days to extend 2 days	LIS REPAIR, PHOTO AFTER PAINT.		



### SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd 90 Waselands Industrial Park E4, Eingapore 757705 PAX Number - 63085592 Extrator Tolephene Number - 08933023 Accelert Reporting Number - 8862672

T Date Generated : 29/03/2019 User ID : PehSuen

alasta efety	Section C - Quota	tion and Accident Invoice Details	
Quotation Number	QN-1903-0645	Invoice Number	31.07.14.7
Quotation Date	29.03.2019	Invoice Date	-
Invoice Amount		Prepared Date	

	ection D - Details of Repair Estimates	
251200 1000 ARENT TO THE PROPERTY AND A SEASON	<b>《一种产品的基础》</b>	
Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	\$845.00	\$200,00
TO REPAIR REAR END PANEL	\$250.00	\$100.00
Total Labour	\$1,095.00	\$300.00

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
O RESPRAY REAR FENDER RH	\$378.00	\$0.00
O RESPRAY REAR PANEL	\$180.00	\$100.00
O RESPRAY TAIL GATE	\$378.00	\$200,00
Fotal Spray Painting & Panel Beating	\$1,494.00	\$500.00

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable		
Lump Sum Adjustment by Surveyor	\$0.00	(\$480.07)		
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00		
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$0.00		
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	\$296.88 SN NeL	\$296.88		
TO WASH AND VACUUM	\$60,00	\$0.00		
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00		
Total Other Costs	\$636.88	(\$163.19)		

Part lumber	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 X
		52015- 47050	ARM SUB-ASSY, RR BUMPER LH	0.00	\$139.80	0.00	\$0.00	Replace	Check X
elementers	AND LINES OF	52016- 47030	ARM SUB-ASSY, RR BUMPER LH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given X
		52576- 47020	BUMPER SIDE RETAINER RRALH	0.00	\$94.80	0.00	\$0.00	Replace	Check X
		52575- 47020	BUMPER SIDE RETAINER RR/RH	0.00	\$94.80	0.00	\$0.00	Replace	Check X
			PIXEL STICKER	2.00	\$60.00	0.00	\$120,00	Replace	Replace
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	Replace
-4700-11-11		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	1.00	\$118.10	25.00	\$88,58	Replace	Replace



#### SMRT Accident Vehicle Repair Estimates

BIART Automotive Services Pta Ltd 99 Wrocelands Industral Plaft EA, Singapore 767705 FAX Namber : 63966362 Ectimator Telephone Number : 68692623 Accident Reporting Number : 68692672

h+/

Date Generaled : 29/03/2019 Veer ID : PohSusan

	76891- 47020	BUMPER LIP REAR	1.00	\$228.90	25.00	\$171,68	Replace	Replace /	DEX
	58307- 47060	END PANEL	0.00	\$602.10	0.00	\$0.00	Replace	Check X	nn
85870		SEALANT SIKAFLEX	0.00	\$37.00	0.00	\$0.00	Replace	Check >	nn
	61604- 47090	FENDER RR/RH	0.00	\$766.80	0.00	\$0.00	Replace	Not Given X	nn
		STICKER SMRT LOGO	0,00	\$7.80	0.00	\$0.00	Replace	Not Given √	nn
		STICKER DECAL 6555 8888	0.00	\$21.60	0.00	\$0.00	Replace	Not Given	nn
	52562- 47010	TAIL LAMP BRACKET, RH	0.00	\$30,70	0.00	\$0.00	Replace	Check	nu
	81551- 47180	TAIL LAMP RH	0.00	\$557.80	0.00	\$0.00	Replace	Check X	nn
otal				\$3,816.10		\$904.21	1		

Part Number	Portion :	Stock Number	Part Name	Quantity	List Price \$	THE THREE BARRIES AND THE	Final Price	ARC Check	Surveyor
		52015- 47050	ARM SUB-ASSY, RR BUMPER RH	1.00	\$139.60	25.00	\$104.70	Replace	Replace
		52023- 12240	BUMPER REINFORCEMENT REAR	1.00	\$205.70	25.00	\$154.28	Replace	Replace
fotal					345.30		258.98		

7447.28

1163.19 + 300.00 + 816.88 + 816.88 - 24.06 1824.06

### Veron Chen (LKKAuto)

From:

Hwee Jie (LKK Auto)

Sent:

Tuesday, 2 April 2019 10:10 AM

To:

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

Cc:

Veron Chen (LKKAuto)

Subject:

RE: SHB388B

Hi poh suan,

Finalized L/S \$1,800/- 4days.

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, 29 March, 2019 11:39 AM

To: Hwee Jie (LKK Auto)

Cc: SUR; CS A Team; 'EE SIN GUAN'; 'Leong Chee kwong'

Subject: SHB388B

Hi Hwee Jie,

Attached herewith the repair estimate of SHB 388B having Case No: TAX/03/19/2072.

There is no change to the approved amount of \$1,800 @ 4 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 & Mr Ee,

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: Friday, 29 March 2019 11:40 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





NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC19004928/Jvd3s2		
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 09-04-2019 Code: INC4		
1.	Policy Particulars	:- THIRD PARTY CLAIR	И	
Insured Veh.	SGG 8844J	Veh. Inspected	SHB 388B	
Policy No.	5079709297-02	Coverage (\$)	0.00	
Claim No.	MT/1038472-001	Excess (\$)	0.00	
Assign From		Assign Date	18/03/2019	
2.	Vehicle Parti	culars & Condition		
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JTDKN36U605752469	Colour	MAROON	
Odometer		Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3.	Condit	ions of Tyres		
	Size	Make	Balance	
R/H Front Tyre	195/65R15	FALKEN	6 mm	
L/H Front Tyre	195/65R15	FALKEN	6 mm	
R/H Rear Tyre	195/65R15	FALKEN	6 mm	
L/H Rear Tyre	195/65R15	FALKEN	6 mm	
4.	Descripti	on of Damages		
THE VEHICLE SU	ISTAINED DAMAGES AT THE REA	AR PORTION.		
DAMAGES SEE D	DETAILS.			
5.	Genera	I Information		
Accident Date	16/03/2019	Inspection Date	18/03/2019	
Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE LTD		
	60 WOODLANDS INDUSTRIAL	PARK E4 SINGAPORE 75	7705	
5a.	R	emarks		
	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.	Estimate	Days of Repair		
ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Days	1	



### **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 388B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
1	BUMPER LIP COVER RR/RH (DISC 25%)	DEFORMED	118.10	88.58
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.68
2	PIXEL STICKER @ \$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	SHORTED	180.00	180.00
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 LH	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	END PANEL	NOT NECESSARY	602.10	
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	
1	FENDER RR/RH	NOT NECESSARY	766.80	
1	STICKER SMRT LOGO	NOT NECESSARY	7.80	
1	STICKER DECAL 6555 8888	NOT NECESSARY	21.60	
1	TAIL LAMP BRACKET, RH	NOT NECESSARY	30.70	
1	TAIL LAMP RH	NOT NECESSARY	557.80	
1	ARM SUB-ASSY, RR BUMPER RH (DISC 25%)	DEFORMED	139.60	104.70
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	ADVERTISEMENT STICKER (SN)	NECESSARY	296.88	296.88
	50 80		4,518.28	1,460.07
	LABOUR			
	PANEL BEATING & BODYWORK.		1,095.00	300.00
	SPRAY PAINT.		1,494.00	500.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO APPLY RUST-PROOFING ON AFFECTED AREA.	NOT NECESSARY	100.00	
h	TO WASH AND VACUUM.	NOT NECESSARY	60.00	
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	
		Codes in Section (in the	2,929.00	820.00

Report Ref No. NS/INC19004928/Jvd3s2





GRAND TOTAL	7,447.28	2,280.07
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)		1,800.00

Report Ref No. NS/INC19004928/Jvd3s2

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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