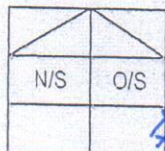


## ASSIGNMENT

From \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **GX 3404P**  
 Policy No. \_\_\_\_\_  
 Claims No. **MT/1130397-003**  
 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: **SHB1838M** Yr Regn: **18/12/2015**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / **Taxi** Prime Mover /  
 Truck / Trailer or

Make: **Toyota Prius.** c.c. **1798.**  
 Colour: **Maroon.** A/C: Insured / Std / NI / NA  
 Sp. Reading: **494413.** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_

C/No: **JTDKN36U505767030.**Gen. Cond: Good / **Fair** / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / **S/Rim** / STD A/Rim orTyre Size: F: **195/65 R15**R: **195/65 R15**

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

TOYO / YOKO or

**Sailun.**

Front

Rear

R/Bal. **6** mmR/Bal. **6** mmL/Bal. **6** mmL/Bal. **6** mmD.O.A. **03/05/2021**D.O.I. **03/05/2021**

Survey held at

**SINRT.**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

31/5/21 LS \$2600 confirmed by email (Red 13,075.90, 83%)

**TP**  
**THX/05/21/2002**  
**GX3404P**  
**PC7647H**

MV:

PV:

Nett:

Date/Time. File Pass to?



: Prel. Report

1)



: Final Report

Date/Time. File Return to?

31/5/21-Typist

Days Of Repair: **4**Resurvey No. of Trip: **1**

Survey Fee:

Transportation

3 + RS. \$1

Photos

Other:

Total

Arid Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Meet Insp (\$

Report Form 4: TP

Insured Sum / Limit: **LS \$2600**



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 369K

### Vehicle Details

Vehicle No.: SHB1838M

Vehicle to be Exported: No

Intended Deregistration Date: 04 May 2021

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2015

Engine No.: 2ZR6565443

Chassis No.: JTDKN36U505767030

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$29,508.00

Original Registration Date: 18 Dec 2015

First Registration Date: 18 Dec 2015

Transfer Count: 0

Actual ARF Paid: \$5,000.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 17 Dec 2023

PARF Rebate Amount: \$3,500.00

### Intended COE Rebate Details

COE Expiry Date: 17 Dec 2023

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$45,466.00

COE Rebate Amount: \$14,880.00

**Total Rebate Amount: \$18,380.00**

### 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 04 May 2021

OK

## 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 Submission	03/05/2021 16:07 (SGT)
Date of Accident	03/05/2021 11:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS CITY /BEFORE ANG MO KIO AVE 1 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1838M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

### DRIVER

Name of Driver	THIA TOH HIN
NRIC No	SXXXX767C

Date Of Birth	24/02/1957
Occupation	Outdoor
Date Of Driving Pass	27/10/1984
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210503/2033

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX3404P
Vehicle Manufacturer	-
Vehicle Model	-

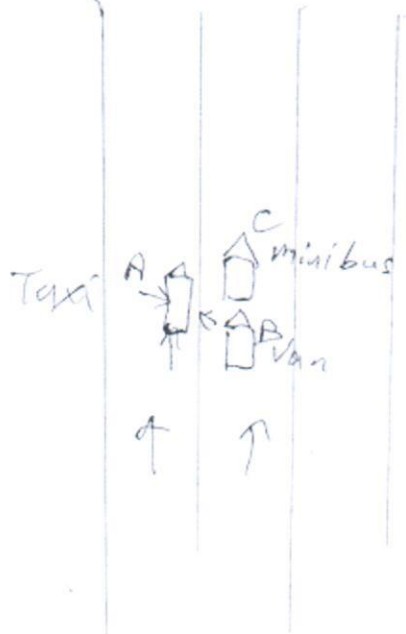


Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM ZHI YANG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC7647H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Argo Moir Avenue



A - SMART SKB1838M

B - Vam GX3404P

C - Agent  
PLB PC7647H

CTE towards  
City

B knocked C

B swerved left and  
knocked right rear  
door of A.

## 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

Witnessed by Reporting Centre  
Personnel

Thia 3/5/2021

lms 3/5/2021

## 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 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.

## 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

Sketch Plan

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

  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210503/2033

1 of 4

Report No. T/20210503/2033

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/05/2021 12:35	Vide Report No.:	Station Diary No.: 45
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: THIA TOH HIN	Address: APT BLK 208 SERANGOON CENTRAL #05-240 SINGAPORE 550208		
ID Type / ID No.: NRIC NO / S1237767C	Contact No.: Home/Office: Mobile: 96992993		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 64	Date of Birth: 24/02/1957	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: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2021 11:30	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX3404P	Van					0
PC7647H	Bus/Coach/Mi nibus					0
SHB1838M	Car				Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999



T/20210503/2033

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Report No. T/20210503/2033

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	LIM ZHI YANG	ID No.	S8802521J
Related Vehicle	GX3404P (Van)	Contact No.	91765351
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	THIA TOH HIN	ID No.	S1237767C
Related Vehicle	SHB1838M (Car)	Contact No.	96992993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/05/2021 at about 1130hrs, I was driving my taxi (SHB1838M) along CTE towards City, before Ang Mo Kio Avenue 1 exit. At that point of the time, the weather was clear and the road surface. The traffic condition was moderate.

As I was driving on the second lane from the left, I felt a collision from the rear right door of my taxi. I immediately applied brake and moved to the left side of the road to check what had happened. After alighted, I realised it was a chain accident, where a van (GX3404P) had knocked onto another vehicle (PC7647H), before it swerved left and hit into my taxi.

Due to the impact, the right rear side of my door was dented in and unable to open.

I made a check with all drivers whom informed they are not injured from the accident. I have also made a check with my passenger on-board whom informed she did not sustain any injuries. I have dash-cam installed at the front of my taxi however only my company will be able to retrieve the footages.

I had exchanged particulars and contact details with the driver of the van as well.

As such, I am lodging this report to submit it to my company.



**SINGAPORE  
POLICE FORCE**



T/20210503/2033

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20210503/2033

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210503/2033

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

4 of 4

Report No. T/20210503/2033

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 2 TAN WEI JIE

Signature Of Informant:

Thia

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/05/2021 12:35

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168







## Case Details

Case Reference Number :  
TAX/05/21/2002

Type of Repair : Accident Repair

Vehicle Registration Number :  
SHB1838M

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-14784-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 03/05/2021 03:30 AM

Vehicle Age(In Months) : 65

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

## 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	0	Repair	✓ XR
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	0	0	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	✓ N/A
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Not Give	✓ 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			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/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check	✓ X Svc
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
					1442.80									

Total Spare Part Cost 9,245.95

Lump Sum Discount (%) 20.00

Final Spare Part Cost 7,396.76

Surveyor Total 1,607.95

Lump Sum Dis (%) 20

Final Sur Total 1,286.36

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 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	Not Give ✓ 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			DOOR RR/RH	1	954.50	954.50	25.00	715.88	Replace	1	715.88	Replace ✓ /DD
One Time Key In	Main			DOOR LOCK RR/RH	1	709.30	709.30	25.00	531.97	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			DOOR REGULATOR MOTOR REAR RH	1	947.80	947.80	25.00	710.85	Replace	0	0	Check ✓ X sue
One Time Key In	Main			DOOR REGULATOR SUB-ASSY, FRT/REAR RH	1	224.80	224.80	25.00	168.60	Replace	0	0	Check ✓ X sue
One Time Key In	Main			WIRE RHR,DOOR	1	280.20	280.20	10.00	252.18	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			DOOR HINGE LOWER RR/RH	1	90.10	90.10	25.00	67.57	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			DOOR HINGE UPPER RR/RH	1	90.10	90.10	25.00	67.57	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			CHECK ASSY, RR DOOR,	1	150.30	150.30	25.00	112.73	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			DOOR OUTER HANDLE RR/RH	1	69.80	69.80	25.00	52.35	Replace	0	0	Not Give ✓ X sue
One Time Key In	Main			FENDER RR/RH	1	766.80	766.80	25.00	575.10	Replace	1	575.10	Replace ✓ /CR4.
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace ✓ /Nec.

5216.90

Total Spare Part Cost 9,245.95

Surveyor Total 1,607.95

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 7,396.76

Final Sur Total 1,286.36

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			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	✓/Nec
One Time Key In	Main			QUARTER GLASS RR/RH	1	846.50	846.50	25.00	634.88	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			SEALANT W/SCREEN	1	37.00	37.00	0.00	37.00	Replace	1	37.00	Replace	✓/Nec
One Time Key In	Main			FENDER LINE RR/RH	1	141.30	141.30	25.00	105.98	Replace	0	0	Check	✓Xsrc
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	30.70	30.70	25.00	23.02	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			TAIL LAMP RH	1	557.80	557.80	10.00	502.02	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			DUCT ASSY, QUARTER	1	70.40	70.40	25.00	52.80	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			WHEEL DISC	1	1,484.20	1,484.20	25.00	1,113.15	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			CAP SUB-ASSY, WHEEL	1	174.10	174.10	25.00	130.57	Replace	1	130.57	Replace	✓/Xsrc
One Time Key In	Main			WHEEL HUB REAR	1	489.40	489.40	25.00	367.05	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	✓Xsrc
One Time Key In	Main			MOULDING BODY, RH	1	673.60	673.60	25.00	505.20	Replace	0	0	Not Give	✓Xsrc
5292.44														
Total Spare Part Cost									9,245.95	Surveyor Total		1,607.95		
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									7,396.76	Final Sur Total		1,286.36		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
-------	--------------	-----------	-------------------------	-------------------------	---------



S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION RH	676.00	500	
<b>Total:</b>			<b>676.00</b>	<b>500.00</b>	

**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 RH	378.00	200	
5	Main	TO RESPRAY REAR DOOR RH	378.00	200	
6	Main	TO RESPRAY RIM	180.00	0	
7	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0	
<b>Total:</b>			<b>1,854.00</b>	<b>600.00</b>	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60	
2	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	
3	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	
5	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
6	Main	TO WASH AND VACUUM	60.00	0	
7	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	593.76	445.32	R3+R4+L4
<b>Total:</b>			<b>1,193.76</b>	<b>525.32</b>	

**3723.76****Summary**

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	7,396.76	1,286.36

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Labour Cost	676.00	500.00
Total Spray Painting	1,854.00	600.00
Other	1,193.76	525.32
Overall Total	11,120.52 <b>15,675.90</b>	2,911.68
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	11,100.00	2,900.00
Surveyor Approved Amount		2,900.00
No of Repair Days*	6	4 <i>4 days.</i>
Remarks	-	L/S, after paint photo. Finalize with Steve
Surveyor Name		Sun Pin (LKK)
Signature		
Survey Date	03/05/2021	

Save

Clear

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: