

REF: NS/INC17017691/Srb22

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

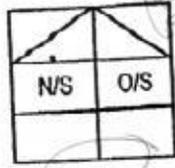
Insured: FJ 9907Z

Policy No. 5072706912 11-0715 - 0910-16

Claims No. MT 0962276-001

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 50374 Yr Regn: 2/2/2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_

Make: Alexander Dennis Enviro 500 c.c. 8849

Colour: Multi Colour A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ C/No: SP076CLK5EMTL3P32

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 275/70 R22-5  
R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Firestone

Front R/Bal. \_\_\_\_\_ mm Rear R/Bal. 6/6 mm

L/Bal. \_\_\_\_\_ mm L/Bal. 6/6 mm

D.O.A. 3/10/2016 D.O.I. 17/8/2017

Survey held at SPURT

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

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

Date / Time	Action / Instruction
	<u>SMB 50374 - X</u>
	<u>FJ 9907Z - X</u>
<u>12/9/17</u>	<u>Sebastian confirmed \$1241 (Reel 347, 221)</u>

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

1) \_\_\_\_\_  
Date/Time, File Return to? \_\_\_\_\_

2) 23/11 - typist

Report Format : \_\_\_\_\_  
Lump Sum / I.B.I: (\$ 1241/2 )

Days Of Repair: 2  
Resurvey No. of Trip: 1 Survey Fee: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_) Transportation: \_\_\_\_\_  
 : Interview (\$ \_\_\_\_\_) S+RS: \$ \_\_\_\_\_

: Tech. Invs (\$ \_\_\_\_\_) Photos \_\_\_\_\_  
 : Weekend (\$ \_\_\_\_\_) Others \_\_\_\_\_

TOTAL 160

## Survey Department Check List (Case Handler)

Reference No. : NS/INC 1707691 / S/b  
 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		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	✓			

Check By: 

VERON
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22/11/17
----------

  
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/INC17017691/Srb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 13-09-2017	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FT 9907Z	Veh. Inspected	SMB 5037Y
Policy No.	5072706912	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/08/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	03/10/2016	Inspection Date	17/08/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
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	SJQ 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	SHJ 7836A	13/10/2017	\$10,301.23	\$2,600.00

Claim received from LKK Auto

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 type="checkbox"/>	5072706912	MOHAMED YOUSUFF	S9450074E	GMC	Third Party	FT9907Z	FT9907Z	11/07/2015	09/10/2016

## Enquire Transfer Fee

Vehicle Details			
Vehicle No.	SMB5037Y		
Vehicle Type	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1	Air-Conditioned		
Vehicle Scheme	OmniBus (SMRT - ARF-exempted)		
Vehicle Make	ALEXANDER DENNIS		
Vehicle Model	ENVIRO500		
Chassis No.	SFD76CLR5EMTL3732		
Propellant	Diesel		
Engine No.	22139367		
Engine Capacity	8849 cc		
Maximum Power Output	-		
Maximum Laden Weight	24000 kg		
Unladen Weight	14800 kg		
Year Of Manufacture	2014		
Original Registration Date	02 Feb 2015		
Lifespan Expiry Date	01 Feb 2032		
Road Tax Expiry Date	01 Feb 2018		
Inspection Due Date	01 Feb 2018		
Intended Transfer Date	23 Nov 2017		
CO2 Emission	-		
<p>The current road tax expiry is 01 Feb 2018. You may renew the road tax from 02 Nov 2017 with all pre-requisite(s) fulfilled. If the road tax is renewed after 01 Feb 2018, late renewal fee(s) will be imposed. Please use <a href="#">Enquire Road Tax Payable</a> to check on the late fee(s) payable.</p> <p>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.</p>			
<p><b>Amount Payable (From 02 Feb 2018 to 01 Aug 2018)</b></p>			
	<b>Amount Before GST</b>	<b>GST Amount</b>	<b>Amount After GST</b>
	<b>(S\$)</b>	<b>(S\$)</b>	<b>(S\$)</b>
Transfer Fee	11.00	-	11.00
<b>Sub Total</b>			<b>11.00</b>
Nett Road Tax Amount (After Offsetting Over Payment)	765.00	-	765.00
<b>Total Amount Payable</b>			<b>776.00</b>

## Amount Payable (From 02 Feb 2018 to 01 Feb 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee	11.00	-	11.00
<b>Sub Total</b>			<b>11.00</b>
Nett Road Tax Amount (After Offsetting Over Payment)	1,530.00	-	1,530.00
<b>Total Amount Payable</b>			<b>1,541.00</b>

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	07/10/2016 09:37
Date Of Accident	03/10/2016 08:00
Exact Location Of Accident	SERANGOON ROAD / LAVENDER STREET
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB5037Y
<b>Insured/Policyholder</b>	
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	DENNIS
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-IIO27592MFBP
Cover Note Number	

#### Driver

Name of Driver	MAZIL BIN SAINI
NRIC No	S1759094D
Date Of Birth	11/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2006
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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 (TP HIT INSURED)  
Weather Conditions RAINING  
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? YES  
Was any other material or property damaged? YES  
Was there any video captured by Car Camera? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 100

#### 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.

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FT9907Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver MOHD BIN YOUSUFF  
NRIC/Passport Number  
Contact Number 92388554  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF INJURED PERSON 1

Name MOHD BIN YOUSUFF  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

**IMPORTANT NOTICE**

**SKETCH PLAN**

6/10/2016 1500f

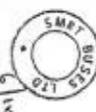
1. Please report **seriously** the details of the accident to speed up the claims process.
2. This Form must be submitted by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind or deny liability**.
4. The issue and acceptance of the Family Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any data recording 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 the report will 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 the report at the centre and to copies of the report being made available if/when:

1. Consistent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

- (a) My insurer, my workstation 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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law/yer/aw firm, the Monetary Authority of Singapore and any relevant government agency/body (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;

- (b) investigating the accident and/or my claims;
  - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (d) administering my claims (including the making 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 employment/passports); and/or
  - (e) 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 the accident and the Insurers' law/yer/aw firm, 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/are disclosed by any of the Insurers and/or GIA to third party service providers or agents (including their law/yer/aw firm), which may be situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time: 6/10/2016 Witnessed by Reporting Centre Personnel: [Signature]

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time: 6/10/2016 1040 Ws

*Refer to sketch attached*



Sketch Plan Pg. 2

Description of Circumstances of the Accident

3 was thrown along Sarawong Road on the extreme right lane  
substantially a motor bike FR400T I could not see the rear of my  
lane. The motor received for ambulance. No visible injury.  
That's all.

*(The sketch plan area is crossed out with a diagonal line.)*

Declaration

I declare the foregoing particulars are true in every respect.



Reporting Officer's Signature / Date 6/10/2016

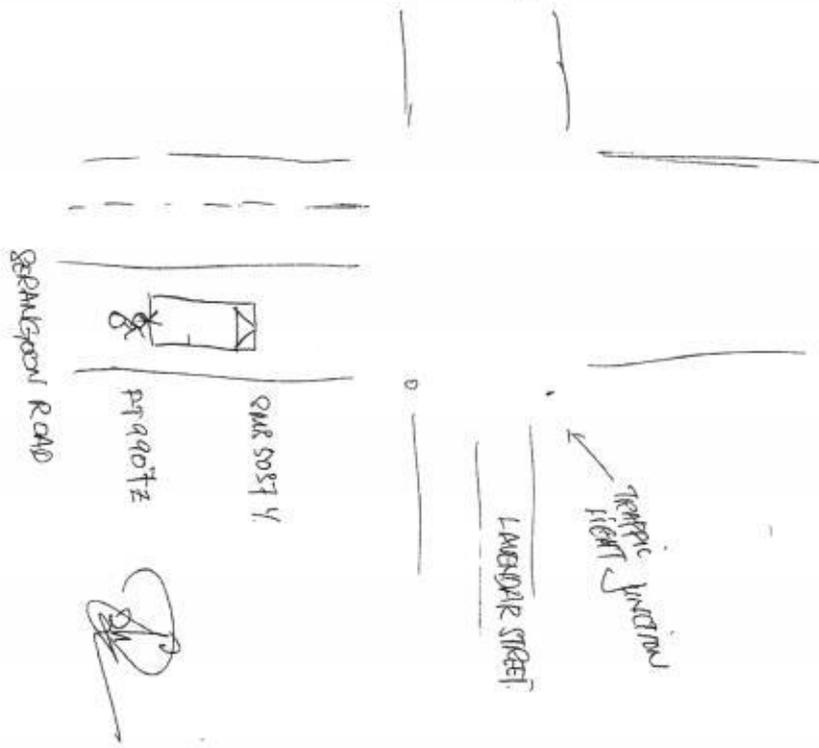
*(Handwritten signature of the reporting officer)*

Driver's Signature (if driver is not the policyholder) / Date 6/10/2016

*(Handwritten signature of the driver)*

Witnessed by Reporting Centre Personnel

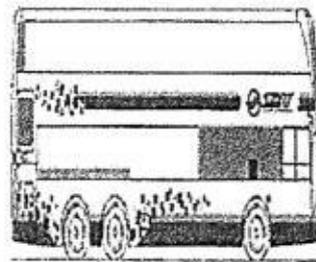
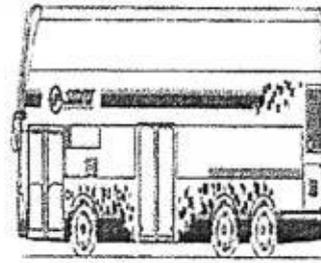
Sketch Plan Pg. 3



## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB5037Y  
Ref. No : BUS/10/16/5004  
Reg. Date : 02/02/2015  
Vehicle Type : DOUBLE DECK  
Make : ALEXANDER DENNIS  
Model : ENVIRO 500  
Name of Driver : Mazli Bin Saini  
Type of Accident : HEAD TO REAR  
Date / Time of Accident : 03/10/2016 08:00:00 AM  
Accident Reported Date / Time : 06/10/2016 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by : IDAC  
Vehicle is Towed Back? : No  
Towed Back Date/Time : 01/01/2000  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024091649  
Special Instruction to ARC,if any :



REAR PORTION.  
TP: FT9907Z

Prepared Date : 07/10/2016 02:05:23 PM

*No record found  
in system.*

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

Chassis No : SFD76CLR5EMTL3732

Mileage : 0

Work Shop :

Repair Completed Date / Time : 01/01/2000

**Summary of Repair Estimates**

	<b>Quotation from ARC</b>	<b>Adjusted by Surveyor, if applicable</b>
Total Labour Charges	: 1,060.00	795.00
Total Spray Painting Charges	: 528.00	446.00
Total Material Charges	: 0.00	0.00
Other Charges	: 0.00	0.00
<b>TOTAL</b>	<b>: 1,588.00</b>	<b>1,241.00</b>
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00
Prepared / Adjusted By	: Goh Kok Khoo	Sebastian Yeang
Arc / Surveyor Sing Off Date	: 14/08/2017 10:07:43 AM	31/08/2017 02:12:08 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 14/08/2017 10:07:37 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.	1,060.00	795.00
<b>Total Labour</b>	<b>1,060.00</b>	<b>795.00</b>

**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	528.00	446.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>528.00</b>	<b>446.00</b>

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
<b>Total Other Costs</b>		

1588.00

795  
+ 446  
-----  
1241

Sebastian  
12/9/2017.

**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	
<b>TOTAL MATERIALS</b>											
<b>TOTAL MATERIALS(Discounted)</b>								<b>0.00</b>	<b>0.00</b>		

**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
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									



## 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/INC17017691/Srbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-12-2017

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FT 9907Z	Veh. Inspected	SMB 5037Y
Policy No.	5072706912	Coverage (\$)	0.00
Claim No.	MT/0962276-001	Excess (\$)	0.00
Assign From		Assign Date	17/08/2017

### 2. Vehicle Particulars & Condition

Make & Model	ALEXANDER DENNIS ENVIRO500	c.c	8849
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	SFD76CLR5EMTL3732	Colour	MULTI COLOUR
Odometer	195643	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 PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	03/10/2016	Inspection Date	17/08/2017
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
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## 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



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 5037Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		1,060.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		528.00	446.00
			1,588.00	1,241.00
	<b>GRAND TOTAL</b>		<b>1,588.00</b>	<b>1,241.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,241.00</b>

Report Ref No. NS/INC17017691/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

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