ASS. REC. BY: Sun Pin REF: NTUC	
	GNMENT
From: Date:	Veh No: SHC4521B Yr Regn: 10/69/2014
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry Tax Prime Mover / Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	Make: Toyota Priys c.c 1796 Colour Marco h A/C: Insured / Std / NI / NA
at Workshop m/s	1 101011
Insured:	Sp.Reading <u>592351</u> T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	C/No: JTDKN 364 505748798
Claims No.	Gen. Cond: Good (Fair) Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / \$/Rim / STD A/Rim or
	Tyre Size: F: 195/65 R/5
(Policy Condition)	R: 195/65 R15
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. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 05/09/2020 D.O.I. 08/09/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at SMRT
CA / REV / REP. / 24 HRS	Des. of Damages : Frt (Real) OS N/S / U/C / Rooftop or
Date: Vehicle: IN / OUT Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	TP
	7AX/09/20/2014
Finalize amount \$1,600. Repair	day 3 days (L/S before gst)
red:7021.31;81%	day o days. (L/O, before gst)
AN CONTRACTOR OF THE PARTY OF T	*
:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
The second secon	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	:Weel:end (\$)
	. TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

wner ID Type:	Company
Owner ID: /ehicle Details	369K
Vehicle No.:	SHC4521B
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6130795
Chassis No.:	JTDKN36U505748798
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	10 Sep 2014
First Registration Date:	10 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Sep 2022
PARF Rebate Amount:	\$5,661.00
Intended COE Rebate Details	
COE Expiry Date:	09 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$12,676.00
Total Rebate Amount: Message	\$18,337.00

The information contained herein is correct as at 09 Sep 2020

ОК

Finalize amount \$1,600. Repair day 3 days. (L/S, before gst). red

,

MSR120077223 / SMRT Automotive Services Pto Ltd - Woodlands ENTRY DATE & TIME: 07/09/2020 15:31 SUBMITTED BY: B. Theiyal Nayagi

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 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

	ACCIDENT STATEMENT	
	ACCIDENT STATEMENT	
Date Of Report	07/09/2020 15:31	
Date Of Accident	05/09/2020 19:30	
Exact Location Of Accident	BOON LAY DRIVE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number SHC4521B

Insured/Policyholder

SMRT TAXIS PTE LTD Name Of Registered Owner

1XXXXX369K Co Reg No NOEMAIL **Email Address**

Mobile Phone No

Alternative Phone No OFFICE-80000000

Vehicle Particulars

TOYOTA Manufacturer

PRIUS TAXI-1.8 (A) Model

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

TAX

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

D-20095484MFSH Policy Number

Cover Note Number

Driver

FAN MEI SIONG Name of Driver SXXXX040B NRIC No 02/03/1957 Date Of Birth

OUTDOOR Occupation 26/07/2004 **Date Of Driving Pass**

16 YEARS AND 1 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-80000000 Mobile Number

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

NANYANG N.P.C Police Station Name

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200905/2104

Attachment(s)

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

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBF9863L

Vehicle Make/Model/Colour

Details Of Properties

NRIC/Passport Number

MOTORCYCLE Vehicle Category **TEY DANNY** Name of Driver GXXXX888Q

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3 Boon Lay - MRT-TRACK 10 Bean lay Drive This indoor guy Locking TaxT DECLARATION I/We declare the foregoing particulars are true in every resp Policyholden's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time (If driver is not the policyholder) Name Date & Time NRIC/FIN NO

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.
- 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
 - (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 Pg. 3





:4	Water Commencer	00905/2104
SINGAPORE	Report No. TI207	•
SINGA FORCE	lizate.	
SINGAPURE POLICE FORCE		
Police Station Of Origin:	100	Diary No.:
police Station	Station	
Nanyang West Avenue	81	7 37 37 37 37 37 37 37 37 37 37 37 37 37
Police Station Of Origin. Police Station Of Origin. Nanyang N.P.C Nanyang West Avenue 5 SINGAPORE 2 Jurong West Avenue 5 SINGAPORE	nort No.:	- British British
649482 Tel No: 1800-7929999 REPORT OF A TRAFFIC ACCIDENT REPORT OF A TRAFFIC ACCIDENT	Vide Report No.: Address: APT BLK 633 YISHUN STREET 61 #10-24 SIN/ 760633 Mobile: 82002	CAPORE
TEL NO.	1 #10-24 SIN	GAI -
REPORT Made	STREET 61 #10	
Date 111111111111111111111111111111111111	Address: APT BLK 633 YISHUN STT. APT 8LK 633 YISHUN STT. APT 8LK 633 YISHUN STT. Apple 1 Address: Apple 1 Address: Apple 1 Address: Apple 1 Address: Apple 2 Address: Apple 2 Address: Apple 2 Address: Apple 3 Address: Apple 2 Address: Apple 3 Address: Apple 4 Address: Apple 5 Address: Apple 5 Address: Apple 5 Address: Apple 5 Address: Apple 6 Address: Apple 7 Address: Apple 6 Address: Apple 7 Address: Apple 6 Address: Apple 7 Ad	300
05/09/2 Particulars	APT BLK 030	
Informant'S Fundament: Name of Informant: NAMEL SIONG	100 - NO.:	
Name of IIII		
FAN INC.	Email:	School Name:
ID Type / ID No.: NRIC NO / \$1249040B	Enia	School Name
NRIC NO 1872400	Type of Informant: Institution /	
- totaliand - CITIZE	irth: oriver	
SINGAPORE OTT Date of 5	57 Language: Date of E	xpiry:
SINGAP Age: 02/03/19	Language: Driving Licence Information: Date of E	
Female	Driving Licellou	
Dace:	Class:	Type of Location:
:nost		Type of Lood Straight Road
- aunauoiii	Date/Time of	Straig
Taxi driver	Drink Accident: Accident	5
- Aho	Accident Drink Accident: 05/09/2020 19:3	
sormation of the	100	
General information of the	Run	المستنده
10 01		Road Speed Limit:
Accident:		Road Speed
Location:		Traffic Volume:
Location	o dace:	Traffic Volum
BOON LAY WAY	Road Surface:	Moderate Anyone conveyed by Anyone conveyed by
Boo	Wet control:	
	Traffic Consuled	ambur
Weather:	Alor Com	No
Clear Flow	nirection	1 1 1 2 2 2 3
Traffic Flow:	ehicles - Side Swipe - Same Direction [Model Color	dition No of Pass
One Way One Way Type of Collision: Type of Moving V	shicles - Side Swir	
Type of Moving V	Color	Cons
Between	Model Cole	10
	Involved	- Cahily
Details of Vehic	e involveu Make	Damaged
Vehicle No. Ty	pe oucle	12.28.60
	otorcycle	Company of the Compan
FBF9863L M	ar l	
SHC4521B	Car	wign Crossing: NA
Short	Tues of Pe	destrian Crossing: NA
Tadalls of Pe	erson Involved: No ian Involved: No strians Injured: NIL	
Any Pedestr	ian Involved: NUL strians Injured: NIL	
No of Pede	91119	
No.		

Sketch Plan Pg. 4



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

Report No. T/20200905/2104

2 of 3

Tel No: 1800-7929999

CONTINUATION OF REPORT

Rider Name	TEY DANNY		ID No.		G6917888Q	
Related Vehicle	FBF9863L (Motorcy	cle)		Contac	t No.	NIL
Hospital/Clinic	NIL			Class Driving Licend Expiry	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	finjury	NIL	
Driver			144 3 m 212 E	LIDAIA	To Booking	S1249040B
Name	FAN MEI SIONG			ID No		312430400
Related Vehicle	SHC4521B (Car)			Conta	ct No.	82002300
Hospital/Clinic	NIL	5		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	nted Medical Leave	NIL	Degree o	of Injury	NIL	

THE PARTY OF THE P

On 05/09/2020, at about 1935hrs, I was driving my taxi bearing registration number SHC4521B along Boon Lay Way on the leftmost lane, near to Boon Lay Drive and inside yellow box. Subsequently, I saw an Indian male person stepped out on the road, thus, I slowed down. Thereafter, a motorcyclist riding motorcycle bearing registration number FBF9863L then hit onto the right rear side of my taxi and the rider fell as a result. There was no car travelling on the right side of my vehicle and I do not know why the motorcyclist had ride near to the right side of my taxi.

After which , I exchanged particulars with the motorcyclist but he left in a hurry without giving his contact number. I was not injured but the motorcyclist was seen to suffer slight abrasion on his arm. Traffic police and ambulance was not called down to scene. My taxi have in-car front camera operating. The rear right side bumper of my taxi became loose, right rear light broken and right rear side of my taxi suffered several scratches as a result of the accident.

I am lodging this report to claim insurance.

Sketch Plan Pg. 5





3 of 3

Report No. T/20200905/2104

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

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.

the certificate with you now, please lax a dopy	
Finalize and office Recording The Reportary 3 da red 1,000.45; // Sgt 2 CHONG JIA WEI	Signature of Informant: perfore gst).
Signature Of Interpreter: Not applicable	Date/Time: \ 05/09/2020 21:54
Officer In Charge Of Case: TP / HRT / St Staff Spring MAN BIN MOHAMAD SAID The colder of the colder	Classification Of Case:
Authentication Stamp	16145



Case Details

Case Reference Number: TAX/09/20/2014

Type of Repair : Accident Repair

Vehicle Registration Number: SHC4521B

Company Type : SMRT Taxis Ple Ltd

Estimation ID: EST-12545-ID

Assigned By : Kwai Leng Gan

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time: 05/09/2020 11:30 AM

Vehicle Age(In Months): 72

Documents / Photographs

View Documents / Photographs

Total Documents: 0

SMRT Recommendation

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 ~/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	10	205.70	205.70	25.00	154.27	Replace	0	0	Check ~ XSVC
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 ~ X S V C
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	Ó,	Not Give ~ X SVC
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 LIP COVER RR/RH	4	118.10	118.10	25.00	88.57	Replace	11	88.57	Replace Y CRM.
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give ~ XSVC
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	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	Not Give ~ X SvC

Total Spare Part Cost 5,850.39

Surveyor Total 1,096.02

Lump Sum Dis (%)

Lump Sum Discount (%) 20.00

20

Final Spare Part Cost 4,680.31

Final Sur Total 876.82

	SMRT Recommendation									Surveyor Approval			
BOM Type	Costing Type	Portion	Material Number	Part Name	Qly	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give ~ X JiC
One Time Key In	Main:			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check - XSVL
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give ~ X 5V4
One Time Key In	Main			FLOOR PANEL RR/RH	1	209.90	209.90	25.00	157.43	Replace	,0"	0	Not Give ~ X SVC
One Time Key In	Main			PANEL ASSY, DECK RH	1	307.00	307.00	25.00	230.25	Replace	0	0	Not Give ~ X SVC
One Time Key In	Main			BATTERY	1	278.00	278.00	10.00	250.20	Replace	0	0:	Check VXVC
One Time Key In	Main			BATTERY CLAMP	1	16.10	16.10	25.00	12.08	Replace	0	0	Not Give VX SVC
One Time Key In	Main			BATTERY TRAY	1	42.80	42.80	25.00	32.10	Replace	0	0.	Not Give - XXVI
One Time Key In	Main			BOARD ASSY, RR RH	1	379.20	379.20	25.00	284.40	Replace	0	0	Not Give V XSVC
One Time Key In	Main			SPACER, RR FLOOR	1	130.60	130.60	25.00	97.95	Replace	0	0	Not Give ~ X SVC
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	30.70	30.70	25.00	23.02	Replace	0	0	Check X SVC
One Time Key In	Main			TAIL LAMP RH	3	557.80	557.80	10.00	502.02	Replace	1	502.02	Replace // CRY
One Time Key In	Main			TROUGH, BACK DOOR	1	110.90	110.90	25.00	83,18	Replace	0	0	Not Give ~ X SVC.
One Time Key In	Main			FENDER RR/RH	1	766.80	766.80	25.00	575.10	Replace	Ť	Ö	Repair × X R
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	1.	7.80	Replace Y / NeC

Total Spare Part Cost 5,850.39

Lump Sum Discount (%) 20.00

Final Spare Part Cost 4,680.31

Surveyor Total 1,096.02

Lump Sum Dis (%)

20

Final Sur Total 876.82

	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/Repl	aco Remarks
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	f	21.60	Replace	·/Nec
One Time Key In	Main			FENDER LINER RR/RH	1	141.30	141.30	25.00	105.98	Replace	Ō	0	Not Give	* X Svc
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	*X5r(
One Time Key In	Main			WHEEL, DISC	1	1,490.20	1,490.20	25.00	1,117.65	Replace	Ю	0	Not Give	Xsve
One Time Key In	Main			DUCT ASSY, QUARTER	1	70.40	70.40	25.00	52.80	Replace	0	0	Check	*X Src

Total Spare Part Cost 5,850.39

Final Spare Part Cost 4,680.31

Surveyor Total 1,096.02

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Sur Total 876.82

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
9	Main	TO REPAIR REAR RHS PORTION	845.00	300
Total:			845.00	300.00

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remarks Adjustment(\$)
4	Main	TO RESPRAY REAR BUMPER	378.00	200
2	Main	TO RESPRAY BUMPER BEAM	180.00	Ö
3	Main	TO RESPRAY REAR PANEL	180.00	0
4	Main	TO RESPRAY REAR FLOOR SIDE PANEL RH	180.00	0
5	Main	TO RESPRAY BATTERY PANEL	180.00	0
6	Main	TO RESPRAY TROUGH BACK DOOR RH	180.00	0
7	Main	TO RESPRAY REAR FENDER RH	378.00	200

Total:

1,836.00

400.00

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
8	Main	TO RESPRAY RIM	180.00	Ö	
Total:			1,836.00	400.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Remark Adjustment(\$)
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0
4	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0
5	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0
6	Main	TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0
7	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20
8	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0
9	Main	TO REPLACE SUNDRY PARTS	100.00	0
10	Main	TO WASH AND VACUUM	60.00	j o
111	Main	TO REMOVE / REFIT SEAT	120.00	0
Total:			1,260.00	70.00

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,680.31	876,82
Total Labour Cost	845.00	300.00
Total Spray Painting	1,836.00	400.00
Other	1,260.00	70.00
Overall Total	8,621.31	1,646.82
Lump Sum Repair Option		•
Lump Sum Total	8,600.00	1,650.00

Survey Date

Estimator Assesment(\$) Surveyor Assesment(\$) Surveyor Approved Amount 1,650.00 3 days. No of Repair Days* Remarks L/S, after paint photo. Surveyor Name Sun Pin (LKK) Signature Clear

08/09/2020

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: