

NS/INC 19008134 Ngd312 REF: INC TAX/05/19/2020

Surveyor: NA2

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

or

Insured: SJG 4950B

Policy No. 5089912359-01 (01/07/2018-30/06/2019)

Claims No. 01/1049933-001

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bol. or Market Value:

IVAC Accident Report: Consistent? : Yes or No

GIA / PR Sect: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN/OUT

Veh No: SHF 466M Yr Regn: 27 DEC 2013

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Motor /

Truck / Troller or

Make: TOYOTA PRIUS C.O. 1,798

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

Sp. Reading: 479,418 T/Radiop: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN36U205720280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SIRIm / STD / AIRIm or

Tyre Siz: F: 195/65 R15

R: 11

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

TOYO / YOKO or 1025 TURBO

Front R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 4/5/19 U.O.I. 7/5/19

Survey held at 3 MRT WOODLANDS

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooltop or

The UIC / Chassals frame / Body Structure affected due to collision

INC L/S

Date / Time	Action / Instruction
	SHF 466M - NS/INC17024279 / SQ602 D.O.A. - 21/12/2017
	SJG 4950B - CS3 / AIG 170061419 / Bcd3e2 D.O.A. - 17/01/2019
20/6/19	FINALIZED LUMP SUM REPAIR \$1,250.00 / 2 REPAIR DAY
	Re - Finalized with Poh Guan US \$1050, 2 days.
	CPed \$4389.18, 81%
RECEIVED 21 JUN 2019	

Date/Time, File Pass to? : Preli Report

1) 21/6 10:00 : Final Report

Date/Time, File Return to?

2)

Report Format: 7P

Lump Sum / I.B.I: (\$ 1050)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation:

Add Fee: Site Insp (\$) S + H5 \$1

Interview (\$) Photos

Tech. Invo (\$) Other

Weekend (\$)

TOTAL 160

Shiau Chan (LKKAuto)

From: MTCL@income.com.sg
Sent: Friday, 21 June 2019 11:27 AM
To: Shiau Chan (LKKAuto)
Subject: FW: REQUEST CLAIMS NUMBER

Hi,

Claim created

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg

income
made different



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: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Thursday, 20 June 2019 3:51 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIMS NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	
1	MT/1049933-001	SMRT TAXIS PTE LTD	SHF 466M	SJG 4950B	
2	MT/1049342-002	COMFORT TRANSPORTATION PTE LTD	SHC 3212A	PC 5444P	

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

eBaoTech

General Claim

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="04/05/2019 17:05"/>
Vehicle No.(For Motor)	<input type="text" value="SJG4950B"/>	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 type="radio"/>	5089912359-01		FAST TRACK LIMO SERVICE	53326357C	GPC	Third Party	SJG4950B	SJG4950B	01/07/2018	30/06/2019

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 20 June 2019 4:51 PM
To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis); Naz (LKKAUTO)
Cc: SUR; CS A Team
Subject: RE: SHF466M re-finalize

Dear Poh Suan,

WITHOUT PREJUDICE

Re-confirm Lump Sum \$1,050.00 before GST and 2 repair days.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@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) <YeoPohsuan@smrt.com.sg>
Sent: Thursday, 20 June 2019 4:41 PM
To: Naz (LKKAUTO) <Naz@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: SHF466M re-finalize

Hi Naz,

Attached herewith the repair estimate of SHF 466M having Case No: TAX/05/19/2020.

There is no change to the approved amount of \$1,050 @ 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.

Thanks & Regards
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)
Sent: Thursday, 20 June 2019 4:35 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	06/05/2019 09:47
Date Of Accident	04/05/2019 13:35
Exact Location Of Accident	ORCHARD RD (NEAR CENTRE POINT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF466M
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-19093197MFSH
Cover Note Number	

Driver

Name of Driver	TEO HOCK SWEE
NRIC No	S1162189I
Date Of Birth	27/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	11
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	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190504/2126

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG4950B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED JABIR S/O FAKEER
NRIC/Passport Number	S8070802E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TEO HOCK SWEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHF466M

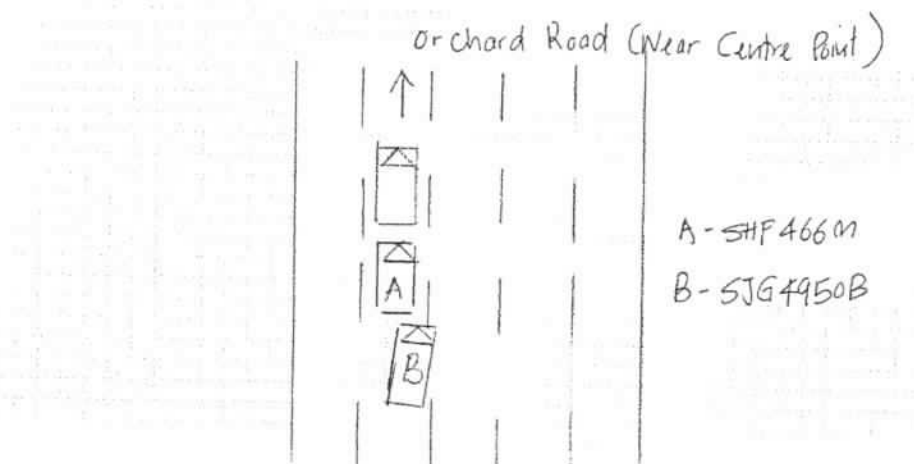
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.:

SKETCH PLAN

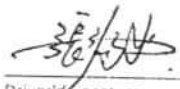
IMPORTANT NOTICE

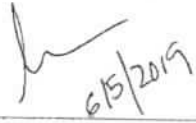
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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: 06 MAY 2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 06 MAY 2019


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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20190504/2126

1 of 3

Report No. T/20190504/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2019 19:00		Vide Report No.:	Station Diary No.: 87
Informant's Particulars			
Name of Informant: TEO HOCK SWEE		Address: APT BLK 322 JURONG EAST STREET 31 #09-226 SINGAPORE 600322	
ID Type / ID No.: NRIC NO / S1162189I		Contact No.: Home/Office: Mobile: 97217364	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 27/01/1956	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2019 13:35	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD				
Near to Centre point				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF466M	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	0
SJG4950B	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20190504/2126

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Report No. T/20190504/2126

CONTINUATION OF REPORT

Driver			
Name	TEO HOCK SWEE		ID No. S1162189I
Related Vehicle	SHF466M (Car)		Contact No. 97217364
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	04/05/2019		Date Discharge 04/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED JABIR S/O FAKKEER MOHAMED		ID No. S8070802E
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 4/5/2019 at about 1330hrs i had just alighted one passenger at a condo located along Cairnhill Road and proceeded to Centre point to wait for another possible pick up. I had just did a left turn from Cairnhill Road into Orchard road (Second lane from the left) into a 5 lanes road. I was driving my taxi bearing license plate: SHF466M. At the point of time the traffic was heavy and i was the last car in my lane. While waiting for the traffic to move, all the sudden i felt an impact on the rear of my vehicle by one vehicle bearing license plate: SJG4950B.

After the impact, i went down and made a check on my vehicle. My vehicle had several scratches at the right rear side and the other party's vehicle have it's left headlight damaged and left dislodged bumper with scratches.

I would like to state that i felt slightly discomfort after the accident. I then stopped my vehicle at one of the nearby carpark and informed my company. I then returned the vehicle back to the common car pool carpark and head back to the nearest hospital to my residence. The injuries that i had suffered was lower back pain, giddiness and stiffness on my shoulders. I was then given medical certificate from 4/5/2019 to 6/5/2019 at Ng Teng Fong General Hospital.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20190504/2126

3 of 3

Report No. T/20190504/2126

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:
D /
Sgt 2 LOW SI JIA, AMANDA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/05/2019 19:00

Classification Of Case:



Case Details

Case Reference Number : TAX/05/19/2020
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHF466M

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-6764-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : Lionpac Insurance Bhd
 Accident Date and Time : 04/05/2019 05:35 AM
 Vehicle Age(In Months) : 65

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation								Surveyor Approval		
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace	* CCL
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	* ? XSVU
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	* ? XSVU
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Check	* ? XSVU
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	* NGL
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			FENDER RR/RH	1	796.80	796.80	25.00	575.10	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			STICKER DECAL SMRT	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Given	* XSVU
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	* ? XSVU
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Given	* XSVU
Total Spare Part Cost									2,557.30	Surveyor Total 463.95				
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									2,048.84	Final Sur Total 371.16				

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 FENDER RH	378.00	0	NN
Total:			936.00	200.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
3	Main	TO RESPRAY REAR PANEL	180.00	0	CHECK
Total:			936.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	
2	Main	TOWING CHARGE	84.00	0	
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30	
4	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	200.00	40	
5	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
6	Main	TO REMOVE / REFIT SEAT	120.00	0	NN
7	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR	120.00	0	NN
8	Main	TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	30	
9	Main	TO WASH AND VACUUM	60.00	0	NN
10	Main	TO REPLACE SUNDRY PARTS	100.00	0	NN
Total:			1,300.88	426.88	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	2,045.84	371.16
Total Labour Cost	845.00	200.00
Total Spray Painting	936.00	200.00
Other	1,300.88	426.88
Overall Total	5,127.72	1,198.04
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	0.00	1,200.00
Surveyor Approved Amount		1,200.00
No of Repair Days*	5	2
Remarks		LUMP SUM REPAIR 2 DAYS CHECK ITEMS PHOTOS AFTER REPAIR PHOTOS
Surveyor Name		Naz
Signature		

Survey Date

07/05/2019

NA 2 LKK
7/5/19 1545
LIS
2 DAYS
CHECK ITEMS PHOTOS
AFTER REPAIR PHOTOS

Save Clear

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer



Signature:

Date:

Section A - Accident Details

Registration Number	SHF486M
Case Reference Number	TAX/05/19/2020
Registration Date	27/12/2013
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	TEO HOCK SWEE
Type of Accident	Head to Rear
Accident Date and Time	4/5/2019 1:35 PM
Accident Reported Date and Time	6/5/2019 9:56 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle Is Towed Back?	Yes
Towed Back Date and Time	4/5/2019 7:36 PM
Replacement Vehicle issued?	No
Job Card Number	24101374
Special Instruction to ARC, if any	TOWED \$60/TP
Prepared Date and Time	6/5/2019 12:52 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	\$845.00	\$200.00
Total Spray Cost	\$936.00	\$200.00
Total Spare Part Cost	\$2,045.84	\$371.16
Total Other Cost	\$1,300.88	\$486.88
TOTAL COST	\$5,127.72	\$1,258.04
Lump Sum Total	\$5,150.00	\$1,250.00 (L/S)
Number of Repair Days	5.0	2.0
Prepared / Adjusted By	Zhi Yang Phua	Naz (LKK) / LONPAC
ARC / Surveyor Sign Off Date	07/05/2019 4:48 PM	07/05/2019 4:04 PM
Signature		
Remarks	LUMP SUM REPAIR 2 DAYS CHECK ITEMS PHOTOS AFTER REPAIR PHOTOS	

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1905-0408	Invoice Number	
Quotation Date	22.05.2019	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	\$845.00	\$200.00
Total Labour	\$845.00	\$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 FENDER RH	\$378.00	\$0.00
TO RESPRAY REAR PANEL	\$180.00	\$0.00
Total Spray Painting & Panel Beating	\$936.00	\$200.00

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	\$296.88	\$296.88
TOWING CHARGE	\$84.00	\$60.00 X
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$30.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$200.00	\$40.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$30.00
TO REMOVE / REFIT SEAT	\$120.00	\$0.00
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	\$120.00	\$0.00
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	\$120.00	\$30.00
TO WASH AND VACUUM	\$60.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
Total Other Costs	\$1,300.88	\$486.88

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	\$458.80	25.00	\$343.95	Replace	Replace
		52023-12240	BUMPER REINFORCEMENT REAR	0.00	\$205.70	0.00	\$0.00	Replace	Check X
		52016-47030	ARM SUB-ASSY, RR BUMPER LH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given X
		52015-47050	ARM SUB-ASSY, RR BUMPER RH	0.00	\$139.60	0.00	\$0.00	Replace	Check X
		52576-47020	BUMPER SIDE RETAINER RR/LH	0.00	\$94.80	0.00	\$0.00	Replace	Not Given X
		52575-47020	BUMPER SIDE RETAINER RR/RH	0.00	\$94.80	0.00	\$0.00	Replace	Not Given X
		76891-47020	BUMPER LIP REAR	0.00	\$228.90	0.00	\$0.00	Replace	Not Given X
		76088-47020	BUMPER LIP COVER RR/LH	0.00	\$72.20	0.00	\$0.00	Replace	Not Given X
		76087-47020	BUMPER LIP COVER RR/RH	0.00	\$118.10	0.00	\$0.00	Replace	Check X

			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace	✓	NEC
			SENSOR REVERSE	0.00	\$180.00	0.00	\$0.00	Replace	Not Given	X	SVC
		61604-47090	FENDER RR/RH	0.00	\$766.80	0.00	\$0.00	Replace	Not Given	X	SVC
			STICKER DECAL 6555 8888	0.00	\$21.60	0.00	\$0.00	Replace	Not Given	X	NN
			STICKER DECAL SMRT	0.00	\$7.80	0.00	\$0.00	Replace	Not Given	X	NN
		58307-47060	END PANEL	0.00	\$602.10	0.00	\$0.00	Replace	Check	X	SVC
			SEALANT SIKAFLEX	0.00	\$37.00	0.00	\$0.00	Replace	Not Given	X	NN
Total					\$3,227.60		\$463.95				

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
Total									

6369.48

463.95 /

- 20%

371.16 /

+ 200.00 /

+ 686.88 /

1258.04 /

US \$1250/-

FINALIZED LUMP SUM REPAIR \$ 1,250.00 / 2 REPAIR DAYS

NAZ LKK

20/6/19



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/INC19008132/Nqd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-07-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJG 4950B	Veh. Inspected	SHF 466M	
Policy No.	5089912359-01	Coverage (\$)	0.00	
Claim No.	MT/1049933-001	Excess (\$)	0.00	
Assign From		Assign Date	07/05/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTDKN36U205720280	Colour	MAROON	
Odometer	479418	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	5 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/05/2019	Inspection Date	07/05/2019	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		

**National Assessment Centre Services**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 466M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR (DISC 25%)	CRACKED	458.60	343.95
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER REINFORCEMENT REAR	SERVICEABLE	205.70	-
1	ARM SUB-ASSY, RR BUMPER LH	SERVICEABLE	139.60	-
1	ARM SUB-ASSY, RR BUMPER RH	SERVICEABLE	139.60	-
1	BUMPER SIDE RETAINER RR/LH	SERVICEABLE	94.80	-
1	BUMPER SIDE RETAINER RR/RH	SERVICEABLE	94.80	-
1	BUMPER LIP REAR	SERVICEABLE	228.90	-
1	BUMPER LIP COVER RR/LH	SERVICEABLE	72.20	-
1	BUMPER LIP COVER RR/RH	SERVICEABLE	118.10	-
1	SENSOR REVERSE	SERVICEABLE	180.00	-
1	FENDER RR/RH	SERVICEABLE	766.80	-
1	END PANEL	SERVICEABLE	602.10	-
1	STICKER DECAL 6555 8888	NOT NECESSARY	21.60	-
1	STICKER DECAL SMRT	NOT NECESSARY	7.80	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
			3,287.60	463.95
<u>LABOUR</u>				
PANEL BEATING & BODY WORK.			845.00	200.00
SPRAY PAINT.			936.00	200.00
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER.			296.88	296.88
TOWING CHARGE.			84.00	-
TO CHECK WIRING AND SYSTEM FUNCTION.			80.00	30.00
TO APPLY RUST-PROOFING ON AFFECTED AREA.			200.00	40.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM.			120.00	30.00
TO REMOVE / REFIT SEAT.		NOT NECESSARY	120.00	-
TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.		NOT NECESSARY	120.00	-
TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE.			120.00	30.00

Report Ref No. NS/INC19008132/Nqd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
			3,081.88	826.88
GRAND TOTAL			6,369.48	1,290.83
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC19008132/Nqd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

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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