

ASS. REQ. BY:

Steve

REF:

NTMC NS/IN/190134B/EVf3sr

ASSIGNMENT

From:

Date:

30/7/19

Veh No:

SHF 499T

Yr Regn:

30/09/14

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:

SHF 499T

Make:

Toyota Prius

C.C.

1798

at Workshop m/s

SMRT

Colour

Maroon

A/C:

Insured / Std / NI / NA

of

woodlands Depot

Sp. Reading

444384

T/Radio:

Insured / Std / NI / NA

Insured:

SJL 8166X

Eng/No:

Policy No.

5106167391 (13/12/2018 - 12/12/2019)

C/No:

JTOKN364 205751982

Claims No.

MT/1055666-002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

Tyre Size:

F:

195/50R5

R:

61

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

TOYO / YOKO or

West / 1612

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

29/7/19

D.O.I.

31/7/19

Survey held at

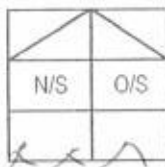
SMRT

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

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

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

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 cup

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

SHF 499T - CC3/QBE15002298/k1w352

D.O.A - 29/7/2015

07/19/2115

SJL 8166X -

SJL 8166X

16/8/19

Finalize Confirm \$790, 3 days (Net Sum) (Red 3107.90, 8290)

RECEIVED 19 AUG 2019

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

3

1)

Resurvey No. of Trip:

1

Date/Time, File Return to?

2) 19/8 - typist

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Report Format:

TP

Lump Sum / U.C.:

700/2

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 19 August 2019 1:31 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi

All claim created.

With Regards

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Friday, 16 August 2019 9:45 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1055159- 002	SMRT TAXIS PTE LTD	SHC 4418S	SJT 6151J
2	MT/1055666- 002	SMRT TAXIS PTE LTD	SHF 499T	SJL 8166X

D.O.A	Time of Accident	Estimate	Tentative repair cost
25/7/2019	11:00	\$9,087.80	\$1,400.00
29/7/2019	08:15	\$3,807.90	\$700.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106162391		TOO KAI CHUAN (ZHUO KAIQUAN)	S8851941H	GPC	drive CLASSIC	SJL8166X	SJL8166X	13/12/2018	12/12/2019

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	29/07/2019 14:54
Date Of Accident	29/07/2019 08:15
Exact Location Of Accident	KJE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF499T
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	NO
Policy Number	D-19093197MFSH
Cover Note Number	
Driver	
Name of Driver	HOW GEK TONG
NRIC No	S1561851E
Date Of Birth	19/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 276A
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - RELIEF
 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? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : UNKNOWN
 GENDER: : MALE

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

REFER TO POLICE REPORT T/20190729/2046 I was driving my taxi bearing registration plate SHF499T along KJE toward Tuas on the 3rd lane before Choa Chu Kang exit. The traffic was slow due to heavy traffic. The vehicle in front stop as such followed. While my vehicle was stationary suddenly I felt an impact from the rear. I alighted from my vehicle I discovered one car bearing registration plate SJL8166X, the front bumper collided onto my rear bumper. As a result, my rear bumper has a cracked and scratches. I felt pain on the neck and back as such I went to Street 11 Clinic located at Blk 139 Tampines St 11 #01 18 Singapore 521139 for medical treatment and was issued with 3 days' medical leave. My vehicle is install with an in-car camera. I have one male India passenger on board however he left after the accident. The driver: Too Kai Chuan S8851941H residing at Blk 170 Gangsa Road #07-44 Singapore 670170

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL8166X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TOO KAI CHUAN
 NRIC/Passport Number S8851941H
 Contact Number

Address

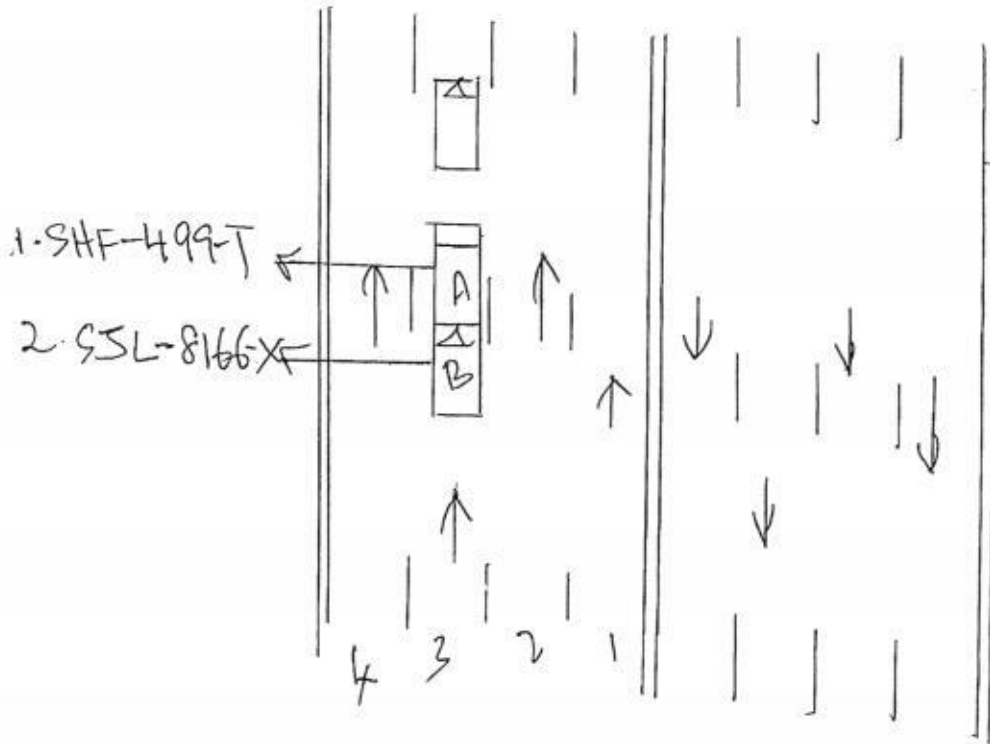
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

K3E / T41A8



for

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20190729/2046

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190729/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 12:12		Vide Report No.:		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: HOW GEK TONG			Address: APT BLK 276A JURONG WEST STREET 25 #05-55 SINGAPORE 641276		
ID Type / ID No.: NRIC NO / S1561851E			Contact No.: Home/Office: Mobile: 96698161		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 19/07/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2019 08:15	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
KJE toward Tuas before Choa Chu Kang exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHF499T	Taxi					1
SJL8166X	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190729/2046

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190729/2046

CONTINUATION OF REPORT

Driver			
Name	HOW GEK TONG	ID No.	S1561851E
Related Vehicle	SHF499T (Taxi)	Contact No.	96698161
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	29/07/2019	Date Discharge	29/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 29th July 2019 at about 0815hrs, I was driving my taxi bearing registration plate SHF499T along KJE toward Tuas on the 3rd lane before Choa Chu Kang exit. The traffic was slow due to heavy traffic. The vehicle in front stop as such I followed. While my vehicle was stationary suddenly I felt an impact from the rear. I alighted from my vehicle I discovered one car bearing registration plate SJL8166X, the front bumper collided onto my rear bumper. As a result, my rear bumper has a cracked and scratches.

I felt pain on the neck and back as such I went to Street 11 Clinic located at Blk 139 Tampines St 11 #01-18 Singapore 521139 for medical treatment and was issued with 3 days' medical leave. My vehicle is install with an in-car camera. I have one male India passenger on board however he left after the accident.

The driver: Too Kai Chuan S8851941H residing at Blk 170 Gangsa Road #07-44 Singapore 670170.



**SINGAPORE
POLICE FORCE**



T/20190729/2046

3 of 3

Report No. T/20190729/2046

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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:
G /
Sgt 3 NURHIDAYAH BINTE ADIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2019 12:12

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Company

369K

SHF499T

No

30 Jul 2019

TOYOTA

PRIUS TAXI (SMRT)

Maroon

2014

2ZR1442662

JTDKN36U205751982

100.0 kW (134 bhp)

\$32,920.00

30 Sep 2014

30 Sep 2014

0

\$8,088.00

Yes

29 Sep 2022

\$6,066.00

29 Sep 2022

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

88

\$50,704.00

\$20,069.00

\$26,135.00

further renewed. The vehicle must be de-registered upon
 pan (if applicable), whichever is earlier.

The information contained herein is correct as at 30 Jul 2019

1

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672



Date Generated : 30/07/2019

User ID : TuckFoo

Section A - Accident Details

Registration Number	SHF499T
Case Reference Number	TAX/07/19/2115
Registration Date	9/30/2014
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	HOW GEK TONG
Type of Accident	Head to Rear
Accident Date and Time	7/29/2019 8:15 AM
Accident Reported Date and Time	7/29/2019 1:30 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24102603
Special Instruction to ARC, if any	REAR PORTION
Prepared Date and Time	7/29/2019 10:40 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	\$507.00	\$0.00
Total Spray Cost	\$558.00	\$0.00
Total Spare Part Cost	\$1,489.74	\$0.00
Total Other Cost	\$360.00	\$0.00
TOTAL COST	\$2,914.74	\$0.00
Lump Sum Total	\$2,900.00	\$0.00
Number of Repair Days	4.0	3 days
Prepared / Adjusted By	Kim Ming Chin	
ARC / Surveyor Sign Off Date	29/07/2019 10:54 PM	
Signature		
Remarks	L/S repair, take after spray, Finalize sent to Steve Chin @ LK Auto Consultants	

Steve
Sunny 30/7/19, 2:30pm


30/7/19

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

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

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 30/07/2019

User ID : TuckFoo

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	\$507.00	200
Total Labour	\$507.00	

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
TO RESPRAY BUMPER BEAM	\$180.00	X
Total Spray Painting & Panel Beating	\$558.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	20
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	X
TO REPLACE SUNDRY PARTS	\$100.00	X
TO WASH AND VACUUM	\$60.00	X
Total Other Costs	\$360.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6505548		52159-47905	BUMPER REAR	1.00	\$458.60	25.00	\$343.95	Replace	/ DD
		52161-16010	BUMPER CLIPS	10.00	\$1.61	25.00	\$12.08	Replace	/ REC
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	/ REC
		52023-12240	BUMPER REINFORCEMENT REAR	1.00	\$205.70	25.00	\$154.27	Replace	? X NAI
		52016-47030	ARM SUB-ASSY, RR BUMPER LH	1.00	\$139.60	25.00	\$104.70	Replace	X NAI
		52015-47050	ARM SUB-ASSY, RR BUMPER RH	1.00	\$139.60	25.00	\$104.70	Replace	X NAI
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	? X NAI
		52575-47020	BUMPER SIDE RETAINER RR/RH	1.00	\$94.80	25.00	\$71.10	Replace	? X NAI
		52576-47020	BUMPER SIDE RETAINER RR/LH	1.00	\$94.80	25.00	\$71.10	Replace	? X NAI
		76088-47020	BUMPER LIP COVER RR/LH	1.00	\$72.20	25.00	\$54.15	Replace	X NAI
		76087-47020	BUMPER LIP COVER RR/RH	1.00	\$118.10	25.00	\$88.57	Replace	X NAI
		76891-47020	BUMPER LIP REAR	1.00	\$228.90	25.00	\$171.68	Replace	X NAI
		58308-47011	UNDER COVER SUB-ASSY, RR FLOOR	1.00	\$514.50	25.00	\$385.88	Replace	X NAI
Total					\$2,308.41		\$1,862.18		

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									

Section A - Accident Details

Registration Number	SHF499T
Case Reference Number	TAX/07/19/2115
Registration Date	30/9/2014
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	HOW GEK TONG
Type of Accident	Head to Rear
Accident Date and Time	29/7/2019 8:15 AM
Accident Reported Date and Time	29/7/2019 1:30 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24102603
Special Instruction to ARC, if any	REAR PORTION
Prepared Date and Time	29/7/2019 10:40 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	\$507.00	\$200.00
Total Spray Cost	\$558.00	\$200.00
Total Spare Part Cost	\$1,489.74	\$476.03
Total Other Cost	\$360.00	(\$176.03)
TOTAL COST	\$2,914.74	\$700.00 (L/S)
Lump Sum Total	\$2,900.00	\$0.00
Number of Repair Days	4.0	3.0
Prepared / Adjusted By	Kim Ming Chin	STEVE CHEN (LKK) / NTUC
ARC / Surveyor Sign Off Date	01/08/2019 3:29 PM	01/08/2019 1:42 PM
Signature		
Remarks	lump sum repair / after paint photo / FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL SURVEYOR Steve Chen (LKK) / HP : 8322 8813 & Email:	

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1908-0177	Invoice Number	
Quotation Date	14.08.2019	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	\$507.00	\$200.00
Total Labour	\$507.00	\$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 BUMPER BEAM	\$180.00	\$0.00
Total Spray Painting & Panel Beating	\$558.00	\$200.00

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	(\$196.03)
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$360.00	(\$176.03)

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6505548		52159-47905	BUMPER REAR DD	1.00	\$458.60	25.00	\$343.95	Replace	Replace
		52161-16010	BUMPER CLIPS nrc	10.00	\$1.61	25.00	\$12.08	Replace	Replace
			PIXEL STICKER nrc	2.00	\$60.00	0.00	\$120.00	Replace	Replace
		52023-12240	BUMPER REINFORCEMENT REAR NH	0.00	\$205.70	0.00	\$0.00	Replace	Check X
		52016-47030	ARM SUB-ASSY, RR NH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given X
		52015-47050	ARM SUB-ASSY, RR NH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given X
			BUMPER RH NH	0.00	\$180.00	0.00	\$0.00	Replace	Check X
			SENSOR REVERSE NH	0.00	\$180.00	0.00	\$0.00	Replace	Check X
		52575-47020	BUMPER SIDE RETAINER RR/RH NH	0.00	\$94.80	0.00	\$0.00	Replace	Check X
		52576-47020	BUMPER SIDE RETAINER RR/LH NH	0.00	\$94.80	0.00	\$0.00	Replace	Check X
		76088-47020	BUMPER LIP COVER RR/LH NH	0.00	\$72.20	0.00	\$0.00	Replace	Not Given X
		76087-47020	BUMPER LIP COVER RR/RH NH	0.00	\$118.10	0.00	\$0.00	Replace	Not Given X
		76891-47020	BUMPER LIP REAR NH	0.00	\$228.90	0.00	\$0.00	Replace	Not Given X
		58308-47011	UNDER COVER SUB-ASSY, RR FLOOR NH	0.00	\$514.50	0.00	\$0.00	Replace	Not Given X
Total					\$2,308.41		\$476.03		

476.03
 + 200.00
 + 220.00

 896.03
 - 208

 716.82
 4/5 \$700/-

3807.90

Veron Chen (LKKAuto)

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis) <YeoPohsuan@smrt.com.sg>
Sent: Friday, 16 August 2019 9:10 AM
To: Steve Chen (LKK Auto)
Cc: SUR; CS A Team
Subject: RE: SHF499T

Hi,

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

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

From: Steve Chen (LKK Auto) [mailto:SteveChen@lkkauto.com]
Sent: Friday, 16 August 2019 8:45 AM
To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)
Subject: SHF499T

Dear Poh Suan,

We confirm the finalize \$700 (L/S, before GST). 3 repair days.

Thanks

Best Regards,
Steve Chen | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: SteveChen@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, August 16, 2019 7:50 AM
To: Steve Chen (LKK Auto)
Cc: SUR; CS A Team
Subject: SHF499T

Hi Steve,

Attached herewith the repair estimate of SHF 499T having Case No: TAX/07/19/2115.

There is no change to the approved amount of \$700 @ 3 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards
Poh Suan

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

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)
Sent: Thursday, 15 August 2019 4:49 PM
To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)
Subject: Scan Data from FX-D421D6