

ASS. REQ. BY: stere.

REF:

NT4C NS/INC1904854/E4f3⁵²

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJX 4301K

Policy No. 5096147906-01 (2/02/2019-20/02/2020)

Claims No. MT/1063621-002

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

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHP 6334 G Yr Regn: 28/Jun/2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Maroon. A/C: Insured / Std / NI / NA

Sp. Reading: 301672 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN364305768242

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: 195/65 R15

R: 195/65 R15

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

TOYO / YOKO or Falken.

Front 5 mm Rear 5 mm

R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 23/09/2019 D.O.I. 24/09/2019

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.

Date / Time	Action / Instruction
	SHP 6334G - CC3/CA3 15013266 / K1493n2 Rat - 04/03/16 TP
	SJX 4301K - 2A/L1P/401R8914 RoA - 06/06/2019 09/19/2019
3/10/19	Finalize Confir \$900, 2 days (Ph Susan) (Red \$3000, 76%) SJX 4301K.
RECEIVED 1 OCT 2019	
15/10/2019	

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 16/10/19 Typist

Pop. Formed:

Lump Sum / F.R. C. \$900F

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Phone

Others

TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date 16/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1063621-002	SMRT AUTOMOTIVE SERVICES PTE LTD	SHD6334G	SJX4301K
2	MT/1065904-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2677Z	SMJ7512L
3	MT/1066242-002	COMFORTDELGRO ENGINEERING PTE LTD	SH8467S	SJS1635T
4	MT/1066009-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2222M	PC 2758D

eBaoTech

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

General Claim

Change Language

Change Password

Log Out

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

23/09/2019 09:01

SJX4301K

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S096147906-01		MADIVANNAN S/O GOVINDASAMY	S1543584D	GPC	drive CLASSIC	SJX4301K	SJX4301K	21/02/2019	20/02/2020

Continue

Yvonne Wong (LKK Auto)

From: Yeo Poh Suan (Auto Svcs/ARC/ARC/Taxis) <YeoPohsuan@smrt.com.sg>
Sent: Thursday, October 03, 2019 1:14 PM
To: Steve Chen (LKK Auto)
Cc: Yvonne Wong (LKK Auto)
Subject: RE: SHD6334G

Hi,

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

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

From: Steve Chen (LKK Auto) [mailto:SteveChen@lkkauto.com]
Sent: Thursday, 3 October 2019 11:39 AM
To: Yeo Poh Suan (Auto Svcs/ARC/ARC/Taxis)
Cc: Yvonne Wong (LKK Auto)
Subject: SHD6334G

Dear Poh Suan,

We confirm the finalize \$900 (L/S, before GST). 2 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 |

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

From: Yeo Poh Suan (Auto Svcs/ARC/ARC/Taxis) [mailto:YeoPohsuan@smrt.com.sg]

Sent: Wednesday, October 02, 2019 5:01 PM
To: Steve Chen (LKK Auto)
Cc: SUR; CS A Team
Subject: SHD6334G

Hi Steve,

Attached herewith the repair estimate of SHD 6334G having Case No: TAX/09/19/2079.

There is no change to the approved amount of \$900 @ 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/ARC/Taxis)

Sent: Wednesday, 2 October 2019 4:48 PM

To: Yeo Poh Suan (Auto Svcs/ARC/ARC/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	23/09/2019 10:00
Date Of Accident	23/09/2019 02:20
Exact Location Of Accident	YISHUN RING ROAD TOWARDS KHATIB MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6334G
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	NEO KIAN HONG
NRIC No	S0180575D
Date Of Birth	18/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1973
Driving Experience	45 YEARS AND 10 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 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I STATIONARY ALONG YISHUN RING ROAD TOWARDS KHATIB AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SJX4301K HAD COLLIDED ONTO THE REAR OF MY TAXI.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX4301K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SANJAAYAN S/O SELVARAJA
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NEO KIAN HONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD6334G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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: 23/09/19


Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/09/19

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

DECLARATION
I/We declare the foregoing particulars are true in every respect.



re true in every respect.

 23/09/19.

Driver's Signature

23/9/2017

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: 369K

Owner ID:

Vehicle Details

Vehicle No.: SHD6334G

Vehicle to be Exported: No

Intended Deregistration Date: 24 Sep 2019

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2015

Engine No.: 2ZR6602156

Chassis No.: JTDKN36U305768242

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$29,508.00

Original Registration Date: 28 Jun 2016

First Registration Date: 28 Jun 2016

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 27 Jun 2024

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 27 Jun 2024

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

COE Period(Years): 8

PQP Paid: \$37,164.00

COE Rebate Amount: \$22,104.00

Total Rebate Amount: \$25,854.00

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 24 Sep 2019

OK

Case Details

Case Reference Number :
TAX/09/19/2079
Type of Repair : Accident Repair
Vehicle Registration Number :
SHD6334G

Company Type : SMRT Taxis Pte Ltd
Estimation ID : EST-8606-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Accident Date and Time : 22/09/2019 06:23 PM
Vehicle Age(In Months) : 39

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

SMRT Recommendation											Surveyor Approval		
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace ✓ PR
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace ✓ NEC.
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			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Not Give ✗ SVC
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 ✗ SVC
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give ✗ SVC
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Check ✗ SVC
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	Replace ✓ short
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ✗ SVC
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ✗ SVC
Total Spare Part Cost									2,664.95	Surveyor Total 659.70			
Lump Sum Discount (%)									0.00	Lump Sum Dis (%) 20			
Final Spare Part Cost									2,664.95	Final Sur Total 527.76			

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 SEAL, RR LH	1	88.30	88.90	25.00	66.68	Replace	0	0	Not Give	✕ SVC
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	✕ SVC
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give	✕ SVC
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	✕ SVC
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	✕ SVC
One Time Key In	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	✕ SVC
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give	✕ SVC
One Time Key In	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	0	0	Not Give	✕ SVC
Total Spare Part Cost									2,664.95	Surveyor Total		659.70		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									2,664.95	Final Sur Total		527.76		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	338.00	200	
Total:			338.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
Total:			558.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
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S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPLACE SUNDRY PARTS	100.00	20	/ nec
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	/ Nec.
3	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20	/ Nec.
4	Main	TO WASH AND VACUUM	60.00	0	
Total:			360.00	60.00	

4568.104

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,684.95	527.76
Total Labour Cost	338.00	200.00
Total Spray Painting	558.00	200.00
Other	360.00	60.00
Overall Total	3,920.95	987.76
Lump Sum Repair Option	✓	✓
Lump Sum Total	3,900.00	1,000.00
Surveyor Approved Amount		1,000.00
No of Repair Days*	4	2
Remarks	-	Lump Sum Repair, Take after spray.
Surveyor Name		STEVE CHEN

Signature





Save Clear

Survey Date

24/09/2019

Repair Day - 2 days.

Steve.

24/9/2019.

Lump Sum Repair, after spray

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:


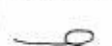
Date:

Section A - Accident Details

Registration Number	SHD6334G
Case Reference Number	TAX/09/19/2079
Registration Date	28/6/2016
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	NEO KIAN HONG @ SIM KIAN HONG
Type of Accident	Head to Rear
Accident Date and Time	23/9/2019 2:23 AM
Accident Reported Date and Time	23/9/2019 10:09 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24103479
Special Instruction to ARC, if any	TP/ REAR PORTION
Prepared Date and Time	23/9/2019 9:13 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$338.00	\$200.00
Total Spray Cost	\$558.00	\$200.00
Total Spare Part Cost	\$2,664.95	\$659.70
Total Other Cost	\$360.00	(\$159.70)
TOTAL COST	\$3,920.95	\$900.00 (L/S)
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	2.0
Prepared / Adjusted By	Ang Bang Kien	STEVE CHEN (LKK) / NTUC
ARC / Surveyor Sign Off Date	24/09/2019 2:03 PM	24/09/2019 1:53 PM
Signature		
Remarks		Lump Sum Repair, Take after spray.

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1910-0021	Invoice Number	
Quotation Date	02.10.2019	Invoice Date	
Invoice Amount		Prepared Date	

Section D - Details of Repair Estimates

Part 1 - Labour Works

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

Part 2 - Spray Painting & 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	(\$219.70)
TO REPLACE SUNDRY PARTS	\$100.00	\$20.00
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$20.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$360.00	(\$159.70)

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52159-47905	BUMPER REAR	1.00	\$458.60	25.00	\$343.95	Replace	Replace ✓
		90467-07211	BUMPER CLIPS	10.00	\$2.10	25.00	\$15.75	Replace	Replace ✓
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace ✓
		52023-12240	BUMPER REINFORCEMENT REAR	0.00	\$205.70	0.00	\$0.00	Replace	Not Given X
		52016-47030	ARM SUB-ASSY. RR BUMPER RH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given X
		52016-47030	ARM SUB-ASSY. RR BUMPER LH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given X
		89997-30070	ANTENNA ELECTRICAL LOWER REAR	0.00	\$157.40	0.00	\$0.00	Replace	Check X
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	Replace ✓
		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
		52592-47021	BUMPER SEAL, RR LH	0.00	\$88.90	0.00	\$0.00	Replace	Not Given X
		52591-47021	BUMPER SEAL, RR RH	0.00	\$65.70	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	\$116.10	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

		58308-47011	UNDER COVER SUB-ASSY, RR FLOOR	0.00	\$514.50	0.00	\$0.00	Replace	Not Given X
		51442-12210	UNDER COVER RR SHIELD	0.00	\$63.90	0.00	\$0.00	Replace	Not Given X
		81561-47170	TAIL LAMP LH	0.00	\$548.40	0.00	\$0.00	Replace	Not Given X
Total					\$3,233.20		\$659.70		

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									

659.70
 + 200.00
 + 260.00

1119.70

- 202

895.76

45 \$900/-



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/INC19016854/Eyf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 22-10-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJX 4301K	Veh. Inspected	SHD 6334G
Policy No.	5096147906-01	Coverage (\$)	0.00
Claim No.	MT/1063621-002	Excess (\$)	0.00
Assign From		Assign Date	24/09/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKN36U305768242	Colour	MAROON
Odometer	301672	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	FALKEN	5 mm
L/H Front Tyre	195/65 R15	FALKEN	5 mm
R/H Rear Tyre	195/65 R15	FALKEN	5 mm
L/H Rear Tyre	195/65 R15	FALKEN	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	23/09/2019	Inspection Date	24/09/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**National Assessment Centre Services**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6334G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR (DISC 25%)	DENTED	458.60	343.95
10	BUMPER CLIPS @ \$2.10 (DISC 25%)	NECESSARY	21.00	15.75
2	PIXEL STICKER @ \$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	SHORTED	180.00	180.00
1	BUMPER REINFORCEMENT REAR	SERVICEABLE	205.70	-
1	ARM SUB-ASSY, RR BUMPER RH	SERVICEABLE	139.60	-
1	ARM SUB-ASSY, RR BUMPER LH	SERVICEABLE	139.60	-
1	ANTENNA, ELECTRICAL LOWER REAR	SERVICEABLE	157.40	-
1	BUMPER SIDE RETAINER RR/LH	SERVICEABLE	94.80	-
1	BUMPER SIDE RETAINER RR/RH	SERVICEABLE	94.80	-
1	BUMPER SEAL, RR LH	SERVICEABLE	88.90	-
1	BUMPER SEAL, RR RH	SERVICEABLE	65.70	-
1	BUMPER LIP COVER RR/LH	SERVICEABLE	72.20	-
1	BUMPER LIP COVER RR/RH	SERVICEABLE	118.10	-
1	BUMPER LIP REAR	SERVICEABLE	228.90	-
1	UNDER COVER SUB-ASSY, RR FLOOR	SERVICEABLE	514.50	-
1	UNDER COVER RR SHIELD	SERVICEABLE	63.90	-
1	TAIL LAMP LH	SERVICEABLE	548.40	-
			3,312.10	659.70
<u>LABOUR</u>				
	PANEL BEATING & BODYWORK.		338.00	200.00
	SPRAY PAINT.		558.00	200.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO TEST AND REFIX REVERSE SENSOR SYSTEM.		120.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			1,256.00	460.00
GRAND TOTAL			4,568.10	1,119.70

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			900.00
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Report Ref No. NS/INC19016854/Eyf3s2

CHEN TSUE YEE

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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