

REF:

NS/2NC 17017242 / Srb22

Surveyor:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

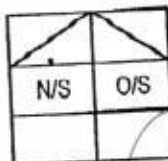
Insured: SJD 5234BPolicy No. 5090974418 170517 - 160518Claims No. MT/0958426-002

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: SMB 14744 Yr Regn: 11/9/2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Man NL320F. C.C. 10579Colour Multi colour A/C: Insured / Std / NI / NASp. Reading 285106 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WM 4A22229 E 700 2200Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175 / 70 R22-5

R: _____

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

TOYO / YOKO or

Firenz9

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 20/8/2017

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 30/8/2017

Survey held at

SMR

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

SMB 14744 U - XSJD 5234B - X30/10/17 Sebastian confirmed LS \$1700 (Red 4433.90, 729)

RECEIVED 24 NOV 2017

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 23/11 - typist

Report Format :

Lump Sum / I.B.I.: (\$ 1700)Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee:

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

TOTAL

160160

Survey Department Check List (Case Handler)

Reference No. : NS INC 1707242 / SRB
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 23/11/17
Case Handler Date

*C: Critical *N: Non-Critical



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17017242/Srb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-09-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJQ 5234B	Veh. Inspected	SMB 1474U
Policy No.	5090974418	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/08/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	20/08/2017	Inspection Date	30/08/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Estimate	Tentative repair cost
1	MT/0958426-002	SMRT BUSES LTD	SMB 1474U	SIQ 5234B	20/8/2017	\$6,133.90	\$1,700.00
2	MT/0958554-002	SMRT TAXIS PTE LTD	SHB 167Y	SJR 8588E	21/8/2017	\$2,933.00	\$900.00
3	MT/0962276-001	SMRT BUSES LTD	SMB 5037Y	FT 9907Z	3/10/2016	\$1,588.00	\$1,241.00
4	MT/0909389-002	SMRT BUSES LTD	SMB 3164B	SGS 4739T	26/7/2016	\$1,068.00	\$615.00
5	MT/0967270-002	SMRT TAXIS PTE LTD	SHD 6454T	SKW 7041J	27/10/2017	\$9,846.94	\$2,350.00
6	MT/0966048-002	SMRT TAXIS PTE LTD	SHC 4634J	SLP 3233Z	17/10/2017	\$10,707.70	\$1,600.00
7	MT/0965873-002	SMRT TAXIS PTE LTD	SHF 377L	SLH 7836A	13/10/2017	\$10,301.23	\$2,600.00

Claim received from LKK Auto

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5090974418	LAI WEI HERN (LAI WEIHENG)	S8700290Z	GPC	drive CLASSIC	SJQ5234B	SJQ5234B	17/05/2017	16/05/2018

Enquire Transfer Fee

Vehicle Details			
Vehicle No.	SMB1474U		
Vehicle Type	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1	Air-Conditioned		
Vehicle Scheme	OmniBus (SMRT - ARF-exempted)		
Vehicle Make	MAN		
Vehicle Model	NL 320F (A22) 11L AUTO ABS TURBO		
Chassis No.	WMAA22ZZ9E7002200		
Propellant	Diesel		
Engine No.	50338061363798		
Engine Capacity	10518 cc		
Maximum Power Output	-		
Maximum Laden Weight	18000 kg		
Unladen Weight	11280 kg		
Year Of Manufacture	2014		
Original Registration Date	11 Sep 2014		
Lifespan Expiry Date	10 Sep 2031		
Road Tax Expiry Date	10 Mar 2018		
Inspection Due Date	10 Sep 2018		
Intended Transfer Date	23 Nov 2017		
CO2 Emission	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee	11.00	-	11.00
Total Amount Payable			11.00

You may print this page for reference.

OK

Print

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 ability.
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 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	23/08/2017 09:41
Date Of Accident	20/08/2017 17:35
Exact Location Of Accident	TECK WHYE AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1474U
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	MAN
Model	BUS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	

Driver

Name of Driver	LAM SENG HUNG
Passport No/FIN	F0129675L
Date Of Birth	06/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2016
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

IMPORTANT NOTICE

SKETCH PLAN

16/8/2017 17:5025

1. Please report **correctly** the details of the accident to speed up the claims process.
2. The Form must be completed by the **Policyholder** and/or the **Authorised Driver**.
3. Information provided must be as **truthful and accurate** as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind the policy** and/or **deny 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 company.
5. Any **late reporting** may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the G.A. Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
7. By the submission 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 afterwards.
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 have permitted to collect, use, disclose and/or process my personal data (including information set out in this form) and any other personal information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers (who have insured vehicles) involved in the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firm, the Insurers' law firm, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police, for the purpose(s) of (i) processing, handling and/or dealing with my claims relating to the settlement of the claims and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or my claim;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claim (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 and packages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claim, (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firm, may have 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 firm), which may be situated outside of Singapore, for one or more of the above Purposes.

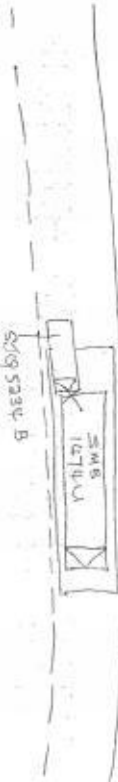


Policyholder's Signature / Date & Time: 22/8/2017 11:37 hrs

Witnessed by Reporting Driver's Signature / Date & Time: 22/8/2017 11:37 hrs

Personal

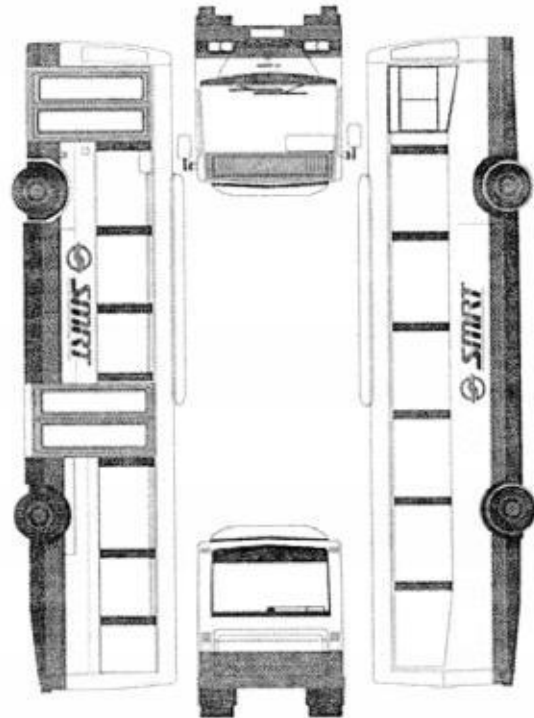
Sketch Plan



SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB1474U
Ref. No : BUS/08/17/5025
Reg. Date : 11/09/2014
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Lam Seng Hung
Type of Accident : HEAD TO REAR
Date / Time of Accident : 20/08/2017 05:39:00 PM
Accident Reported Date / Time : 22/08/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : IDAC
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024091714
Special Instruction to ARC,if any :
REAR RIGHT PORTION.
TP: SJQ5234B
Prepared Date : 23/08/2017 09:59:59 AM



Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,325.00	795.00
Total Labour	1,325.00	795.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	786.00	446.00
Total Spray Painting & Panel Beating	786.00	446.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

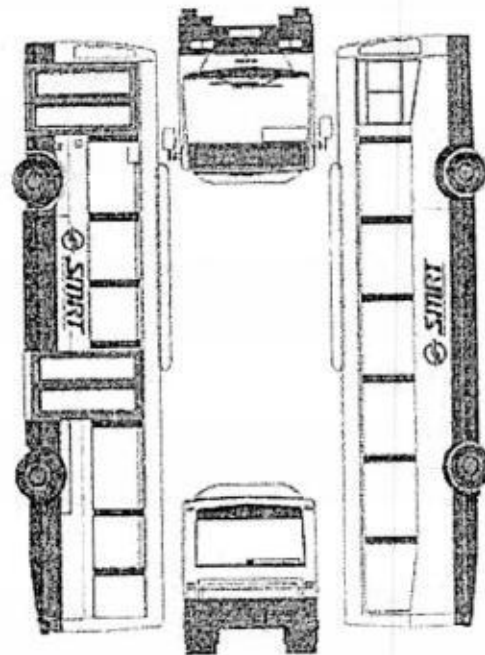
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		



SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB1474U
Ref. No : BUS/08/17/5025
Reg. Date : 11/09/2014
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Lam Seng Hung
Type of Accident : HEAD TO REAR
Date / Time of Accident : 20/08/2017 05:39:00 PM
Accident Reported Date / Time : 22/08/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : IDAC
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024091714
Special Instruction to ARC, if any :
REAR RIGHT PORTION.
TP: SJQ52348
Prepared Date : 23/08/2017 09:59:59 AM



Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : WMAA22ZZ9E7002200

Mileage

0

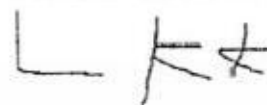
Work Shop :

Repair Completed Date / Time :

01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	1,325.00	795.00
Total Spray Painting Charges :	786.00	446.00
Total Material Charges :	701.78	701.78
Other Charges :	0.00	-250.00
TOTAL :	2,812.78 <i>633.90</i>	1,692.78
Lum Sum Total :	2,800.00	1,700.00
No. of Repair Days :	3.00	2.00 /
Prepared / Adjusted By :		Sebastian Yeang
Arc / Surveyor Sign Off Date :	24/08/2017 02:21:25 PM	30/08/2017 03:56:01 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 24/08/2017 11:58:28 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount :

Prepared Date :

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,325.00	795.00
Total Labour	1,325.00	795.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	786.00	446.00
Total Spray Painting & Panel Beating	786.00	446.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Lump Sum Adjustment by Surveyor	0.00	-250.00
Total Other Costs	0.00	-250.00

6133.90

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
FD1001-CW273		6010062	REAR TAIL LAMP COVER RH	1	974.70	10.00	877.23	Replace	Replace	No <i>J</i>
S01001-CW006		6010463	FRAME REAR BUMPER	1	1,423.20	100.00	0.00	Repair	Repair	No <i>R</i>
		6011408	BUMPER; REAR, CENT RE, MAN A22 'C' SERIES	1	1,625.00	100.00	0.00	Repair	Repair	No <i>R</i>
TOTAL MATERIALS								877.23	877.23	
TOTAL MATERIALS(Discounted)								701.78	701.78	
Added Spare Parts / Material Usage After Surveyor Signed off										

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

$$\begin{array}{r}
 877.23 \\
 795.00 \\
 + 446.00 \\
 \hline
 2118.23 \\
 - 10\% \\
 \hline
 1694.58
 \end{array}$$

U/S : \$1700 @ 2 days

Sebastian
30/10/2014

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17017242/Srbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-12-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJQ 5234B	Veh. Inspected	SMB 1474U	
Policy No.	5090974418	Coverage (\$)	0.00	
Claim No.	MT/0958426-002	Excess (\$)	0.00	
Assign From		Assign Date	30/08/2017	
2. Vehicle Particulars & Condition				
Make & Model	MAN NL 320F	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	WMAA22ZZ9E7002200	Colour	MULTI COLOUR	
Odometer	285106	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	FIRENZA	6 mm	
L/H Front Tyre	275/70 R22.5	FIRENZA	6 mm	
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	6/6 mm	
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	20/08/2017	Inspection Date	30/08/2017	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 1474U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TAIL LAMP COVER RH LESS 10% DISCOUNT	CRACKED	974.70 -	974.70 -97.47
			974.70	877.23
<u>SPECIAL NETT ITEMS</u>				
1	FRAME REAR BUMPER (SN)	TO REPAIR SEE LABOUR	1,423.20	-
1	BUMPER REAR CENTRE MAN A22 "C" SERIES (SN)	TO REPAIR SEE LABOUR	1,625.00	-
			3,048.20	-
<u>LABOUR</u>				
	TO REMOVE & INSTALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRAME REAR BUMPER AND BUMPER REAR CENTRE MAN A22 "C" SERIES.		1,325.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		786.00	446.00
			2,111.00	1,241.00
GRAND TOTAL			6,133.90	2,118.23
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. NS/INC17017242/Srbe2

YEANG WAI KEEN
Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Describe Circumstances of the Accident

My bus was stationary at the bus stop along Rockville Ave. in the process of passengers departing suddenly I heard sound at rear end vehicle behind vehicle 500 52348 front portion collided into the rear right portion of my bus. No injury. That's all.

Declaration

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



12/8/2017

X [Signature]

il

Policyholder's Signature / Date & Time

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

12/8/2017 1137 hrs.

Witnessed by Reporting Office Personnel

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident? 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) 30

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO GIA.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING FOR UPLOADING

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ5234B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address