

ASS. REC. BY: Sun PinREF: NTYC. NS/INC20007931/Qqf3**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: _____

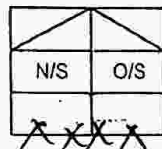
Policy No. 5049203728-09 (26/03/2020-25/03/2021)Claims No. MT/1098103-007

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHB1866 G. Yr Regn: 16/07/2014.Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1796Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 174936 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKN364905747086

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / (Rim) / STD A/Rim orTyre Size: F: 195 / 65 R15R: 195 / 65 R15

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

TOYO / YOKO or Road stone

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 26/07/2020 D.O.I. 28/07/2020Survey 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

24/08/20 @ 5.32pm Sun Pin finalised with Poh Suan LS \$1000, 2 days.

(Red \$13681.70, 93%)

TP

TAX/07/20/2050.

SGS 8239T.

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1) 25/08 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format : TPLump Sum / ~~LS~~ (\$ 1000)

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB1866G
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6015844
Chassis No.:	JTDKN36U905747086
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	16 Jul 2014
First Registration Date:	16 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Jul 2022
PARF Rebate Amount:	\$5,257.00
Intended COE Rebate Details	
COE Expiry Date:	15 Jul 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$53,269.00
COE Rebate Amount:	\$12,977.00
Total Rebate Amount:	\$18,234.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 03 Aug 2020

OK

(LK/C)

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	27/07/2020 09:19
Date Of Accident	26/07/2020 18:30
Exact Location Of Accident	CTE (SLE) SLIP ROAD EXIT TO BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1866G
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
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
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	
Driver	
Name of Driver	TANG TECK HEONG
NRIC No	SXXXX343H
Date Of Birth	11/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 156
 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 AFTER RAIN
 Road Surface WET

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) 5

Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN
 GENDER: : MALE

Passenger 3 NAME: : UNKNOWN
 GENDER: : MALE

Passenger 4 NAME: : UNKNOWN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name KEBUN BARU NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200726/2076

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	SGS8239T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SHARIZAD BIN SAFIEE
NRIC/Passport Number	SXXXX339A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TANG TECK HEONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB1866G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN PASSENGERS
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB1866G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



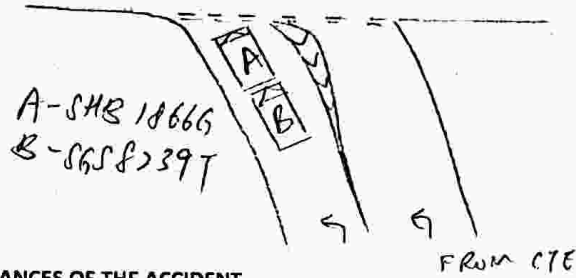
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

GRADDELL RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200726/2076

1 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20200726/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2020 21:01	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: TANG TECK HEONG			Address: APT BLK 156 PASIR RIS STREET 13 #05-35 SINGAPORE 510156	
ID Type / ID No.: NRIC NO / S1746343H			Contact No.: Home/Office:	Mobile: 96408156
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 11/09/1966	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2020 18:30	Type of Location: Bend
Location: Along Road 1 CENTRAL EXPRESSWAY Braddell Exit towards Braddell Road				
Weather: Clear		Road Surface: Wet	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
SGS8239T	Car				Slightly Damaged	2
SHB1866G	Car				Slightly Damaged	4

Details of Person Involved

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

Police Report Pg. 2



**SINGAPORE
POLICE FORCE**



T/20200728/2078

2 of 3

Report No. T/20200728/2078

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SHARIZAD BIN SAFIEE	ID No.	S9521339A
Related Vehicle	SGS8239T (Car)	Contact No.	81332316
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TANG TECK HEONG	ID No.	S1746343H
Related Vehicle	SHB1866G (Car)	Contact No.	96408156
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/07/2020	Date Discharge	26/07/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 26/07/2020 at about 1830hrs, I was driving my taxi SHB1866G with 4 other passengers along CTE towards SLE. When I exited towards Braddell Road, along the filter lane, another car SGS8239T suddenly collide into my car from the rear. After the collision, we all went down and exchanged our particulars.

I suffered pain in my neck and back area due to the collision. All of my 4 passengers also suffered some kind of pain due to the impact. My car suffered dents and scratches at the rear portion. I then send my passengers to Mount Alvernia Hospital to seek medical attention. I was then granted outpatient sick leave for 7 days by Dr. Lim Jiesheng.

Police Report Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200726/2076

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3



Report No. T/20200726/2076

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: F / Sgt 3 JAYZ TAN ZHANG JIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2020 21:01
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	



Case Details

Case Reference Number :
TAX/07/20/2050
Type of Repair : Accident Repair
Vehicle Registration Number :
SHB1866G

Company Type : SMRT Taxis Pte Ltd
Estimation ID : EST-12154-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd
Accident Date and Time : 26/07/2020 10:30 AM
Vehicle Age(In Months) : 72

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval				Remarks
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace		
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace	✓	CRY
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace	✓	Nec
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0.00	Not Give	✓	X SUC
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0.00	Not Give	✓	X SUC
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0.00	Not Give	✓	X SUC
One Time Key In	Main			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	1	0.00	Old Darr	✓	X SUC
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	Replace	✓	X SUC
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	✓	X SUC
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0.00	Check	✓	X SUC

Total Spare Part Cost 8,664.62

Surveyor Total 827.71

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 6,931.70

Final Sur Total 662.17

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0.00	Check	✓ X Svc
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	1	171.68	Replace	✓ / CR4
One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0.00	Not Give	✓ X Svc
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 Svc
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.92	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			DAM, BACK DOOR GLASS ADHESIVE, NO.1	1	27.30	27.30	25.00	20.48	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			TAIL GATE DOOR GLASS MOULDING, LH	1	29.40	29.40	25.00	22.05	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			TAIL GATE DOOR GLASS MOULDING, RH	1	29.40	29.40	25.00	22.05	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			MOULDING BACK WINDOW, LOWER NO.1	1	29.40	29.40	25.00	22.05	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			DAM, BACK DOOR GLASS ADHESIVE, NO.2	1	17.40	17.40	25.00	13.05	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			MOULDING, BACK WINDOW, LOWER NO.2	1	29.40	29.40	25.00	22.05	Replace	0	0.00	Not Give	✓ X Svc
One Time Key In	Main			MOULDING, BACK WINDOW, OUTSIDE LH NO.2	1	29.40	29.40	25.00	22.05	Replace	0	0.00	Not Give	✓ X Svc

Total Spare Part Cost 8,664.62

Surveyor Total 827.71

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 6,931.70

Final Sur Total 662.17

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			MOULDING, BACK WINDOW, OUTSIDE RH NO.2	1	29.40	29.40	25.00	22.05	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			SEALANT W/SCREEN	3	37.00	111.00	0.00	111.00	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAILGATE OUTSIDE GARNISH	1	504.90	504.90	25.00	378.67	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAILGATE DOOR LOCK	1	444.10	444.10	25.00	333.08	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAILGATE LOCK, COVER	1	15.70	15.70	25.00	11.77	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAILGATE DOOR WEATHER STRIP	1	353.40	353.40	25.00	265.05	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			STRIKER, BACK DOOR	1	48.90	48.90	25.00	36.67	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			EMBLEM REAR	1	60.30	60.30	25.00	45.22	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			NAME PLATE (PRIUS)	1	60.80	60.80	25.00	45.60	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			NAME PLATE (TOYOTA)	1	51.90	51.90	25.00	38.92	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			SPOILER REAR	1	953.70	953.70	25.00	715.28	Replace	1	0.00	Old Dam	✓ X sue
One Time Key In	Main			3RD BRAKE LAMP	1	231.30	231.30	10.00	208.17	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0.00	Not Give	✓ X sue

Total Spare Part Cost 8,664.62

Surveyor Total 827.71

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 6,931.70

Final Sur Total 662.17

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			END PANEL	1	802.10	802.10	25.00	451.58	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			END PANEL COVER, DECK TRIM HOLE	1	46.10	46.10	25.00	34.58	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			END PANEL COVER, DECK TRIM, RR	1	121.10	121.10	25.00	90.82	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			SPARE TYRE PANEL	1	667.70	667.70	25.00	500.78	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			BOX, DECK FLOOR, RR	1	649.70	649.70	25.00	487.28	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			BOX, RR FLOOR, BOARD	1	679.60	679.60	25.00	509.70	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAIL LAMP BRACKET, LH	1	30.70	30.70	25.00	23.02	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	1	0.00	Old Darr	✓ X sue
One Time Key In	Main			FENDER LINER RR/LH	1	141.30	141.30	25.00	105.98	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	30.70	30.70	25.00	23.02	Replace	0	0.00	Not Give	✓ X sue
One Time Key In	Main			TAIL LAMP RH	1	557.80	557.80	10.00	502.02	Replace	1	0.00	Old Darr	✓ X sue
One Time Key In	Main			FENDER LINER RR/RH	1	141.30	141.30	25.00	105.98	Replace	0	0.00	Not Give	✓ X sue
Total Spare Part Cost									8,664.62	Surveyor Total 827.71				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%) 20				
Final Spare Part Cost									6,931.70	Final Sur Total 662.17				

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			845.00	200.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	645.00	200.00	
Total:			645.00	200.00	



Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200.00	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0.00	
3	Main	TO RESPRAY TAIL GATE	378.00	0.00	
4	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0.00	
5	Main	TO RESPRAY REAR SPOILER	180.00	0.00	
6	Main	TO RESPRAY REAR PANEL	180.00	0.00	
7	Main	TO RESPRAY REAR SPARE TYRE PANEL	180.00	0.00	
Total:			1,656.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20.00	
2	Main	TO TRANSFER REAR TAILGATE MECHANISM	120.00	0.00	
3	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00	
4	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0.00	
5	Main	TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0.00	
6	Main	TO REMOVE AND REFIX REAR WINDSCREEN	240.00	0.00	
7	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0.00	
8	Main	TO REPLACE SUNDRY PARTS	100.00	0.00	
9	Main	TO WASH AND VACUUM	60.00	0.00	
Total:			1,160.00	50.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	8,931.70	662.17
Total Labour Cost	845.00	200.00
Total Spray Painting	1,656.00	200.00
Other	1,160.00	50.00
Overall Total	10,592.70	1,112.17
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	10,600.00	1,100.00
Surveyor Approved Amount		1,100.00
No of Repair Days*	6	2 <i>2 days</i>
Remarks	-	L/S, after paint photo.
Surveyor Name		Sun Pin (LKK)
Signature		
Survey Date	28/07/2020	

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: