

REF: NS/INC17018175/Srbe2

Surveyor: Schastian

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: SGZ2829 TPolicy No. 5073450731 07/09/2015 - 23/10/16Claims No. MT/0901189-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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 2374 Yr Regn: 20/1/2012

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

Truck / Trailer or _____

Make: Man NL 320 F C.C. 10518Colour: Multi Colour A/C: Insured / Std / NI / NASp. Reading: 534314 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA 228C7001245

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim orTyre Size: F: 275/70R25

R: _____

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

TOYO / YOKO or ContinentalFront R/Bal. 6 mmL/Bal. 6 mmD.O.A. 15/5/2016Survey held at SMART

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

Frt N/S

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

Date / Time Action / Instruction

SMB 2374-XSGZ2829 T-033/INC12014888/M1V0-1 D.O.A: 29/07/2012confirm L/S 9450, 1 dayRed: \$526, 54%REPAIR 2018

Date/Time, File Pass to?

☐ : Prel. Report☒ : Final Report

Date/Time, File Return to?

1) typist

2) _____

Report Format: TPLump Sum / I.B.T: (\$ 450)Days Of Repair: 1Resurvey No. of Trip: 1Survey Fee: 160

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

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

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 07/03/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0982884-002	SMRT AUTOMOTIVE	SHB 1554G	GBF 8697G	17/02/2018	9:40	\$ 2,962.68	\$ 1,050.00
2	MT/0982845-002	SMRT AUTOMOTIVE	SHF 74K	SGJ 8978X	15/02/2018	23:40	\$ 6,339.74	\$ 1,221.85
3	MT/0985155-001	SMRT AUTOMOTIVE	SMB 1414T	SGZ 5400B	06/11/2017	23:52	\$ 1,758.00	\$ 700.00
4	MT/0901189-001	SMRT AUTOMOTIVE	SMB 237U	SGZ 2829T	15/05/2017	19:00	\$ 976.00	\$ 589.00
5	MT/0982495-002	SMRT AUTOMOTIVE	SHD 6304T	SGJ 8622S	08/02/2018	16:40	\$ 2,121.00	\$ 350.00
6	MT/0981868-002	SMRT AUTOMOTIVE	SHD 6454T	SKG 4629T	09/02/2018	14:30	\$ 2,968.00	\$ 1,700.00
7	MT/0985159-001	COMFORT	SH 8764J	FH9765D	24/02/2018	7:30	\$ 6,563.72	\$ 2,800.00



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/INC17018175/Srb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 21-09-2017	
				
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGZ 2829T	Veh. Inspected	SMB 237U	
Policy No.	5073450731	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	19/09/2017	
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	15/05/2016	Inspection Date	19/09/2017	
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.				

eBaoTech

GeneralClaim

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"/>	5073450731	NEO BENG HONG	S6815589D	GPC	drive CLASSIC	SGZ2829T	SGZ2829T	07/09/2015	23/10/2016

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	16/05/2016 14:57
Date Of Accident	15/05/2016 19:00
Exact Location Of Accident	BT BATOK WEST AVE 5 / SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB237U
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-IIO27592MFBP
Cover Note Number	

Driver

Name of Driver	TAN WEI SENG
Passport No/FIN	G7056693T
Date Of Birth	14/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2015
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail 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 SIDE

Weather Conditions RAINING

Road Surface WET

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

Was there any video captured by Car Camera? YES

Number of Passengers (Including Driver) 25

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 SGZ2829T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver JIE JINKE

NRIC/Passport Number S9248196D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

IMPORTANT NOTICE

SKETCH PLAN

2010/16/1013

1. Please report accurately the details of the accident to speed up the claims process.
2. The Form must be completed 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 the 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.

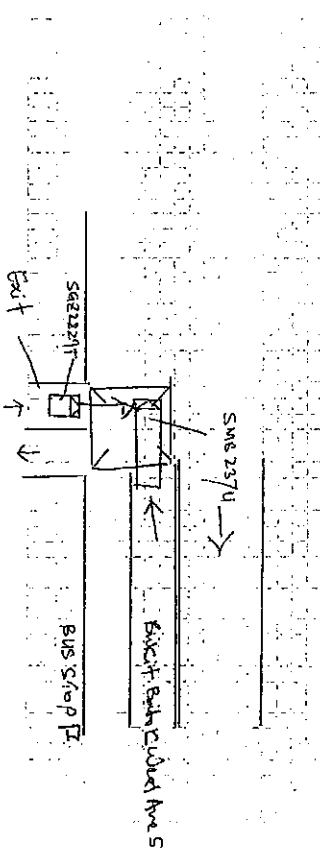
5. Any false reporting may be referred to the Police for investigation.

6. The report will be forwarded by the insurers of the 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 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 elsewhere.
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 process my personal data/personal information set out in this form and any other personal information provided by me or posted 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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 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 envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) All insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law 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/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be stated outside of Singapore, for one or more of the above purposes.



Policyholder's Signature / Date & Time
 16/1/2016
 Witnessed by Reporting Centre Personnel
 16/1/2016

Sketch Plan



Describe Circumstances of the Accident

I was travelling along route 542 in the southbound lane (proceeding) straight upon approaching the slip road to exit from the car park I noticed that vehicle 5423297 was stationary inside the slip road I then continued to move forward as I just entered the yellow box, vehicle 5423297 suddenly started to move out, I couldn't see him but the road vehicle continued to move out from the slip road and collided into the left hand portion of my bus. That's all.

(The remaining lines of the sketch plan area are crossed out with a diagonal line.)

Declaration

We declare the foregoing particulars are true in every respect.



Police/holder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

16/1/2016 11:15 hrs



SMRT Automotive Service Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63085592

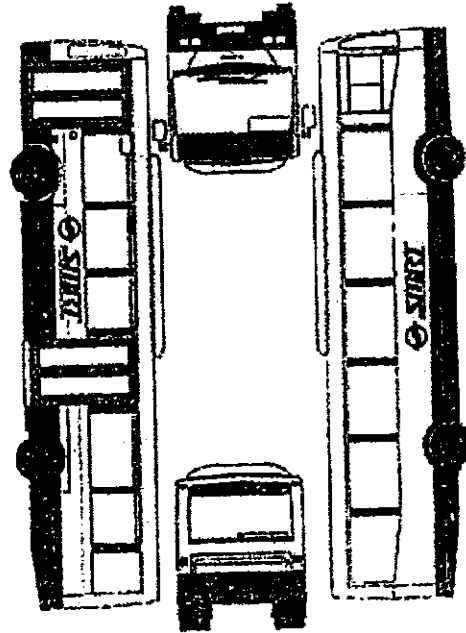
Estimator Telephone Number : 68682623

Accident Reporting Number : 68682672

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB237U
Ref. No : BUS/05/16/7013
Reg. Date : 20/01/2012
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Tan Wei Seng
Type of Accident : UNDERCARRIAGE
Date / Time of Accident : 15/05/2016 07:00:00 PM
Accident Reported Date / Time : 16/05/2016 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 : 000024092118
Special Instruction to ARC, if any :
LEFT FRONT PORTION.
TP: SGZ2829T
Prepared Date : 16/05/2016 05:12:17 PM



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

Chassis No : WMAA22ZZ8C7001245

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	: 530.00	265.00
Total Spray Painting Charges	: 446.00	324.00
Total Material Charges	: 0.00	0.00
Other Charges	: 0.00	-150.00
TOTAL	: 976.00	439.00
Lum Sum Total	: 1,000.00	450.00
No. of Repair Days	: 2.00	1.00 /
Prepared / Adjusted By	: Goh Kok Khoon	Sebastian Yeang
Arc / Surveyor Sign Off Date	: 19/09/2017 03:27:40 PM	19/09/2017 03:29:09 PM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 19/09/2017 01:25:37 PM

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 REPAIR LH FRONT PORTION	530.00	265.00
Total Labour	530.00	265.00

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	446.00	324.00
Total Spray Painting & Panel Beating	446.00	324.00

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	-150.00
Total Other Costs	0.00	-150.00

276

$$\begin{array}{r}
 265 \\
 + 324 \\
 \hline
 589 \\
 - 20\% \\
 \hline
 471.20
 \end{array}$$

L/S: \$450

Sebastian

11/11/2017.

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
TOTAL MATERIALS										
TOTAL MATERIALS(Discounted)							0.00	0.00		

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									




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/INC17018175/Srbe2			
73 BRAS BASAH ROAD		Date: 12-03-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars - THIRD PARTY CLAIM			
Insured Veh.	SGZ 2829T	Veh. Inspected	SMB 237U
Policy No.	5073450731	Coverage (\$)	0.00
Claim No.	MT/0901189-001	Excess (\$)	0.00
Assign From		Assign Date	19/09/2017
2. Vehicle Particulars & Condition			
Make & Model	MAN NL320F	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WMAA22ZZ8C7001245	Colour	MULTI COLOUR
Odometer	534314	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	CONTINENTAL	6 mm
L/H Front Tyre	275/70 R22.5	CONTINENTAL	5 mm
R/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm
L/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/05/2016	Inspection Date	19/09/2017
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:		1 Working Days	



National Assessment Centre Services

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 237U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPAIR LH FRONT PORTION.		530.00	265.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		446.00	324.00
			976.00	589.00
	GRAND TOTAL		976.00	589.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				450.00

Report Ref No. NS/INC17018175/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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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.