Weetend (\$

160

TOTAL

Vimp & in 11.B.1:17 \$ 3,100/- 451

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					· Chang	e Languag	e - Chan	ge Password	1 Log Ou
My Desktop	Policy Query									
Notice of Lass	Policy No.				Date	of Accident		23/11/2019	08:41	
	Vehicle No.(For Motor)	SLQ8215M			Certificate Number					
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Venicle No.	Insured Object	Commence Date	Expry Date
	© 5093444793- 02		PHOON OF LIN	57033220E	GPC	drivo CLASSIC	SLQ8215M	SLQ8215M	30/07/2019	29/07/2020
					Continue					

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	369K
Vehicle No.:	SHC4063G
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2013
Engine No.:	2ZR5936879
Chassis No.:	JTDKN36U205699124
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	30 Oct 2013
First Registration Date:	30 Oct 2013
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$8,368.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2021
PARF Rebate Amount: Intended COE Rebate Details	\$5,439.00
COE Expiry Date:	29 Oct 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$61,324.00
COE Rebate Amount:	\$14,754.00
Total Rebate Amount: Message	\$20,193.00
Please note that the 8-year COE for this vehicle cannot	t 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 26 Nov 2019

OK

TP Claims against NTUC Income: Follow-Through Survey

Date: 16/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
	MT/1073790-002	COMFORT TRANSPORTATION PTE LTD	SHA 4585C	SMC 9871Z	02/12/2019	00:00	\$ 2,588.94	\$ 1,326,76
N	MT/1072889-002	SMRT TAXIS PTE LTD	SHC 4063G	SLQ 8215M	23/11/2019	18:25	\$ 8,650.40	\$ 3,100.00

## Shirley Hiew (LKK Auto)

From:

Yeo Poh Suan (Auto Svcs/ARC/ARC/Taxis) <YeoPohsuan@smrt.com.sg>

Sent:

Saturday, 14 December 2019 9:19 am

To:

Oi Sun Pin (LKK Auto)

Cc: Subject: SUR; CS A Team RE: SHC4063G

Hi,

Amount confirmed as per your recommendation, thanks.

Regards

Poh Suan

----Original Message-----

From: Oi Sun Pin (LKK Auto) [mailto:sunpin@lkkauto.com]

Sent: Friday, 13 December 2019 5:49 PM To: Yeo Poh Suan (Auto Svcs/ARC/ARC/Taxis)

Subject: RE: SHC4063G

Dear Poh Suan,

Confirm the finalize amount \$3,100. Repair day 5 days under lump sum repair.

Thank you.

Best Regards,

Oi Sun Pin | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: Sunpin@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/ARC/Taxis) [mailto:YeoPohsuan@smrt.com.sg]

Sent: Tuesday, 10 December, 2019 11:22 AM

To: Oi Sun Pin (LKK Auto)

Cc: SUR; CS A Team; LEE SHENG AUTO PTE LTD

Subject: SHC4063G

Hi Sun Pin,

Attached herewith the repair estimate of SHC 4063G having Case No: TAX/11/19/2121.

There is no change to the approved amount of \$3,100 @ 5 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Aside Ms Lee,

Please provide the before / after paint photos as per surveyor's request.

Thanks & Regards Poh Suan

----Original Message-----

From: Yeo Poh Suan (Auto Svcs/ARC/ARC/Taxis) Sent: Monday, 9 December 2019 2:35 PM To: Yeo Poh Suan (Auto Svcs/ARC/ARC/Taxis)

Subject: Scan Data from FX-D421D6

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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.

- 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.

#IV) #38H	
	ACCIDENT STATEMENT
Date Of Report	26/11/2019 12:55
Date Of Accident	23/11/2019 18:25
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4063G
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
Flent Policy	YES
Policy Number	D-19093197MFSH
Cover Note Number	
Driver	
Name of Driver	ABDUL HALIM BIN YUNOS
NRIC No	S7441316A
Date Of Birth	08/12/1974

 NRIC No
 \$7441316A

 Date Of Birth
 08/12/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/03/1996

Driving Experience 23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-80000000

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

1

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

YES

Was any body injured in the Accident?

123

Was any injured conveyed to hospital by

NO

ambulance?

Passenger 1

VO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Mark Johnson (Including Orbios)

NO

Number of Passengers (Including Driver)

2 NAME:

GENDER:

UNKNOWN

documents of

FEMALE

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/20191123/2158 ON THE 23/11/19 AT ABOUT 1825HRS, I WAS DRIVING MY SMRT TAXI BEARING SHC4063G ALONG CTE TOWARDS CITY, JUST BEFORE BRADDELL ROAD EXIT ALONE LANE 1 WITH ONE FEMALE PASSENGER SEATED AT THE REAR PASSENGER SEAT. MY PASSENGER WAS ALSO WEARING SEAT BELT AT THAT POINT OF TIME. AT THAT POINT OF TIME, IT WAS HEAVY TRAFFIC, IT WAS DRIZZLING AND THE ROAD WAS WET. AS THE FRONT CARS HAD SLOWED DOWN, I ALSO SLOWED DOWN. EVENTUALLY, ALL THE CARS IN FRONT SLOWED DOWN TO A STOP. AS SUCH, I HAD ALSO SLOWED DOWN MY TAXI GRADUALLY AND STOPPED TO WAIT. AFTER A FEW SECONDS, I FELT AN IMPACT FROM MY TAXI'S REAR. I THEN CHECKED AND REALISED THAT THERE IS A CAR THAT COLLIDED INTO MY TAXI'S REAR. IT IS ONE GREY VOLKSWAGEN CAR BEARING SLQ8215M. AT THAT POINT OF TIME, THERE WAS NO ONE INJURED AS SUCH WE EXCHANGED PARTICULARS AND CONTINUED ON OUR WAY. MY TAXI'S REAR PORTION AND UNDERCARRIAGE WAS DENTED WHEREAS THE GREY VOLKSWAGEN CAR BEARING SLQ8215M HAD A DENT AT THE FRONT PORTION, HOWEVER, LATER ON THE SAME DAY, I THEN WENT TO MOUNT ALVERNIA HOSPITAL TO MSEEK MEDICAL ATTENTION AS I FELT PAIN AT MY NECK AND LOWER BACK. I WAS THEN GIVEN 4 DAYS MC FOR 23/11/2019 TILL 26/11/2019. MY PASSENGER ALSO HAD INFORMED ME THAT SHE WILL BE GOING SEEK MEDICAL ATTENTION AND ALSO LODGE TRAFFIC ACCIDENT REPORT.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Was there any audio recorded?

SLQ8215M

FILE TOO BIG

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

render adapoit real

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

NICHOLAS YAP JO VAN

### **DETAILS OF INJURED PERSON,1**

Name

ABDUL HALIM BIN YUNOS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4063G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN SHC 4063 G SL Q 8215 M DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Report Number : T/20191123/2158 Police Follow DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time:

13 : 2.5 H/S NRIC/FIN No.:

Reporting Centre Personnel's Signature

Date & Time:

#### 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.
- 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.
- 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:

- 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)
  - (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
- (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
- 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.

Palicyhalder's Sispattire Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

3125 HRS NRIC/FIN No.:

Name

Reporting Centre Personnel's Signature

Page 5 of 14

### Sketch Plan Pg. 3





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 4 Report No. T/20191123/2158

REPORT C	F A TRAFFIC	ACCIDENT				
	ne Report N 19 22:49	lade:	Vide Report No.:	Station Diary No.: 127		
Informa	nt's Partici	llars				
	Informant: HALIM BIN	YUNOS	Address: APT BLK 604B TAMPINES AV 522604	VENUE 9 #06-876 SINGAPORE		
	/ ID No.: O / S74413	16A	Contact No.: Home/Office:	Mobile: 98789438		
National SINGAF	ity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 44	Date of Birth: 08/12/1974	Type of Informant: Driver			
Race: Malay	nesin —		Language: Institution / School Na English			
Occupa:			Driving Licence Information: Class: 2B 2A 2 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2019 18:2	Type of Location: Straight Road	
	(PRESSWAY	ddel road exit Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
One Way					

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4063G	TAXI				Slightly Damaged	1
SLQ8215M	Car		1		Slightly Damaged	1

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

#### Sketch Plan Pg. 4





2 of 4

Report No. T/20191123/2158

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

CONTINUATION OF REPORT

Name	CANDICE CHOONG	IDN	0.	S8515373J	
093000					
Related Vehicle	SHC4063G (TAXI)	Con	tact No.	93660792	
Hospital/Clinic	NIL	1.000		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL		
No. of Days gran	ted Medical Leave   NIL	Degree of Injury	NIL		
Driver	AND THE RESERVE		品配向	<b>海上海</b> 岛等。中央市场区	
Name	ABDUL HALIM BIN YUNOS	IDN	lo.	S7441316A	
Related Vehicle	SHC4063G (TAXI)	·Con	tact No.	98789438	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Driv Lice	is of ing nce & iry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	23/11/2019	Date Discharge	23/1	1/2019	
	ted Medical Leave 04	Degree of Injur	Sligh	The state of the s	
Driver			XIII S		
Name	NICHOLAS YAP JO VAN	ID N	lo.	S9833656G	
Related Vehicle	SLQ8215M (Car)	Cor	tact No.	84440923	
Hospital/Clinic	NIL	Driv	ss of ing nce & iry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL -	Date Discharge	-		
	ted Medical Leave NIL	Degree of Injur			

#### Brief Details.

On the 23/11/2019 at about 1825hrs, I was driving my SMRT taxi bearing SHC4063G along CTE towards city, just before Braddel Road exit alone lane 1 with one female passenger seated at the rear passenger seat. My passenger was also wearing seatbelt at that point of time. At that point of time, it was heavy traffic, it was drizzling and the road was wet. As the front cars had slowed down, I also slowed down. Eventually, all the cars in front slowed down to a stop. As such, I had also slowed down my taxi gradually and stopped to walt. After a few seconds, I feit an impact from my taxi's rear. I then checked and realised that there is a car that collided into my taxi's rear. It is one grey Volkswagen car bearing SLQ8215M. At that point of time, there was no one injured as such we exchanged particulars and continued on our way. My taxi's rear portion and undercarriage was dented whereas the grey Volkswagen car bearing SLQ8215M had a dent at the front portion.





T/20191123/2158

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

3 of 4 Report No. T/20191123/2158

CONTINUATION OF REPORT

However, later on the same day, I then went to Mount Alvernia Hospital to seek medical attention as I felt pain at my neck and lower back. I was then given 4 days MC for 23/11/2019 till 26/11/2019. My passenger also had informed me that she will be going to seek medical attention and also lodge traffic accident report.



T/20191123/2158

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 4 of 4 Report No. T/20191123/2158

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 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2019 22:49
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG:HOCK: Contact No.: 65478436, 201000 August Augus	Classification Of Case:
Authentication Stamp NP168	



## Case Details

Case Reference Number :

TAX/11/19/2121

Type of Repair : Accident Repair Vehicle Registration Number:

SHC4063G

Company Type: SMRT Taxis Pte Ltd

Estimation ID : EST-9476-ID Assigned By ; Taxi Claims Manager

Insurance Company Name : NTUC Income Insurance Co-

operative Ltd

Accident Date and Time: 23/11/2019 10:25 AM

Vehicle Age(In Months): 73

# Documents / Photographs

View Documents / Photographs

Total Documents: 0

## Estimation Details

#### Spare Part's Cost Detail

				SMRT Recomme	endatio	on.						Survey	or Approval	
BOM Type	Coating Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(5)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(5)	Repair/Replace	Remarks
One Time Key In	Main			SPOILER REAR	1	953.70	953.70	25.00	715.28	Replace	0	0.00	Not Give •	Xsuc
One Time Key In	Main			BUMPER REAR	3	458.60	458.60	25.00	343.95	Replace	1.	343.9	Replace y	-bb
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	120.0	Replace >	Nec
One Time Key In	Main			BUMPER REINFORCEMENT REAR	3	205.70	205.70	25.00	154.27	Replace	0	0.00	Check +	Xsve
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104,70	Replace	0	0.00	Check •	Xsve
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.68	139.60	25.00	104.70	Replace	0	0.00	Check *	Krve
One Time Key In	Main			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	157.40	18.00	141.86	Regilace	0	0.00	Check *)	< sre
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.0	Replace •	- Short

Total Spare Part Cost 4,333.83

Surveyor Total 1,359.98

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Spare Part Cost 3,467.06

Final Bur Total 1,087.98

				SMRT Recomm	endatio	m						Survey	or Approval	
BOM- Type	Coating Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(5)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Repla	oce Remarks
One Time Key	Main			BUMPER SIDE RETAINER RRULH	1	94,80	94.80	25.00	71.10	Replace	0	0.00	Not Give	$\times$ $suc$
One Time	Main			BUMPER SIDE RETAINER RR/RH	t	94.80	94.80	25.00	71.10	Replace	0	0.00	Not Give	.Xsvc
Key In														,
Time Key In	Main			BUMPER SEAL, RR LH	10	88.90	88.90	25.00	66.58	Replace	0	0.00	Not Give	·X 20C
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65,70	25.00	49.28	Replace	0	0.00	Not Give	·X 2vc
One Time Key In	Main			BUMPER LIP COVER BR/LH	12	72.20	72.20	25.00	54.15	Replace	1	54,15	Replace	·/Mis
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.5X X	Reptace	1	88.57	Replace	·/CRA
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	ì	171.6	Replace	ンMis.
One Time Key	Main			UNDER COVER SUB- ASSY, RR FLOOR	1	514.50	514.50	25.00	365.88	Replace	3	385.8	Replace	·/cnu
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give	·Xsuc
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451,58	Replace	0	0	Check	XINC
One Time Key	Main			TAIL LAMP RH	1	557.80	557,80	10.00	502.02	Reptace	0	0	Check	. Xznc
One Time Key In	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	o	o	Check	·Xsvc
						To	tal Spare F	Part Cost	4,333.83		Su	rveyor Total	1,359.98	
						Lump	Sum Disc	ount (%)	20.00		Lump !	Sum Dis (%)	20	
						Fir	nal Spare F	art Cost	3,467.06		Fin	al Sur Total	1,087.98	

Labor	ire.	Cost	Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(5)	Surveyor Adjustment(\$)	Remarks
1	Mairy	TO REPAIR REAR PORTION	507.00	200 /	
Total:			597.00	208.00	Al. 82001

### Spray Cost Detail

March 3	COSt Detail				
S.No.	Costing Type	Job Scope	SMRT Recommendation(5)	Surveyor Adjustment(S)	Remarks
3	Main	TO RESPRAY REAR HUMPER	378.00	200 /	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY REAR PANEL	180.00	0	
4	Main	TO RESPRAY REAR SPOILER	160.00	0	
Total:			91860	200,00	
Other	Cost Detail		1438	450	
5.No.	Costing Type	Job Scope	SMRT Recommendation(8)	Surveyor Adjustment(\$)	Remarks
.3	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20 /	Nec
2	Main	TO REPLACE SUNDRY PARTS	100.00	20 /	Wec
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20 /	Nec.
4	Main	TO WASH AND VACUUM	63.00	0	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.68	296.88	Nec

656.88

# Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	2,467.96	1,087.98
Total Labour Cost	507.00	200.00
Total Spray Painting	916.00	200.00
Other	656.68	356.88
Overall Total	5.548.94	1,844,86
Lump Sum Repair Option		*
Lump Sum Total	5.550.00	1,850.00
Surveyor Approved Amount		1,850.00
No of Repair Days*	5	3

356.88

Estimator Assesment(\$)

Surveyor Assesment(5)

Lump Sum Repair, Take after spray photo.

Surveyor Name

Signature

Sun Pin (LKK)

Save Clear

Survey Date

26/11/2019

# LKK Auto Consultanta hence natify 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

Signatures

Dated



# SMRT Accident Vehicle Repair Estimates

BARTY Automotive Services Pie LM 63 Wing-amos bodieson/Pien E4, Empayure 757/98 FAX Number (6385032) Extrajor Teleprome Number (6305252) Accidest Reporting Number (63052572)

Cate Generalist | SNISSD19 Seer (2) | Pendison

医光光性 医水平	Section A - Accident Details
Registration Number	SHC4063G
Case Reference Number	TAX/11/19/2121
Registration Date	30/10/2013
Company Type	SMRT Taxis Pte Ltd
Make	тоуота
Model	PRIUS
Name of Driver	ABDUL HALIM BIN YUNOS
Type of Accident	Head to Rear
Accident Date and Time	23/11/2019 6:25 PM
Accident Reported Date and Time	25/11/2019 1:21 PM
is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24104534
Special instruction to ARC, if any	TP -SLQ8215M FRONT PORTION DAMAGED TAXI-SHC4063G REAR PORTION DAMAGED
Prepared Date and Time	25/11/2019 6:14 PM
Chassis Number	
Mileage	
Vork Shop	
Repair Completion Date and	

Section B - Summary of Re	
Quotation from ARC	Adjusted by Surveyor, if applicable
\$1,057.00	\$600.00
\$1,478.00	\$450.00
\$5,458.52	\$2,484.69
\$656.88	(\$434.69)
\$8,650.40	\$3,100.00 (L/S)
\$0.00	\$0.00
7.0	5.0
Fong Soon Loh	Sun Pin (LKK) / NTUC
29/11/2019 3:09 PM	29/11/2019 1:57 PM
initial estimate = 5 days SUP = 2 days	Lump Sum Repair, Take after spray photo.
	Quotation from ARC \$1,057.00 \$1,478.00 \$5,458.52 \$656.88 \$8,650.40 \$0.00 7.0 Fong Soon Loh 29/11/2019 3:09 PM



### SMRT Accident Vehicle Repair Estimates

SHIET Automotive Service Fie List
40 Windlands Influence Fie List
40 Windlands Influence Field Ed. Engagere 19724
FAX Number: \$199546 Fielder: \$8002302
Estimater Tolophote Fielder: \$8002302
Accident Reporting Number: \$8002072

Date Generaled | 02/12/2015 User 10 | Publican

楼71.10 00000000	Section C - Quota	tion and Accident Invoice Details	
Quotation Number	QN-1912-0114	Invoice Number	A Part Control of the
Quotation Data	09.12.2019	Invoice Date	
Invoice Amount		Prepared Date	

Sec.	tion D - Details of Repair Estimates	
Part 1 - Labour Works	DASSESSION OF STREET	
Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	\$507.00	\$200.00
TO REMOVE AND REFIT REAR END PANEL	\$350.00	\$300.00 SUPP
TO REPAIR REAR SPARE TYRE PANEL	\$200.00	\$100.00 Supp
Total Labour	\$1,057.00	\$600.00

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
O RESPRAY REAR BUMPER	5378.00	\$200.00
TO RESPRAY BUMPER BEAM	\$180.00	\$0.00
TO RESPRAY REAR PANEL	\$180.00	\$0.00
O RESPRAY REAR SPOILER	\$160.00	\$0.00
O RESPRAY REAR PANEL	\$180.00	1972 00.002
O RESPRAY BUMPER BEAM	\$180.00	\$60.00 £UPP
O RESPRAY REAR SPARE TYRE PANEL	\$200.00	\$100.00 Supr
Total Spray Painting & Panel Beating	\$1,478.00	\$450.00

Job Scope	Quotation from ARC	Adjusted by Surveyor, I applicable
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$20,00
TO REPLACE SUNDRY PARTS	\$100.00	\$20.00
O CHECK WIRING AND SYSTEM FUNCTION	580.00	520.00
O WASH AND VACUUM	\$60.00	\$0.00
ump Sum Adjustment by Surveyor	\$0,00	(\$791.57)
O PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT	\$296.68	\$296.85
Total Other Costs	\$656.88	(\$434.69)

Part Number	Portion	Stock	Part Name	Quantity	List Price	Discount (%)	Final Price	Estimator Approved	Surveyor Approved
		76085- 47910	SPOILER REAR	0.00	\$953.70	0.00	\$0.00	Replace	Not Given X
		52159- 47905	BUMPER REAR	1,00	\$458.60	25.00	\$343,95	Replace	Replace
		90467-	BUMPER CLIPS	10.00	\$2.10	25.00	\$15,75	Replace	Replace /
			PIXEL STICKER	2.00	560,00	0.00	\$120.00	Replace	Replace /
		52023- 12240	BUMPER REINFORCEMENT REAR	0.00	\$205.70	0.00	\$0.00	Replace	Check X
		52016- 47030	ARM SUB-ASSY, RR BUMPER RH	0.00	\$139.60	0.00	\$0.00	Replace	Check X
		52016- 47030	ARM SUB-ASSY, RR BUMPER LH	0.00	\$139.50	0.00	\$0.00	Replace	Check X



### SMRT Accident Vehicle Repair Estimates

SHRT Automotive Services Ple Ltd 83 Woodlands Industrial Part EA. Singap FAX-Number | ESSASSE2

Estimator Tolophore Number: ETERCICS

Date Generated | \$8/12/2019

Total				\$5,346.80		\$1,359.99		
	81561- 47170	TAIL LAMP LH	0.00	\$548.40	0.00	\$0.00	Replace	Check X
	81551- 47180	TAIL LAMP RH	0.00	\$557.80	0.00	\$0.00	Replace	Check X
	58307- 47060	END PANEL	0.00	\$602.10	0.00	\$0.00	Replace	Check X
	51442- 12210	UNDER COVER RR SHIELD		\$63.90	0.00	\$0.00	Replace	Not Given 1
	58308- 47011	UNDER COVER SUB-ASSY, RR FLOOR	11.00	\$514,50	25.00	\$385.88	Replace	Replace
	76891- 47020	BUMPER LIP REAR	1:00	\$228.90	25.00	\$171.68	Replace	Replace
	76087- 47020	BUMPER LIP COVER RR/RH	1.00	\$118.10	25.00	\$88.58	Replace	Replace
	76088- 47020	BUMPER LIP COVER RR/LH	1.00	\$72.20	25.00	\$54.15	Replace	Replace
	52591- 47021	BUMPER SEAL RR RH	0.00	\$65.70	0.00	\$0.00	Replace	Not Given
	52592- 47021	BUMPER SEAL, RR LH	0.00	\$88.90	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
	52576- 47020	BUMPER SIDE RETAINER RR/LH	0.00	\$94.80	0.00	\$0.00	Replace	Not Given X
		SENSOR REVERSE	1.00	\$180.00	0.00	\$180.00	Replace	Replace
	89997- 30070	ANTENNA ELECTRICAL LOWER REAR	0.00	\$157.40	0.00	\$0.00	Replace	Check X

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check		
		89997- 30070	ANTENNA, ELECTRICAL LOWER REAR	1.00	\$157,40	10.00	\$141.86	Replace	Replace	CRA	1
		54778- 47050	PROTECTOR, SPARE	1,00	\$143.70	25.00	\$107.78	Replace	Replace	CRU	1
			SPARE TYPE INSULATOR SHEET	4.00	\$15.00	0.00	\$60.00	Replace	Replace /	Nec	1
		52023- 12240	BUMPER REINFORCEMENT REAR	1.00	\$205.70	25.00	\$154.28	Replace	Replace /	BT	1.0.
		52016- 47030	ARM SUB-ASSY, RR. BUMPER LH	1.00	\$139.60	25.00	\$104.70	Replace	Replace /	BT	134
		52015- 47050	ARM SUB-ASSY, RR BUMPER RH	1.00	\$139.60	25.00	\$104.70	Replace	Replace /	BT	)
		58307- 47060	END PANEL	1:00	\$602.10	25.00	\$451.58	Replace	Reptace /	DD.	-6
otai					1,403.10		1,124.70				

2484.69 + 600.00 + 806.88 - 202 - 202 - 202 - 202 - 202 - 203

# REQUEST FOR SUPPLYMENTPARTS

Contractor:	100000000000000000000000000000000000000		N 1
Accident Case Number Vehicle No	TAX 11/19 2121	Date of Collection	1 1
venicie ivo	SHC 4063 A	Date of Reguest	27/11/2014
Vehicle Model	TOYOTA PRIMS	Number of Days to Extend (If any)	K2

S/N	Part Number	Part Description	Quantity	Unit Price
5	Ighory	to Cut & REPLACE REAL END		\$ 350
	LABOR	TO SPRAY REAR THO PANEL	1	\$ 180
	LABOR		BEAM	\$ 180
-	LABUR	TO REPAIR SPARE TYRE PANEL		\$ 200
2 07	and the second second			\$ 200
		SpARE TYPE INSULATION COMT	Lois	/ Nec /

do solemnly and sincerely declare that:- Supplementary Parts are raised for replacement for the aforesaid vehicle.

Signature of person making this declaration [to be signed in front of an authorized witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and helief that a person who makes a false declaration is liable to the damages of purjury.

### For SMRT Staff

I, (Name)

(Position)

Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22 / WOC	Form22 / PO / WOC/ Reservation / Number
Photo Submitted	YES/NO	Date of submission

# REQUEST FOR SUPPLYMENT PARTS

Contractor:			-
Accident Case Number	TAX ning DIZI	Date of Collection	1 1
Vehicle No	SUC 4063 G	Date of Request	27/11/2014
Vehicle Model	TOYOTA PRIUS	Number of Days to Extend (If any)	42

S/N	Part Number	Part Description	Quantity	Unit Price
	10/	Bumpen Reinforcement REA	R IN	/ BT
	- 1111	ARTY SUB ASSY, REAR BUMPER	In Inc	137
		ARM SUB ASSY; REAR Bumper	RH lay	× BT
		ANTENA ELECTRICAL LOWER		/ CRA
		END DANIEL	In	100
		SPARE THRE FOAM	la	1 CKU

Please submit photographs for damaged parts>>>

I, (Name)		n . 5	4 1	
(Position)	8		A	
do solemnly and sincere	ly declare that Pour	-1		

do solemnly and sincerely declare that:- Supplementary Parts are raised for replacement for the aforesaid vehicle.

Signature of person making this declaration [tube signed in front of an authorised witness]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

### For SMRT Staff

Acknowledge By	ARC Executive / Supervisor / SA	
Approval By	Surveyor / In-house Staff	
Parts Ordering	SMRT Store / Contractor Supply / Form 22 / WOC	Form22 / PO / WOC/ Reservation / Number
Photo Submitted	YES/NO	Date of aubmission



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





FILL!			-		
NTUC	INCOME INSUR	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1902103	0/Qsf3e2
		D UNION HOUSESINGAPORE	Date:	02-01-2020 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLQ 8215M	Veh. I	nspected	SHC 4063G
	Policy No.	5093444793-02	Cover	age (\$)	0.00
	Claim No.	MT/1072889-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	26/11/2019
2.		Vehicle Parti	culars	& Condition	
	Make & Model	TOYOTA PRIUS	c.c		1798
	Engine No.	HIDDEN	Year	of Reg.	2013
	Chassis No.	JTDKN36U205699124	Colou	r	MAROON
	Odometer	617914	Steer	ng	IN ORDER
	Brakes	IN ORDER	Modif	ication	SPORTS RIM
	General	FAIR			
3.	Red Design	Condit	ions of	Tyres	1 39 80 -10 8
		Size	Make		Balance
	R/H Front Tyre	195/65 R15	<b>УОКО</b>	HAMA	5 mm
	L/H Front Tyre	195/65 R15	YOKO	HAMA	5 mm
	R/H Rear Tyre	195/65 R15	УОКО	HAMA	5 mm
	L/H Rear Tyre	195/65 R15	чоко	HAMA	5 mm
4.		Descripti	on of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR POR	TION.	
	DAMAGES SEE D	ETAILS.			
5.	ATTENDED	Genera	Inform	nation	North Street, Square,
	Accident Date	23/11/2019	Inspe	ction Date	26/11/2019
	Survey held at	SMRT AUTOMOTIVE SERVICE	SPTEL	TD	
		60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 757	705
5a.		R	emarks		
		ON WAS CONDUCTED ON A'WIT CE TO YOUR INSTRUCTIONS, W			
5b.		Estimate	Days o	f Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		5 Working Days	



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4063G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER REAR (DISC 25%)	DENTED	458.60	343.95
10	BUMPER CLIPS @\$2.10 (DISC 25%)	NECESSARY	21.00	15.75
1	BUMPER LIP COVER RR/LH (DISC 25%)	MISSING	72.20	54.15
1	BUMPER LIP COVER RR/RH (DISC 25%)	CRACKED	118.10	88.58
1	BUMPER LIP REAR (DISC 25%)	MISSING	228.90	171,68
1	UNDER COVER SUB-ASSY, RR FLOOR (DISC 25%)	CRUSHED	514.50	385.88
1	PROTECTOR, SPARE (DISC 25%)	CRUSHED	143.70	107.78
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	ARM SUB-ASSY, RR BUMPER LH (DISC 25%)	BENT	139.60	104.70
1	ARM SUB-ASSY, RR BUMPER RH (DISC 25%)	BENT	139.60	104.70
1	END PANEL (DISC 25%)	DENTED	602.10	451.58
1	ANTENNA, ELECTRICAL LOWER REAR (DISC 10%)	CRACKED	157.40	141.66
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	SHORTED	180.00	180.00
4	SPARE TYPE INSULATOR SHEET @\$15.00 (SN)	NECESSARY	60.00	60.00
1	SPOILER REAR	SERVICEABLE	953.70	
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	UNDER COVER RR SHIELD	SERVICEABLE	63.90	
1	END PANEL	SERVICEABLE	602.10	
1	TAIL LAMP RH	SERVICEABLE	557.80	
1	TAIL LAMP LH	SERVICEABLE	548.40	
1	ADVERTISEMENT STICKER (SN)	NECESSARY	296.88	296.88
	100 - 100 -		7,170.68	2,781.57

Report Ref No. NS/INC19021030/Qsf3e2



# **National Assessment Centre Services**

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







Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING & BODY WORK		1,057.00	600.00
	SPRAY PAINT.		1,478.00	450.00
	TO TEST AND REFIX REVERSE SENSOR SYSTEM.		120.00	20.00
	TO REPLACE SUNDRY PARTS.		100.00	20.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	
	Comment of the Commen		2,895.00	1,110.00
	GRAND TOTAL		10,065.68	3,891.57

RECOMMENDED COST OF LUMP SUM REPAIRS	3,100.00
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	

Report Ref No. NS/INC19021030/Qsf3e2

OI SUN PIN

Asst. Automotive Assessor

h

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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