KEF:

ASSIGNMENT

101	
From: Dale:	Veh No: SHC 43760 Yr Regn: 20/Dec/12013.
Eslimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxly Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	Make: Marrown Toyota Prius. c.c 1798
at Workshop m/s	Colour Maroun . A/C: Insured / Std / NI / NA
ol	Sp.Reading 535939 T/Radio: Insured / Std / NI / NA
Insured: GY 8509 H -	Eng/No:
Policy No.	C/No: JTDKN364805718811
Claims No.	Gen. Cond: Good (Fair/ Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norden/Jammed/Leaked/Burnt or
Make of Veh:	Modil: NII VS/Rim / STD A/Rim or
	Tyre Size: F: 195/65 RIS
(Policy Condition)	R: 195/65 RIS
Remark: The veh had commenced Its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or & Westlake
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes.or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	UBal. 5 mm UBal. 5 mm
Est. Repairs: 2 days Res.: Yes or No	D.O.A. 19/11/2019 D.O.I. 26/11/2019
Lum Sum: % 3 Val.: Yes or No	Survey held at SMRT.
CA / REV / REP. / 24 HRS Vehicle: IN/OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
No policy found	TP.
SHC4376D-CC3/AXA150(16424/	Klgy342 80A: HlallSTAX/11/19/2679.
C1Y 8509 H-X	GY8509H
	DEC 2019
RECEIVEUT	
Confirm with Pun Syun	1 8 11(/ 3/)
Finalize \$ 850 @ 2 days (1/5) (fe	B 1446, 637.)
Dale/Tine, File Pass 10? : Prell. Report	Days Of Repair:
1) 11 12 MM T : Final Report F	Resurvey No. of Trip: Survey Fee: 160
Date/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)s+Rss/
	: Interview (\$) Photos
Populari : TP	: Tech, Invs (\$.) Others
ump @um / 1.64: /: 850	: Weel and (\$
0-10-	rewant
	TOTAL 160

Shiau Chan (LKKAuto)

From:

MTCL@income.com.sg

Sent:

Tuesday, 10 December 2019 11:25 AM

To:

Shiau Chan (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Hi,

Claim 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.

Find out more at income.com.sg/careers



From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]

Sent: Tuesday, 10 December 2019 9:26 AM

To: MTCL@income.com.sg

Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date:

10/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1072335-002	SMRT TAXI PTE LTD	SHC 4376D	GY 8509H	L

Best Wishes for Merry Christmas & Happy New Year 2020

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	369K
Vehicle No.:	SHC4376D
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2013
Engine No.:	2ZR6089091
Chassis No.:	JTDKN36U805718811
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	20 Dec 2013
First Registration Date:	20 Dec 2013
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$8,368.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Dec 2021
PARF Rebate Amount: Intended COE Rebate Details	\$5,857.00
COE Expiry Date:	19 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$16,303.00
Total Rebate Amount: Message	\$22,160.00
Please note that the 8-year COE for this vehicle cannot vehicle reaches its statutory lifespan (if applicable), wh	t be further renewed. The vehicle must be de-registered upon COE expiry or when the ichever is earlier.

The information contained herein is correct as at 20 Nov 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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	20/11/2019 10:57
Date Of Accident	19/11/2019 10:55
Exact Location Of Accident	DEPOT ROAD CAR PARK (OPPOSITE CMPB)
Country/State of Loss	SINGAPORE
A STATE OF THE STA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4376D
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	KANG BOON LIANG
NRIC No	S1385905A
Date Of Birth	09/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	

NOEMAIL

Address

NA

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

NO

Was any body injured in the Accident?

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)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS STATIONARY ALONG THE DEPOT ROAD (OPPOSITE CMPB) CAR PARK ENTRANCE AS I WAITING FOR THE FRONT VEHICLE TO MOVE. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI, A VEHICLE GY8509H 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

GY8509H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

GOH

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

		\	,	
ł		19	-11-19	
		ī	1055am.	
J			9485094	
	1		ETO	
- Cmr8 Depot	,		-	CUTE PARK
Rbal				

DECLARATION

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

PolicyHolder's Signature Date & Time: 01

Driver's Signature

(If driver is not the policyholder)

Date & Time: [9 [1 [9

19/11/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

SKETEH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (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:
 - 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

SMRT

Driver's Signature (If driver is not the policyholder)

Date & Time:

191119

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Case Details

Case Reference Number :

TAX/11/19/2079

Type of Repair : Accident Repair

Vehicle Registration Number:

SHC4376D

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-9397-ID
Assigned By : Taxi Claims Manager

Team

Insurance Company Name : NTUC Income Insurance Co-operative

Final Sur Total 524.82

Ltd

Accident Date and Time: 19/11/2019 02:55 AM

Vehicle Age(In Months): 71

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

				SMRT Recomme	endatio	on						Surv	eyor Approval	
ВОМ Туре	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
Standard	Main		6505548	BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace *	/SCH
Standard	Main		6505547	BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check *	X SVC
Standard	Main		6505545	ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check *	X SVC
One Time (ey In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace *	Nec
ime ime	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace *	Nec
ine ime ey In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	Replace	/ Mis
						То	tal Spare P	art Cost	915.00		Si	urveyor Total	656.03	
						Lump	Sum Disc	ount (%)	20.00		Lump	Sum Dis (%)	20	

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:	e de		338.00	200.00	

200.00

Final Spare Part Cost 732.00

Spray Cost Detail

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

558.00

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

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20 /	
2	Main	TO REPLACE SUNDRY PARTS	100.00	0	
3	Main	TO WASH AND VACUUM	60.00	0	
Total:			280.00	20.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	732.00	524.82
Total Labour Cost	338.00	200.00
Total Spray Painting	558.00	200.00
Other	280.00	20.00
Overall Total	1,908.00	944.82
Lump Sum Repair Option	×	*
Lump Sum Total	1,900.00	950.00
Surveyor Approved Amount		950.00
No of Repair Days*	3	2
Remarks		Lump Sum Repair, Take after spray photo.
Surveyor Name		Sun Pin (LKK)
Signature		

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
Supplementar Them is must be resurveyed and is subject to final approval from Insurance Company

No illegal modification(s) is allowed

The insurance company

The insurance is a subject to final approval from Insurance Company

The insurance is a subject to final approval from Insurance Company

The insurance is a subject to final approval from Insurance Company

The insurance is a subject to final approval from Insurance Company

The insurance is a subject to final approval from Insurance Company

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The insurance is a subject to final approval from Insurance Company

The insurance is a subject to final approval from Insurance Company

The insurance is a subject to final approval from Insurance Company

The insu

Acknowledged by Repairer

Survey Date

Signature: Date:

Repair day 2 day.



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd 60 Woodlands Industrial Park E4, Singapore 757705 FAX Number : 63665692 Estimator Telephona Number : 65662623 Accident Reporting Number : 65662572

Date Generated : 27/11/2019 UserID : PohSuan

《图记记》	Section A - Accident Details
Registration Number	SHC4376D
Case Reference Number	TAX/11/19/2079
Registration Date	20/12/2013
Company Type	SMRT Taxis Pte Ltd
Make	ТОУОТА
Model	PRIUS
Name of Driver	KANG BOON LIANG
Type of Accident	Head to Rear
Accident Date and Time	19/11/2019 10:55 AM
Accident Reported Date and Time	19/11/2019 4:40 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24104431
Special Instruction to ARC, if any	TP/TSS
repared Date and Time	19/11/2019 6:28 PM
Chassis Number	
Mileage	
Vork Shop	
Repair Completion Date and	

Summary of Repair Estimate	Company of the second s			
	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	\$915.00	\$656.03		
Total Other Cost	\$280.00	(\$206.03)		
TOTAL COST	\$2,091.00	\$850.00 (L/S)		
Lump Sum Total	\$0.00	\$0.00		
Number of Repair Days	3.0	2.0		
Prepared / Adjusted By	Kim Ming Chin	Sun Pin (LKK) / NTUC		
ARC / Surveyor Sign Off Date	20/11/2019 5:17 PM	20/11/2019 3:30 PM		
Signature	×			
Remarks		Lump Sum Repair, Take after spray photo.		



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pto Ltd

SAMMI Automotive Services Pile Ltd

80 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 6368592

Estmator Telephone Number : 68662623

Accident Reporting Number : 68662672

Date Generaled : 27/11/2019 User ID : Pahiluan

		S	ection C - Quotation and A	ccident Invol	ce Details					
Quotation	Number	QN-1911	-0466	Invoice Numb	per	EXHIBIT WW.9/SISILVIS	AND AND STREET	98		
Quotation	Date	27.11.20	19	Invoice Date				1		
Invoice An	nount			Prepared Dat	e			1		
			Section I	D - Details of	Repair Estima	ites				-
Part 1 - Lai	bour Works)								
Job Scope				Quotatio	n from AR			Adjusted by	y Surveyor, if	8
TO REPAIR	REAR PO	RTION	ASSENSACIA PROGRAMINA	\$338.00	\$338.00			applicable \$200.00		
Total Labo	ur			\$338.00				\$200.00		1
Part 2 - Sp	ray Paintin	g & Panel B	eating Related Works			数 网络 新				J
Job Scope				Quotatio	on from ARC			Adjusted by	y Surveyor, if	
TO RESPR	AY REAR E	UMPER		\$378,00				applicable \$200.00		
TO RESPR	AY BUMPE	R BEAM		\$180.00				\$0.00		-
Total Spray	/ Painting 8	Panel Bea	ting	\$558.00				\$200.00		1
Part 3 - Oth	er Costs -	Accident a	nd Accident Repair Relate	d Expense	(S105) (S10)					J.
Job Scope				Quotatio	Quotation from ARC			Adjusted by	Surveyor, if	
Lump Sum	ump Sum Adjustment by Surveyor			\$0.00	\$0.00			(\$226.03)		-
TO TEST A	O TEST AND REFIX REVERSE SENSOR SYSTEM		\$120.00	\$120.00			\$20.00		-	
TO REPLAC	CE SUNDR	YPARTS		\$100.00				\$0.00		656.
TO WASH A	AND VACUU	JM		\$60.00	\$60.00			\$0.00		1200
Total Other	Costs			\$280.00				(\$206.03)		656. +200° +220
Part 4 - Spa	re Parts / I	Material Us	ige		14.49 K.04.15					1+ 220
art	Portion	Stock	Part Name	Quantity	List Price	Discount	Final Price	Estimator	Surveyor	1076
Number		Number 52159-	BUMPER REAR	1.00	\$458.60	25.00	\$343.95	Approved Replace	Approved Replace	101
		47905 52023-	BUMPER	0.00	\$205.70	0.00	\$0.00	Replace	Check X	0
		12240 52015-	ARM SUB-ASSY, RR	0.00	\$139.60	0.00	\$0.00	Replace	Check Y	- 20
		47050 52161-	BUMPER RH BUMPER CLIPS	10.00	\$1.61	25.00	\$12.08	Replace	Replace /	
		16010	PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace /	860
			SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	Replace	
otal					\$1,045.51		\$656.03		/	2/5\$0
dded Spec	o Parte / N	atarial He	ge After Surveyor Signed		Watth Country					
	e raits / M	aterial USA	ye Alter Surveyor Signed	uit						
	Portion	Stock	Part Name	Quantity	List Price \$	the published when the con-	Final Price	ARC Check	OF ACTION ASSESSMENT AND ADDRESS.	1

Ron-2dys



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 INSU	RANCE CO-OPERATIVE LTD	Ref:	NS/INC19020667	7/Qqd3e2
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			17-12-2019 INC4	
1.	Policy Particulars	Code:		
Insured Veh.	GY 8509H	1	nspected	SHC 4376D
Policy No.	G1 000011	_	age (\$)	0.00
Claim No.	MT/1072335-002	Exces	TOTAL .	0.00
Assign From		-	n Date	20/11/2019
2.	Vehicle Parti			
Make & Model	TOYOTA PRIUS	c.c	Condition	1798
Engine No.	HIDDEN	_	of Reg.	2013
Chassis No.	JTDKN36U805718811	Colou		MAROON
Odometer	535939	Steeri	-	IN ORDER
Brakes	IN ORDER	Modifi	NIL	
General	FAIR			V 0 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3.	Conditi	ons of	Tyres	
	Size	Make		Balance
R/H Front Tyre	195/65 R15	WEST	LAKE	5 mm
L/H Front Tyre	195/65 R15	WEST	LAKE	5 mm
R/H Rear Tyre	ar Tyre 195/65 R15 WEST L		LAKE	5 mm
L/H Rear Tyre	195/65 R15	WEST	LAKE	5 mm
4.	Description	on of D	amages	
THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR POR	TION.	
DAMAGES SEE D	ETAILS.			
5.	Genera	I Inform	nation	
Accident Date	19/11/2019	Insped	ction Date	20/11/2019
Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE L	TD	
	60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 7577	05
5a.	R	emarks		· · · · · · · · · · · · · · · · · · ·
A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS. NOT AUTHORISED	REPAIRS.
5b.	Estimate	Days of	Repair	
ESTIMATED NOR	MAL PERIOD FOR REPAIR:		2 Working Days	



National Assessment Centre Services

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







Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4376D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER REAR (DISC 25%)	SCRATCHED	458.60	343.95
10	BUMPER CLIPS @\$1.61 (DISC 25%)	NECESSARY	16.10	12.08
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	MISSING	180.00	180.00
1	BUMPER REINFORCEMENT REAR	SERVICEABLE	205.70	
1	ARM SUB-ASSY, RR BUMPER RH	SERVICEABLE	139.60	
			1,120.00	656.03
	LABOUR			
	PANEL BEATING & BODY WORK.		338.00	200.00
	SPRAY PAINT.		558.00	200.00
	TO TEST AND REFIX REVERSE SENSOR SYSTEM.		120.00	20.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	
			1,176.00	420.00
	GRAND TOTAL		2,296.00	1,076.03

RECOMMENDED COST OF LUMP SUM REPAIRS	850.00	
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)		

Report Ref No. NS/INC19020667/Qqd3e2

OI SUN PIN

Asst. Automotive Assessor

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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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