

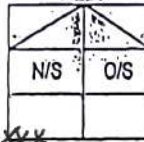
ASS. REC. BY: Sun Pin REF: CTI

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. _____
 Claims No. _____
 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: _____ 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: SHB 635 M Yr Regn: 07/10/2014
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Tractor or
 Make: Toyota Prius c.c. 1796
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 828356 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STD KN36U905752126
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: 195/65 R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or 3 ATRE 22G
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 10/10/2020 D.O.I. 12/10/2020
 Survey held at SMRT
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP</u>
	<u>TAX/10/20/2020</u>
	<u>5JP5710L</u>
	<u>SHC 1882</u>

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

Date/Time, File Return to:

2) _____

Report Formed: _____

Lump Sum / L.B. / C: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Price _____

Others _____

TOTAL _____

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB635M
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1444562
Chassis No.:	JTDKN36U905752126
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	07 Oct 2014
First Registration Date:	07 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Oct 2022
PARF Rebate Amount:	\$5,257.00
Intended COE Rebate Details	
COE Expiry Date:	06 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$12,607.00
Total Rebate Amount:	\$17,864.00
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 13 Oct 2020

OK

Uky

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	10/10/2020 11:23
Date Of Accident	10/10/2020 09:50
Exact Location Of Accident	PIE TOWARDS CHANGI (BEFORE STEVEN RD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB635M
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	SIM SAY AUN
NRIC No	SXXXX882C
Date Of Birth	11/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/07/1987
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

ress	11
ystcode	
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201010/2080 / T202010112044

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	SJD5710L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHEE HEONG

NRIC/Passport Number	SXXXXX672B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC1882
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

/Passport Number

SXXXX672B

act Number

dress

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC1882

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PIE
TO
STEVENS RD
EXIT

SWIFT
SHB
635M

SJD
ST10L

SHC
1882



MR. SIM SAY AUW

10/10/2020

DECLARATION

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

Policyholder's Signature
Date & Time:

10/10/2020 11.00+12S
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10/10/2020
Reporting Centre Personnel's Signature
Name:
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**.
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.:



**SINGAPORE
POLICE FORCE**



T/20201011/2044

1 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20201011/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2020 14:29	Vide Report No.: T/20201010/2080	Station Diary No.: 9
--	-------------------------------------	-------------------------

Informant's Particulars

Name of Informant: SIM SAY AUN			Address: APT BLK 113 COMMONWEALTH CRESCENT #03-330 SINGAPORE 140113	
ID Type / ID No.: NRIC NO / S1693882C			Contact No.: Home/Office:	Mobile: 93212468
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 11/07/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2A,3	Date of Expiry:

General Information of the Accident

General Information				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2020 09:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHB635M	Car	TOYOTA	PRIUS TAXI (SMRT)		Slightly Damaged	2
SJD5710L	Car	TOYOTA	WISH 1.8 CVT		Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Sketch Plan Pg. 4



T/20201011/2044

2 of 3

Police Station Of Origin:

Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

288A SINGAPORE 140111

Tel No: 1800-4749999

Report No. T/20201011/2044

CONTINUATION OF REPORT

Driver				
Name	SIM SAY AUN		ID No.	S1693882C
Related Vehicle	SHB635M (Car)		Contact No.	93212468
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	11/10/2020	Date Discharge	11/10/2020	
No. of Days granted Medical Leave	06	Degree of Injury	Slight	
Driver				
Name	ONG CHEE HEONG		ID No.	S6840672B
Related Vehicle	NIL		Contact No.	83888053
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	

Brief Details.

I had lodged a report earlier on 10/10/2020 reference T/20201010/2080.

I wish to state that on 11/10/2020, I woke up and felt soreness on my back and left arm and I decided to visit the doctor at NUH. The doctor in NUH gave me 6 days MC starting from 11/10/2020 to 16/10/2020 and I have a follow-up appointment which will be scheduled at a later time.



**SINGAPORE
POLICE FORCE**



T/20201011/2044

3 of 3

Report No. T/20201011/2044

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No. 1800-4749999

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:

D /

Sgt 2 KIM WILSON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No. 65476151

Signature Of Informant:

Date/Time:

11/10/2020 14:29

Classification Of Case:

Authentication Stamp

NP158



SINGAPORE POLICE FORCE

Sketch Plan Pg. 6



T/20201010/2080

1 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No. 1800-4749999

Report No T/20201010/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2020 18 20	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars

Name of Informant SIM SAY AUN			Address: APT BLK 113 COMMONWEALTH CRESCENT #03-330 SINGAPORE 140113	
ID Type / ID No.: NRIC NO / S1693882C			Contact No.: Home/Office:	Mobile: 93212468
Nationality SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 11/07/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2A,3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2020 09:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate	
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
SHB635M	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	2
SJD5710L	Car	TOYOTA	WISH	Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201010/2080

2 of 3

Police Station Of Origin
Commonwealth NPP

Report No. T/20201010/2080

111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No 1800-4749999

CONTINUATION OF REPORT

Driver Name		SIM SAY AUN		ID No	S1693882C
Related Vehicle		SHB635M (Car)		Contact No	93212468
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date	Class 2A 3 Date of Expiry NIL
Date Treatment		NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL		Degree of Injury	NIL
Driver Name		ONG CHEE HEONG		ID No	S6840672B
Related Vehicle		SJD5710L (Car)		Contact No	83888053
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

Brief Details.

On the mentioned date & time I was driving SMRT taxi vehicle registration number SHB635M along PIE towards Changi Airport. In my vehicle there were two passengers seated behind and they were heading to Orchard Rd. As I was approaching Stevens Rd exit, I slowed down as the traffic ahead of me had slowed down too. Suddenly one vehicle registration number SJD5710L collided onto the rear of my vehicle. The impact caused my vehicle to move forward however did not collide with the vehicle in front. I then got down from my vehicle to check when I realized in total there were three vehicles involved in the accident. The said vehicle that collided into my vehicle was knocked from the rear by another vehicle which was a blue in colour Comfort taxi. I had only the registration number as SHC1882 and I do not have the last alphabet. My passengers and I did not suffer any injuries. The driver as well as the passenger of the vehicle that collided onto my vehicle also did not have any injury. The rear left side of my vehicle was damaged. I manage to exchange particulars with the driver but not with the driver of the Comfort taxi. I was instructed by the Grab company to lodge an accident report with the Police.



SINGAPORE
POLICE FORCE



T/20201010/2080

Police Station Of Origin
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No 1800-4749999

3 of 3

Report No T/20201010/2080

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

L

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: D / Sgt 2 MUHAMMAD ZAMIR BIN MAZELAN <i>L</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151

Signature Of Informant: <i>[Signature]</i>
Date/Time: 10/10/2020 18:20
Classification Of Case

Authentication Stamp
NP168
L



Case Details

Case Reference Number :
TAX/10/20/2020

Type of Repair : Accident Repair

Vehicle Registration Number :
SHB635M

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-12867-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : China Taiping Insurance (Singapore) Pte Ltd

Accident Date and Time : 10/10/2020 01:50 AM

Vehicle Age(In Months) : 72

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

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	✓ CR4
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace	✓ Nec
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	✓ Nec
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	1	71.10	Replace	✓ BR

Total Spare Part Cost 5,364.97

Surveyor Total 604.95

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 4,291.98

Final Sur Total 483.96

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 SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	1	54.15	Replace ✓ /Def
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Check ✓ X sue
One Time Key In	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			FENDER RR/LH	1	766.80	766.80	25.00	575.10	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give ✓ X sue

Total Spare Part Cost 5,364.97

Surveyor Total 604.95

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 4,291.98

Final Sur Total 483.96

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			WHEEL DISC	1	1,484.20	1,484.20	25.00	1,113.15	Replace	0	0	Not Give	✓ X Svc
One Time Key In	Main			WHEEL HUB REAR	1	489.40	489.40	25.00	367.05	Replace	0	0	Not Give	✓ X Svc
Total Spare Part Cost									5,364.97	Surveyor Total			604.95	
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)			20	
Final Spare Part Cost									4,291.98	Final Sur Total			483.96	

Labour's Cost Detail

S.No	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH REAR PORTION	507.00	200	✓
Total:			507.00	200.00	

Spray Cost Detail

S.No	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	✓
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY REAR PANEL	180.00	0	
4	Main	TO RESPRAY REAR FENDER LH	378.00	0	
5	Main	TO RESPRAY RIM	180.00	0	
Total:			1,296.00	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 REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	
3	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	
Total:			600.00	40.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
6	Main	TO WASH AND VACUUM	80.00	0	
Total			600.00	40.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spares Part Detail	4,291.98	483.96
Total Labour Cost	507.00	200.00
Total Spares Painting	1,296.00	200.00
Other	600.00	40.00
Overall Total	6,694.98	923.96
Lump Sum Repair Option		☒
Lump Sum Total	6,700.00	900.00
Surveyor Approved Amount		900.00
No. of Repair Days*	5	2 <i>2 days</i>
Remarks	-	L/S. After paint photo
Surveyor Name:		Sun Pin (LKK)
Signature:		

Survey Date

12/10/2020

- 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: