

Hwee Jie

REF: NTUC

NS/INC/9008136/Jtd3er

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop n/s _____
of _____
Insured: SHD/458R
Policy No. _____
Claims No. MT/1042510-002
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 |
| X | |

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No. SHB1291P Yr Regn: 9 Apr/2014
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Prius c.c. 1799
Colour: maroon A/C: Insured / Std / NI / NA
Sp. Reading: 527495 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTDKN3C U105740990
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or westlake
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 1/5/19 D.O.I. 3/5/19
Survey held at Swrt
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

| Date / Time | Action / Instruction |
|-------------|--|
| | SHB1291P-NS/INC/6032553/5th 352 DOA: 28/11/16 05/19/2004 |
| | SHD 1458R-CS3/III/4016537/R1613 DOA: 28/11/16 SHD1458R |
| | No policy found. |
| | RECEIVED 29 MAY 2019 |
| | Continued L/S \$1450/- 3 days of repair. |
| | (Red: 5478.20; 79%) |

Date/Time. File Pass to? ☐ : Preli. Report

1) 29/5/2019 ☒ : Final Report

Date/Time. File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:
Transportation:
S + PS. SI
Photos
Others

Report Format: TP
Lump Sum / I.B.I. (\$ 1450/-)

TOTAL

160
160

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Friday, 10 May 2019 2:35 PM
To: Denise Tay (LKKAuto)
Subject: RE: CHECK INSURED AND POLICY NUMBER FOR SHD 1458R

Hi Denise

SHD 1458R is our insured but we unable to provide the policy number.

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
www.income.com.sg



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Find out more at income.com.sg/careers

in with you

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, 10 May 2019 11:57 AM
To: MTCL@income.com.sg
Subject: CHECK INSURED AND POLICY NUMBER FOR SHD 1458R

Dear Sir/Madam,

We would like to check if this vehicle SHD 1458R is insured with NTUC and provide the policy number.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Disclaimer

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

Catherine Chong (LKK Auto)

From: Gan Kwai Leng (Auto Svcs/Claims & IA/Claims & IA/Taxis)
<GANKWAIENG@smrt.com.sg>
Sent: Friday, 10 May, 2019 10:35 AM
To: admin-d@lkkauto.com
Cc: Shanti B Thaiyal Nayagi (Auto Svcs/Claims & IA/Claims & IA/Taxis)
Subject: RE: No policy found for SHD 1458R
Attachments: 20190501_040355.jpg; 20190501_040246.jpg

Dear Nivitha,

As spoken, SHD1458R is a Silvercab taxi as such no LTA search was done. Silvercab is insured with NTUC Income.

Thanks & Regards,

Joey Gan

Claims and Insurance Agency

Direct line +65 6866 2698 | Direct fax +65 6368 7421 | Email: gankwaileng@smrt.com.sg

Address: 60 Woodlands Industrial Park E4, Singapore 757705



From: Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]
Sent: 10/05/2019 09:16
To: Shanti B Thaiyal Nayagi (Auto Svcs/Claims & IA/Claims & IA/Taxis)
Subject: No policy found for SHD 1458R

Dear Shanti,

Kindly assist to provide LTA search for SHD 1485R, TP vehicle number is SHB 1291P against NTUC.

D.O.A is : 01/05/2019.

We couldn't get the policy number as it says no policy found.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 23 May 2019 1:41 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia
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.
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in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 22 May 2019 5:02 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 22/5/2019

| S/No | | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate | Tentative repair cost |
|------|----------------|--|----------------------------|--------------------------|---------------------|---------------------|----------|--------------------------|
| 1 | MT/1042510-002 | SMRT TAXIS | SHB 1291P | SHD 1458R | 01/05/2019 | 4:00 | 6,928.20 | 1450.00 |
| 1 | MT/1045707-001 | SMRT BUSES | SMB 227Z | XD 6881D | 22/4/2019 | 13:55 | 1618.00 | 1100 |

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

5369K

Vehicle Details

Vehicle No.:

SHB1291P

Vehicle to be Exported:

No

Intended Deregistration Date:

03 May 2019

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS TAXI (SMRT)

Primary Colour:

Maroon

Manufacturing Year:

2014

Engine No.:

2ZR1324129

Chassis No.:

JTDKN36U105740990

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$33,120.00

Original Registration Date:

09 Apr 2014

First Registration Date:

09 Apr 2014

Transfer Count:

0

Actual ARF Paid:

\$8,368.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

08 Apr 2022

PARF Rebate Amount:

\$5,857.00

Intended COE Rebate Details

COE Expiry Date:

08 Apr 2022

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$59,871.00

COE Rebate Amount:

\$21,931.00

Total Rebate Amount:

\$27,788.00

Message

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 03 May 2019

OK

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 | 02/05/2019 11:23 |
| Date Of Accident | 01/05/2019 04:00 |
| Exact Location Of Accident | JUNCTION OF SHEARES LINK AND BAYFRONT AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHB1291P |
| 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 | EFFENDI HAMID |
| NRIC No | S2621000C |
| Date Of Birth | 09/10/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/06/1994 |
| Driving Experience | 24 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---------------|
| Address | 210 |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CHOA CHU KANG NPC |
| Police Station Address | ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190501/2063 On 01 May 2019 at about 0400hrs, I was driving my taxi bearing plate number SHB1291P on Sheares Link, intending to turn right on Bayfront Avenue. I slowly came to a stop at the pedestrian crossing as there were pedestrians crossing the road. Suddenly I felt a thud from the back of my taxi. When I alighted, I saw that another taxi bearing plate number SHD1458R had collided into my taxi. The right front side of the back taxi came into contact with the left hind side of my taxi, causing dents and scratches. The other driver had also alighted so I requested for his particulars. The other driver adamantly refused to provide his particulars and told me to just report to my company. Subsequently, I went to the CCK Family Clinic to get myself checked where I then received three days of MC.

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 | SHD1458R |
| Vehicle Make/Model/Colour | SILVERCAB |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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 | EFFENDI HAMID |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SHB1291P |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

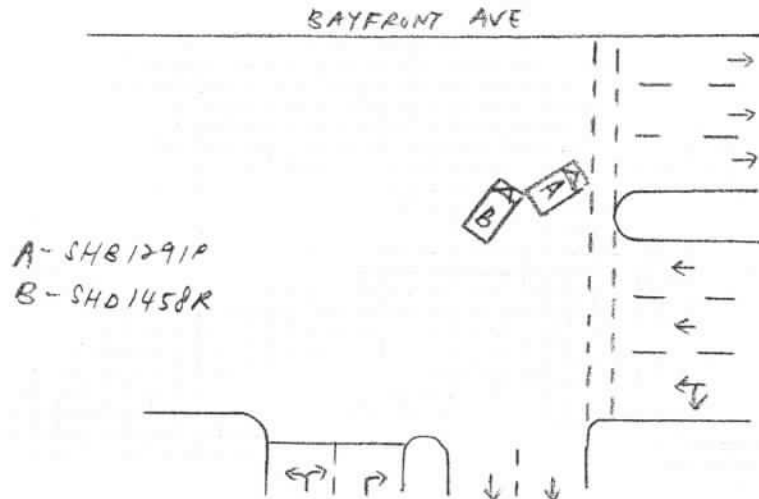


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SHEARES LINK

REFER TO POLICE REPORT - T/20190501/2063

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/20190501/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190501/2063

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 01/05/2019 16:14 | Vide Report No.: | Station Diary No.: 91 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: EFFENDI HAMID | | | Address: APT BLK 210 CHOA CHU KANG CENTRAL #02-168 SINGAPORE 680210 | |
| ID Type / ID No.: NRIC NO / S2621000C | | | Contact No.: Home/Office: Mobile: 98356940 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 62 | Date of Birth: 09/10/1956 | Type of Informant: Driver | |
| Race: Malay | | | Language: English | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 01/05/2019 04:00 | Type of Location: T-Junction |
| Location: Junction of Road 1 and Road 2 BAYFRONT AVENUE | | | | |
| Sheares link towards Bayfront avenue | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| 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 |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHB1291P | Car | | | | Slightly Damaged | 0 |
| SHD1458R | Car | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20190501/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20190501/2063

CONTINUATION OF REPORT

Brief Details.

On 01 May 2019 at about 0400hrs, I was driving my taxi bearing plate number SHB1921P on Sheares Link, intending to turn right on Bayfront Avenue. I slowly came to a stop at the pedestrian crossing as there were pedestrians crossing the road. Suddenly I felt a thud from the back of my taxi. When I alighted, I saw that another taxi bearing plate number SHD1458R had collided into my taxi. The right front side of the back taxi came into contact with the left hind side of my taxi, causing dents and scratches. The other driver had also alighted so I requested for his particulars. The other driver adamantly refused to provide his particulars and told me to just report to my company. Subsequently, I went to the CCK Family Clinic to get myself checked where I then received three days of MC.



**SINGAPORE
POLICE FORCE**



T/20190501/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3




Report No. T/20190501/2063

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.

| | |
|--|---|
| <p>Signature Of Officer Recording The Report: J /  Sgt 2 TRAH RADHIAH BINTE ZULKIFLI</p> <p>Signature Of Interpreter: Not applicable</p> <p></p> | <p>Signature Of Informant: </p> |
| <p>Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368</p> | <p>Date/Time: 01/05/2019 16:14</p> <p>Classification Of Case:</p> |

Authentication Stamp
NP168

Case Details

Case Reference Number :

TAX/05/19/2004

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1291P

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-6718-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 30/04/2019 08:00 PM

Vehicle Age(In Months) : 61

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

| BOM Type | Costing Type | Portion | Material Number | SMRT Recommendation | | | | | | Surveyor Approval | | | | | Remarks |
|-----------------|--------------|---------|-----------------|----------------------------|-----|-------------------------|----------------|--------|-----------------|-------------------|-------------------|--------------------------|----------------|---|---------|
| | | | | Part Name | Qty | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace | | |
| One Time Key In | Main | | | TAIL LAMP LH | 1 | 548.40 | 548.40 | 25.00 | 411.30 | Replace | 1 | 411.30 | Replace | ✓ | SCX |
| One Time Key In | Main | | | TAIL LAMP BRACKET, LH | 1 | 30.70 | 30.70 | 25.00 | 23.02 | Replace | 0 | 0 | Check | ✗ | uu |
| One Time Key In | Main | | | BUMPER REAR | 1 | 458.60 | 458.60 | 25.00 | 343.95 | Replace | 1 | 343.95 | Replace | ✓ | CUT |
| One Time Key In | Main | | | BUMPER REINFORCEMENT REAR | 1 | 205.70 | 205.70 | 25.00 | 154.27 | Replace | 0 | 0 | Check | ✗ | uu |
| One Time Key In | Main | | | ARM SUB-ASSY, RR BUMPER LH | 1 | 139.60 | 139.60 | 25.00 | 104.70 | Replace | 0 | 0 | Check | ✗ | uu |
| One Time Key In | Main | | | ARM SUB-ASSY, RR BUMPER RH | 1 | 139.60 | 139.60 | 25.00 | 104.70 | Replace | 0 | 0 | Not Give | ✗ | uu |
| One Time Key In | Main | | | BUMPER SIDE RETAINER RR/LH | 1 | 94.80 | 94.80 | 25.00 | 71.10 | Replace | 0 | 0 | Check | ✗ | uu |
| One Time Key In | Main | | | BUMPER SIDE RETAINER RR/RH | 1 | 94.80 | 94.80 | 25.00 | 71.10 | Replace | 0 | 0 | Not Give | ✗ | uu |
| One Time Key In | Main | | | BUMPER LIP COVER RR/LH | 1 | 72.20 | 72.20 | 25.00 | 54.15 | Replace | 1 | 54.15 | Replace | ✓ | SCX |

Total Spare Part Cost 3,207.49

Lump Sum Discount (%) 20.00

Final Spare Part Cost 2,565.99

Surveyor Total 958.80

Lump Sum Dis (%) 20

Final Sur Total 767.04

| 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 COVER RR/RH | 1 | 118.10 | 118.10 | 25.00 | 88.57 | Replace | 0 | 0 | Not Give | X nn |
| One Time Key In | Main | | | BUMPER LIP REAR | 1 | 228.90 | 228.90 | 25.00 | 171.68 | Replace | 0 | 0 | Not Give | X nn |
| One Time Key In | Main | | | SENSOR REVERSE | 1 | 180.00 | 180.00 | 0.00 | 180.00 | Replace | 0 | 0 | Not Give | X nn |
| 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 | | | END PANEL | 1 | 602.10 | 602.10 | 25.00 | 451.58 | Replace | 0 | 0 | Not Give | X nn |
| One Time Key In | Main | | | SEALANT SIKAFLEX | 1 | 37.00 | 37.00 | 0.00 | 37.00 | Replace | 0 | 0 | Not Give | X nn |
| One Time Key In | Main | | | FENDER RR/LH | 1 | 766.80 | 766.80 | 25.00 | 575.10 | Replace | 1 | 0 | Repair | R |
| One Time Key In | Main | | | STICKER SMRT LOGO | 1 | 7.80 | 7.80 | 0.00 | 7.80 | Replace | 1 | 7.80 | Replace | ✓ nec |
| One Time Key In | Main | | | STICKER DECAL 6555 8888 | 1 | 21.60 | 21.60 | 0.00 | 21.60 | Replace | 1 | 21.60 | Replace | ✓ nec |
| One Time Key In | Main | | | QUARTER GLASS RR/LH | 1 | 168.10 | 168.10 | 25.00 | 126.07 | Replace | 0 | 0 | Not Give | X nn |
| One Time Key In | Main | | | SEALANT W/SCREEN | 1 | 37.00 | 37.00 | 0.00 | 37.00 | Replace | 0 | 0 | Not Give | X nn |
| One Time Key In | Main | | | DUCT ASSY, QUARTER | 1 | 70.40 | 70.40 | 25.00 | 52.80 | Replace | 0 | 0 | Not Give | X nn |
| Total Spare Part Cost | | | | | | | | | 3,207.49 | Surveyor Total | | 958.80 | | |
| Lump Sum Discount (%) | | | | | | | | | 20.00 | Lump Sum Dis (%) | | 20 | | |
| Final Spare Part Cost | | | | | | | | | 2,565.99 | Final Sur Total | | 767.04 | | |

Labour's Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|------------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO REPAIR REAR PORTION | 845.00 | 400 | |
| Total: | | | 845.00 | 400.00 | |

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 | |
| 3 | Main | TO RESPRAY REAR FENDER LH | 378.00 | 200 | |
| Total: | | | 936.00 | 400.00 | |

Other Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|---------------|--------------|---|-------------------------|-------------------------|---------|
| 1 | Main | TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 20 | |
| 2 | Main | TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 0 | |
| 3 | Main | TO TEST AND REFIX REVERSE SENSOR SYSTEM | 120.00 | 0 | |
| 4 | Main | TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET) | 125.00 | 0 | |
| 5 | Main | TO REMOVE & REFIT REAR QUARTER GLASS LH | 120.00 | 0 | |
| 6 | Main | TO REMOVE / REFIT SEAT | 120.00 | 0 | |
| 7 | Main | TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE | 120.00 | 20 | |
| 8 | Main | TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR. | 120.00 | 30 | |
| 9 | Main | TO WASH AND VACUUM | 60.00 | 0 | |
| 10 | Main | TO REPLACE SUNDRY PARTS | 100.00 | 0 | |
| Total: | | | 1,065.00 | 70.00 | |

Summary

6988.20

| | Estimator Assesment(\$) | Surveyor Assesment(\$) |
|-------------------------|-------------------------|------------------------|
| Total Spare Part Detail | 2,565.99 | 767.04 |
| Total Labour Cost | 845.00 | 400.00 |
| Total Spray Painting | 936.00 | 400.00 |
| Other | 1,065.00 | 70.00 |
| Overall Total | 5,411.99 | 1,637.04 |

Estimator Assesment(\$)

Surveyor Assesment(\$)

Lump Sum Repair Option

☒

☒

Lump Sum Total

5,400.00

1,650.00

Surveyor Approved Amount

1,650.00

No of Repair Days*

5

3

Remarks

-

L/S REPAIR, PHOTO AFTER PAINT.

Surveyor Name

Hwee jie

Signature



Save

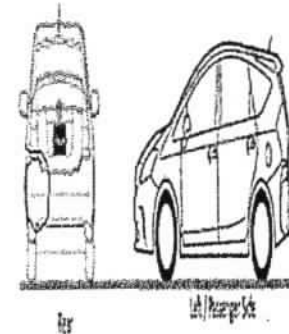
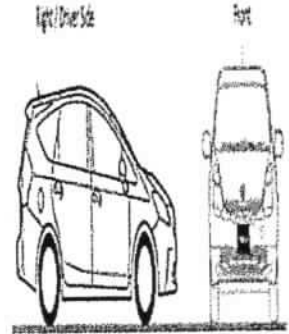
Clear

Survey Date

03/05/2019



Section A - Accident Details

| | |
|------------------------------------|------------------------------------|
| Registration Number | SHB1291P |
| Case Reference Number | TAX/05/19/2004 |
| Registration Date | 9/4/2014 |
| Company Type | SMRT Taxis Pte Ltd |
| Make | TOYOTA |
| Model | PRIUS |
| Name of Driver | EFFENDI HAMID |
| Type of Accident | Head to Rear |
| Accident Date and Time | 1/5/2019 4:00 AM |
| Accident Reported Date and Time | 2/5/2019 11:22 AM |
| Is Surveyor Required? | Yes |
| Survey by | |
| Vehicle is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24101312 |
| Special Instruction to ARC, if any | DROVE IN / SILVER CAB - NTUC - LKK |
| Prepared Date and Time | 3/5/2019 8:45 AM |
| 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 | \$400.00 |
| Total Spray Cost | \$936.00 | \$400.00 |
| Total Spare Part Cost | \$3,207.49 | \$958.80 |
| Total Other Cost | \$1,065.00 | (\$308.80) |
| TOTAL COST | \$6,053.49 <i>6928.20</i> | \$1,450.00 (L/S) |
| Lump Sum Total | \$0.00 | \$0.00 |
| Number of Repair Days | 5.0 | 3.0 |
| Prepared / Adjusted By | Zhi Yang Phua | Hwee Jie (LKK) / NTUC |
| ARC / Surveyor Sign Off Date | 03/05/2019 1:55 PM | 03/05/2019 1:40 PM |
| Signature |  |  |
| Remarks | | L/S REPAIR, PHOTO AFTER PAINT. |

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--------------|----------------|--|
| Quotation Number | QN-1905-0312 | Invoice Number | |
| Quotation Date | 16.05.2019 | 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 | \$400.00 |
| Total Labour | \$845.00 | \$400.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO RESPRAY REAR BUMPER | \$378.00 | \$200.00 |
| TO RESPRAY REAR PANEL | \$180.00 | \$0.00 |
| TO RESPRAY REAR FENDER LH | \$378.00 | \$200.00 |
| Total Spray Painting & Panel Beating | \$936.00 | \$400.00 |

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

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| Lump Sum Adjustment by Surveyor | \$0.00 | (\$378.80) |
| TO CHECK WIRING AND SYSTEM FUNCTION | \$80.00 | \$20.00 |
| TO APPLY RUST-PROOFING ON AFFECTED AREA | \$100.00 | \$0.00 |
| TO TEST AND REFIX REVERSE SENSOR SYSTEM | \$120.00 | \$0.00 |
| TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET) | \$125.00 | \$0.00 |
| TO REMOVE & REFIT REAR QUARTER GLASS LH | \$120.00 | \$0.00 |
| TO REMOVE / REFIT SEAT | \$120.00 | \$0.00 |
| TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE | \$120.00 | \$20.00 |
| TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR | \$120.00 | \$30.00 |
| TO WASH AND VACUUM | \$60.00 | \$0.00 |
| TO REPLACE SUNDRY PARTS | \$100.00 | \$0.00 |
| Total Other Costs | \$1,065.00 | (\$308.80) |

Part 4 - Spare Parts / Material Usage

| Part Number | Portion | Stock Number | Part Name | Quantity | List Price (\$) | Discount (%) | Final Price (\$) | Estimator Approved | Surveyor Approved |
|-------------|---------|--------------|----------------------------|----------|-----------------|--------------|------------------|--------------------|-------------------|
| | | 81561-47170 | TAIL LAMP LH | 1.00 | \$548.40 | 25.00 | \$411.30 | Replace | Replace |
| | | 52563-47010 | TAIL LAMP BRACKET, LH | 0.00 | \$30.70 | 0.00 | \$0.00 | Replace | Check |
| | | 52159-47905 | BUMPER REAR | 1.00 | \$458.60 | 25.00 | \$343.95 | Replace | Replace |
| | | 52023-12240 | BUMPER REINFORCEMENT REAR | 0.00 | \$205.70 | 0.00 | \$0.00 | Replace | Check |
| | | 52016-47030 | ARM SUB-ASSY, RR BUMPER LH | 0.00 | \$139.60 | 0.00 | \$0.00 | Replace | Check |
| | | 52015-47050 | ARM SUB-ASSY, RR BUMPER RH | 0.00 | \$139.60 | 0.00 | \$0.00 | Replace | Not Given |
| | | 52576-47020 | BUMPER SIDE RETAINER RR/LH | 0.00 | \$94.80 | 0.00 | \$0.00 | Replace | Check |
| | | 52575-47020 | BUMPER SIDE RETAINER RR/RH | 0.00 | \$94.80 | 0.00 | \$0.00 | Replace | Not Given |

| | | | | | | | | | |
|-------|-------------|-------------------------|------|------------|--------|----------|---------|-----------|---|
| | 76088-47020 | BUMPER LIP COVER RR/LH | 1.00 | \$72.20 | 25.00 | \$54.15 | Replace | Replace | ✓ |
| | 76087-47020 | BUMPER LIP COVER RR/RH | 0.00 | \$118.10 | 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 |
| | | SENSOR REVERSE | 0.00 | \$180.00 | 0.00 | \$0.00 | Replace | Not Given | X |
| | | PIXEL STICKER | 2.00 | \$60.00 | 0.00 | \$120.00 | Replace | Replace | ✓ |
| | 58307-47060 | END PANEL | 0.00 | \$602.10 | 0.00 | \$0.00 | Replace | Not Given | X |
| | | SEALANT SIKAFLEX | 0.00 | \$37.00 | 0.00 | \$0.00 | Replace | Not Given | X |
| | 61602-47091 | FENDER RR/LH | 1.00 | \$766.80 | 100.00 | \$0.00 | Replace | Repair | ✓ |
| | | STICKER SMRT LOGO | 1.00 | \$7.80 | 0.00 | \$7.80 | Replace | Replace | ✓ |
| | | STICKER DECAL 6555 8888 | 1.00 | \$21.60 | 0.00 | \$21.60 | Replace | Replace | ✓ |
| | 62720-47031 | QUARTER GLASS RR/LH | 0.00 | \$168.10 | 0.00 | \$0.00 | Replace | Not Given | X |
| | | SEALANT W/SCREEN | 0.00 | \$37.00 | 0.00 | \$0.00 | Replace | Not Given | X |
| | 62940-16060 | DUCT ASSY, QUARTER | 0.00 | \$70.40 | 0.00 | \$0.00 | Replace | Not Given | X |
| Total | | | | \$4,082.20 | | \$958.80 | | | |

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 | | | | | | | | | |

958.80
 + 400.00
 + 470.00

 1828.80
 - 20%

 1463.04
 US \$ 1450/-



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/INC19008136/Jtd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 30-05-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHD 1458R | Veh. Inspected | SHB 1291P |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | MT/1042510-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 03/05/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | JTDKN36U105740990 | Colour | MAROON |
| Odometer | 527495 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|-----------|---------|
| R/H Front Tyre | 195/65 R15 | WEST LAKE | 6 mm |
| L/H Front Tyre | 195/65 R15 | WEST LAKE | 6 mm |
| R/H Rear Tyre | 195/65 R15 | WEST LAKE | 6 mm |
| L/H Rear Tyre | 195/65 R15 | WEST LAKE | 6 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 01/05/2019 | Inspection Date | 03/05/2019 |
| 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: | 3 Working Days |
|-------------------------------------|----------------|

**National Assessment Centre Services**

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 1291P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | TAIL LAMP LH (DISC 25%) | SCRATCHED | 548.40 | 411.30 |
| 1 | BUMPER REAR (DISC 25%) | CUT | 458.60 | 343.95 |
| 1 | BUMPER LIP COVER RR/LH (DISC 25%) | SCRATCHED | 72.20 | 54.15 |
| 2 | PIXEL STICKER (SN) | NECESSARY | 120.00 | 120.00 |
| 1 | STICKER SMRT LOGO (SN) | NECESSARY | 7.80 | 7.80 |
| 1 | STICKER DECAL 6555 8888 (SN) | NECESSARY | 21.60 | 21.60 |
| 1 | TAIL LAMP BRACKET, LH | NOT NECESSARY | 30.70 | - |
| 1 | BUMPER REINFORCEMENT REAR | NOT NECESSARY | 205.70 | - |
| 1 | ARM SUB-ASSY, RR BUMPER LH | NOT NECESSARY | 139.60 | - |
| 1 | ARM SUB-ASSY, RR BUMPER RH | NOT NECESSARY | 139.60 | - |
| 1 | BUMPER SIDE RETAINER RR/LH | NOT NECESSARY | 94.80 | - |
| 1 | BUMPER SIDE RETAINER RR/RH | NOT NECESSARY | 94.80 | - |
| 1 | BUMPER LIP COVER RR/RH | NOT NECESSARY | 118.10 | - |
| 1 | BUMPER LIP REAR | NOT NECESSARY | 228.90 | - |
| 1 | SENSOR REVERSE | NOT NECESSARY | 180.00 | - |
| 1 | END PANEL | NOT NECESSARY | 602.10 | - |
| 1 | SEALANT SIKAFLEX | NOT NECESSARY | 37.00 | - |
| 1 | QUARTER GLASS RR/LH | NOT NECESSARY | 168.10 | - |
| 1 | SEALANT W/SCREEN | NOT NECESSARY | 37.00 | - |
| 1 | DUCT ASSY, QUARTER | NOT NECESSARY | 70.40 | - |
| 1 | FENDER RR/LH | TO REPAIR SEE LABOUR | 766.80 | - |
| | | | 4,142.20 | 958.80 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF FENDER RR/LH. | | 845.00 | 400.00 |
| | SPRAY PAINT. | | 936.00 | 400.00 |
| | TO CHECK WIRING AND SYSTEM FUNCTION. | | 80.00 | 20.00 |
| | TO APPLY RUST-PROOFING ON AFFECTED AREA. | NOT NECESSARY | 100.00 | - |
| | TO TEST AND REFIX REVERSE SENSOR SYSTEM. | NOT NECESSARY | 120.00 | - |

Report Ref No. NS/INC19008136/Jtd3e2



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Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:2 of 2

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-------------|--|---------------|---------------------------|-------------------|
| | TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM. | NOT NECESSARY | 125.00 | - |
| | TO REMOVE & REFIT REAR QUARTER GLASS LH. | NOT NECESSARY | 120.00 | - |
| | TO REMOVE / REFIT SEAT. | NOT NECESSARY | 120.00 | - |
| | TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE. | | 120.00 | 20.00 |
| | TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR. | | 120.00 | 30.00 |
| | TO WASH AND VACUUM. | NOT NECESSARY | 60.00 | - |
| | TO REPLACE SUNDRY PARTS. | NOT NECESSARY | 100.00 | - |
| | | | 2,846.00 | 870.00 |
| GRAND TOTAL | | | 6,988.20 | 1,828.80 |

| | | | | |
|--|--|--|--|----------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,450.00 |
|--|--|--|--|----------|

Report Ref No. NS/INC19008136/Jtd3e2

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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