22520

## ASSIGNMENT

| From: Date:                                     | Veh No: SMB15724 Yr Regn. 2014 MC                                   |
|---|---|
| Estimated Cost:                                 | Type: M.Car / M.Cycle / Bas / Van / Lorry / Taxi / Prime Mover /    |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or  |
| To Inspect Vehicle No:                          | Make: MAN NL 320F (A)2) G.C WONS                                    |
| at Workshop m/s                                 | Colour Mult A/C: Insured / Std / NI / NA                            |
| of  | Sp.Reading 236451 T/Radio: Insured / Std / NI / NA                  |
| Insured 9kx 6335m                               | Eng/No:   |
| Policy No. 50 88411 648 09 1317 - 120318        | C/No: WMAA 22 ZZOF 700 2538   |
| Claims No. M7/0962028-002                       | Gen. Cond: Good / Par / Poor / Burnt                                |
| Sum Insured: Excess:                            | Steering: hower / Jammed / Leaked / Burnt or                        |
| (Client's Record)                               | Brake: Inorder / Jammed / Leaked / Burnt or                         |
| Make of Veh:                                    | Modi: Nil / S/Rim / STD A/Rim or                                    |
| ₹   | Tyre Size: F: 275 702225  |
| (Policy Condition)                              | R: 1 10   |
| Remark: The veh had commenced its N/S O/S       | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /     |
| repair at the time of inspection.               | TOYO / YOKO OF FIRENZA .  |
| Bal. or Market Value:                           | <u>Front</u> <u>Rear</u>  |
| IDAC Accident Rport: Consistent? ; Yes or No    | R/Bal. R/Bal. P/S mm  |
| GIA / PR Seen: Consistent? : Yes or No          | L/Bal. V mm L/Bal. 8/8 mm   |
| Est Repairs: days Res.: Yes or No               | D.O.A. 16/07/17 D.O.I. 22/09/17                                     |
| Lum Sum: % 3 Val.: Yes or No                    | Survey held at SMG  |
| CA / REV / REP. / 24 HRS                        | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or         |
| Vehicle: IN / OU                                | AAT     -   |
| Date: Person Contacted:                         | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction                | •   |
| SMB 1572U-X<br>SKX 6335M- CC3 /AXA 16 UNTUS/1   | KU6397 DOG- 12040   |
|   |   |
| 4 \$450, 1 day Ches                             | \$ 576, 54%)  |
|   | ·   |
|   |   |
| RECEIVED 7 0 NOV 20                             | 017   |
| NL UL.  |   |
| Date/Time, File Pass to? : Preli. Report        | Days Of Repair:   |
| 1) 90 11 TUNG : Final Report                    | Resurvey No. of Trip: Survey Fee:                                   |
| Date/Time, File Return to?                      | Transportation.   |
| 2) Add F  |   |
| 14  | : Interview (\$ ) Photos 160  |
| Report Format :                                 | : Tech. Invs (\$) Others  |
| Lump Sum / 1.B.#: (\$ 450 .)                    | :Weekend (\$ · )  |
| 1724  | TOTAL   |



## **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



| NT  | UC INCOME INSU                            | RANCE CO-OPERATIVE LTD                                  | Ref: NS/INC        | 17018781/R1qb  |
|-----|---|---|--------------------|--|
| #05 | BRAS BASAH ROA<br>5-01 NTUC TRADE<br>9556 | AD<br>UNION HOUSESINGAPORE                              | Date: 02-10-2      | 017  |
| 1.  |   | Policy Particulars                                      | :- THIRD PARTY     | CLAIM  |
|     | Insured Veh.                              | SKX 6335M   | Veh. Inspected     | SMB 1572U  |
|     | Policy No.                                | 5088411648  | Coverage (\$)      | 0.00   |
|     | Claim No.                                 |   | Excess (\$)        | 0.00   |
|     | Assign From                               |   | Assign Date        | 29/09/2017   |
| 2.  |   | Vehicle Parti   | culars & Condition | on the second se |
|     | Make & Model                              |   | c.c                | 0  |
|     | Engine No.                                | HIDDEN  | Year of Reg.       |  |
|     | Chassis No.                               |   | Colour             |  |
|     | Odometer                                  | *   | Steering           |  |
|     | Brakes                                    |   | Modification       |  |
|     | General                                   |   |                    |  |
| 3.  |   | Conditi   | ons 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   | on of Damages      |  |
| 5.  | The second second second                  | Genera  | Information        |  |
|     | Accident Date                             | 16/09/2017  | Inspection Date    | 29/09/2017   |
|     | Survey held at                            | SMRT AUTOMOTIVE SERVICE                                 |                    | 200 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0  |
|     |   | 60 WOODLANDS INDUSTRIAL                                 | PARK E4 SINGAPO    | RE 757705  |
| 5a. | female and                                | Re  | marks              |  |
|     | A)THE INSPECTION B)IN ACCORDANG           | ON WAS CONDUCTED ON A"WIT<br>CE TO YOUR INSTRUCTIONS, W | HOUT PREJUDICE     | BASIS. ORISED REPAIRS  |

Policy Type: OD / TP / TP RES / TL / EVA Case Handler ): Case handler to make sure all Information created by the assignment team are ACCURATE. Admin ( Y-Date N-Date Y-Date N-Date (1) Office Assign Form Reference No. L C C Customer Code N Assign From Assign Date C Veh No (Inspected) C C Veh No (Insured) C D.O.A Policy No. C C Claim No Insurance Authorisation (CA /REV/REP) C C Report Type Weekend Charges C Survey held at/Repairer C Excess Surveyor ( ): Case handler to make sure the surveryor completed all required information. (1) Assignment Form C Vehicle No Regn Month/Year C Vehicle Type Make & Model N C Engine Capacity. (C.C) N Colour C Odometer. (Sp.Reading) Chassis No C General Condition N N Steering Brake N N Modification (Modi) C Tyre Size Tyre Make N Tyre Balance C Date of Inspection C N Survey held N. Des. of Damages (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form ALL Parts condition Market Value for OD cases C Estimate Repair Cost for PRI (RSI, TMI, MSIG) C Days of repair C C Finalised Amount Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen) Resurvey photo Upłoaded Check By:

Survey Department Check List (Case Handler)

Case Handler

Date

TP Claims against NTUC Income: Follow-Through Survey

| oN/c | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No |
|------|------------------|---------------------------------|----------------------|-------------------|
| 1    | MT/0967919-002   | SMRT TAXIS PTE LTD              | SHF 472U             | GRF 6579V         |
| 2    | MT/0962029-002   | SMRT BUSES LTD                  | SMR 157211           | CVV 6325M         |
| 3    | MT/0968532-003   | SMRT TAXIS PTE LTD              | SHR 1953M            | SDR 6900B         |
| 4    | MT/0969143-002   | SMRT TAXIS PTE LTD              | SHD 6476F            | SIK 74601         |
| 2    | MT/0912702-002   | SMRT BUSES LTD                  | SMB 1630K            | 50 8465D          |
| 9    | MT/0970438-001   | SMRT TAXIS PTE LTD              | SHR5851V             | CLC 2120B         |
| 7    | MT/0970441-001   | SMRT TAXIS PTF LTD              | CHR 1960C            | 3LQ 3120P         |
| ∞    | MT/0959634-002   | SMRT BUSES LTD                  | SMB 1580X            | SI D 9017E        |
| 6    | MT/0968476-002   | SMRT TAXIS PTE LTD              | SHB 5800U            | SHD 2021K         |
| 10   | MT/0953202-003   | SMRT TAXIS PTE LTD              | SHC 4540X            | MC2AGE            |

| eBaoTech               |          |                |                      |                      |         |               |                |                   | Gene             | eralClaim     |
|------------------------|----------|----------------|----------------------|----------------------|---------|---------------|----------------|-------------------|------------------|---------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                |                      |                      |         |               | Change La      | nguage            | Change Passwo    | ord · Log Out |
| My Desittop            | Polic    | cy Query       |                      |                      |         |               |                |                   |                  |               |
| Notice of Loss         | Policy N | io.            |                      |                      |         | Date of Acc   | cident         | 16/09             | 2017 11:01       |               |
|                        | Vehicle  | No.(For Motor) | SKX6335M             |                      |         |               |                |                   |                  |               |
|                        |          |                |                      |                      |         | Search        |                |                   |                  |               |
|                        | Select   | Policy No.     | Policyholder<br>Name | Policyholder<br>NRIC | Product | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date   |
|                        | 0        | 5088411648     | MICROUNIVER<br>SK    | 53353934W            | GPC     | drivo CLASSIC | SKX6335M       | SKX6335M          | 09/03/2017       | 12/03/2018    |
|                        |          |                |                      |                      | - 1     | Continue      |                |                   |                  |               |

Text size +

## **Enquire Transfer Fee**

## Vehicle Details

Vehicle No.:

SMB1572U

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.:

WMAA22ZZ0F7002538

Propellant:

Diesel

Engine No.:

50339180863929

Engine Capacity:

10518 cc

Maximum Power

Unladen Weight:

Output:

Maximum Laden

18000 kg

Weight:

11280 kg

Year Of Manufacture:

Original Registration

30 Dec 2014

Date: Lifespan Expiry Date:

29 Dec 2031

Road Tax Expiry Date: 29 Dec 2017

Inspection Due Date:

29 Dec 2017

Intended Transfer

Date

02 Oct 2017

CO2 Emission:

The current road tax expiry is 29 Dec 2017. You may renew the road tax from 30 Sep 2017 with all pre-requisite(s) fulfilled. If the road tax is renewed after 29 Dec 2017, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late 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 (From 30 Dec 2017 to 29 Jun 2018)

|   | Amount Before GST<br>(S\$) | GST Amount<br>(S\$) | Amount After GST (S\$) |
|---|----------------------------|---------------------|------------------------|
| Transfer Fee :  | 11.00                      | 8                   | 11.00                  |
| Sub Total :   |                            |                     | 11.00                  |
| Nett Road Tax Amount<br>(After Offsetting Over<br>Payment): | 850.00                     | 5.                  | 850.00                 |
| Total Amount  |                            |                     | 861.00                 |

You may print this page for reference.



Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the Back or Forward buttons on your browser as this may after the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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## 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 witholding 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.
- 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.

| aforesaid.   |                             |
|--|-----------------------------|
|  | ACCIDENT STATEMENT          |
| Date Of Report   | 19/09/2017 10:50            |
| Date Of Accident   | 16/09/2017 12:50            |
| Exact Location Of Accident   | SCOTTS RD                   |
| Country/State of Loss  | SINGAPORE                   |
| and the second of the second o | ETAILS OF OWN VEHICLE       |
| Vehicle Registration Number  | SMB1572U                    |
| Insured/Policyholder   |                             |
| Name Of Registered Owner   | SMRT BUSES LTD              |
| Co Reg No  | 198202292D                  |
| Email Address  | NOEMAIL                     |
| Mobile Phone No  |                             |
| Alternative Phone No   | OFFICE-64823888             |
| Vehicle Particulars  |                             |
| Manufacturer   | MERCEDES-BENZ               |
| 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   | REPORTING ONLY              |
| 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   |                             |

## Driver

Name of Driver S VIJAYAN S/O K SANKU

 NRIC No
 \$2626044B

 Date Of Birth
 17/10/1960

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/04/1988

Driving Experience 29 YEARS AND 4 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

SIDE SWIPE

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)

11

## **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

Bus travelling along Scotts Road, before BS: 09219 - Far East Plaza, the traffic condition of the said rd was heavy due to road work on the left lane causing all vehicle were moving slowly. While traveling, a private car( SKX6335M)on the right lane overtake me thus hit onto the right front body of the bus. For the above accident nobody was injured.

## Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKY6995M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

YU LI JUN

NRIC/Passport Number

Contact Number

96809106

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Details of Witness**

Name

Phone Number

Email Address

## SKETCH PLAN

BW 109/17/1020

## IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 all ow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy itability on the part of the insurance сопрапіes.
- 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 re sout being made available aforesaid,
- 8. Consent under the Personal Data Protection Act (PDPA)

Lu miderstand, 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 an offer process my personal data/personal information set out in this [form] and any other personal information provided by ms or po ssessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w Inchave insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be co flectively referred to as the "Insurers"), the Insurers' law yers/faw 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;

& Time

- (iv) administering my claims (including the melting of correspondence, statements, invoices, reports or notices to me, which could involve dis obsure 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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SERT BUSES LES 6 Ang Me Kio Street 6. Singapore 569140 fel: 6482 3888 Fax: 6482 3842 VANE STITL COTT SP

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

Policyholder's Signature / Date & Time

Sketch Plan

Witnessed by Reporting Centre Personnet

SKX 6335 m SMB 15724

Road works

SCOTTS ROAD

## Sketch Plan Pg. 2

|  | QL          | refu         | to      | 614  | report. |                                    | -н/1             |
|--|-------------|--------------|---------|--|---------|------------------------------------|------------------|
|  | 1           |              |         | 22 E T T H                                   | ,       |                                    |                  |
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|  |             |              | V 85    |  |         |                                    |                  |
| laration   |             |              |         |  |         |                                    |                  |
| declars the foregoing particulars  | are true in | ечегу гезрес | t.      |  |         |                                    |                  |
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| SAIRT DUSAN LOS<br>6 Ans Mo Ric Street 6.4   |             |              |         | ,  |         |                                    |                  |
| 6 Ang Mo Rio Street 6<br>Singapore 569140<br>fel: 6482 3888 Fer: 6682 3864   |             | (6)          | -       | 1  |         | 0                                  |                  |
| 191: 6482 3888 FAF: 6482 3869  |             | Addis        |         |  |         | 100                                |                  |
|  |             |              |         |  |         |                                    |                  |



60 Woodlands Industrial Park E4, Singapore 757705

FAX Number

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

# SMRT Accident Vehicle Repair Estimates

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

SMB1572U Reg. No

BUS/09/17/1020 20/09/2017 Reg. Date Ref. No

**BUS-12M** MAN Vehicle Type Make

MAN

Model

S Vijayan S/O K Sanku Type of Accident Name of Driver

16/09/2017 12:50:00 PM SIDE SWIPE Date / Time of Accident

18/09/2017 12:00:00 AM Accident Reported Date / Time :

Surveyor is Required?

IDAC Vehicle is Towed Back? Survey by

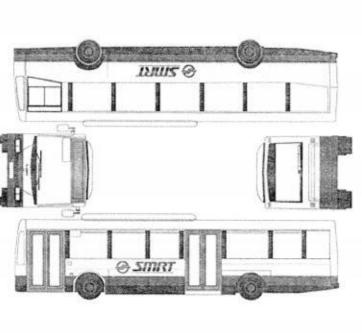
Replacement Vehicle issued? Towed Back Date/Time

S

Special Instruction to ARC, if any Accident Repair Job Card No

SKX6335M (TP) - INSURED WITH NTUC. SMB1572U - FRONT RIGHT PORTION

20/09/2017 05:59:09 PM Prepared Date



| Other Charges                          | 00.00   | 0.00                             |
|--|---|----------------------------------|
| TOTAL                                  | . 976.00  | 0.00                             |
| Lum Sum Total                          | 1,000.00  | 0.00                             |
| No. of Repair Days                     | 00.0  | 0.00 lokey (cupour               |
| Prepared / Adjusted By                 |   | Ž                                |
| Arc / Surveyor Sing Off Date           | : 01/01/1900 12:00:00 AM  | 01/01/1900 12:00:00 AM           |
| Prepared / Adjusted Date               |   | C1/20/P2 /W                      |
| Remarks                                |   | 4110                             |
| Prepared Date : 29/09/2017 09:25:56 AM | 09:25:56 AM   |                                  |
| Section C - To be Completed            | Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair | entre, Upon Completion of Repair |
| Quotation No :                         | Invoice No  |                                  |
| Quotation Date :                       | Invoice Date  |                                  |
| Invoice Amount :                       | Prepared Date   | 26.00                            |
|  |   |                                  |
|  |   |                                  |
|  |   |                                  |
|  |   |                                  |
| 3US/09/17/1020                         |   | Page:                            |
|  |   |                                  |

Adjusted by Surveyor, if applicable

Quotation from ARC

Summary of Repair Estimates

530.00 446.00

Total Spray Painting Charges

Total Labout Charges

Total Material Charges

0.00

0.00 0.00

Remarks

0.00 0.00

0

Repair Completed Date / Time :

Mileage

Chassis No Work Shop

## Part 1 - Labour Works

| Job Scope                  | Quotation from ARC | Adjusted by Surveyor, if a | f applicable |
|----------------------------|--------------------|----------------------------|--------------|
| TO REPAIR RH FRONT PORTION | 530.00             | 29% 00:00                  |              |
| Total Labour               | 530.00             | 0.00                       |              |

## Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope   | Quotation from ARC | Adjusted by | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------|-------------------------------------|
| PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS | 446.00             | 0.00        | 300                                 |
| Total Spray Painting & Panel Beating                                | 446.00             | 0.00        |                                     |

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

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

## Part 4 - Spare Parts / Material Usage

| Part   | Portion | Portion Stock No | Part Name            | ð     | List Price | Discount | Final Price | ARC       | SHIVEVOR | Photos   |
|--------|---------|------------------|----------------------|-------|------------|----------|-------------|-----------|----------|----------|
| lumber |         |                  |                      | ì     | (\$)       |          | (\$)        | Recommen  | Approved | Attached |
|        |         | TO               | TOTAL MATERIALS      |       |            |          |             |           |          |          |
|        |         | TOTAL N          | MATERIALS(Discounted | nted) |            |          |             | 0.00 0.00 | 0.00     |          |

## Added Spare Parts / Material Usage After Surveyor Signed off

|  | Vertion Part Name City List Price Discount Final Price ARC Check Surveyor List Number (\$) (%) (\$) (\$) Check Check Ch |
|--|---|
|  | ,   |

## 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 Prejudios" basis

 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company . No illegal modification(s) is allowed

Acknowledged by Repairer

Signature: Date:



54 m cum

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

## **SMRT Accident Vehicle Repair Estimates**

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

Reg. No : SMB1572U

Ref. No : BUS/09/17/1020

 Reg. Date
 : 30/12/2014

 Vehicle Type
 : BUS -12M

Make : MAN Model : MAN

Name of Driver : S Vijayan S/O K Sanku

Type of Accident : SIDE SWIPE

Date / Time of Accident : 16/09/2017 12:50:00 PM Accident Reported Date / Time : 18/09/2017 12:00:00 AM

Surveyor is Required? : Yes
Survey by : IDAC
Vehicle is Towed Back? : No

Towed Back Date/Time : 01/01/2000

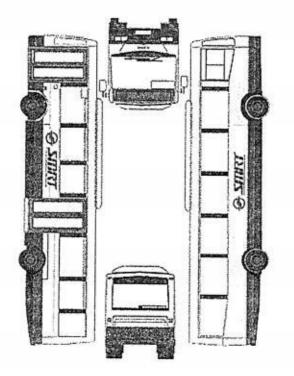
Replacement Vehicle issued? : No

Accident Repair Job Card No : 000024092317

Special Instruction to ARC, if any :

SMB1572U - FRONT RIGHT PORTION SKX6335M (TP) - INSURED WITH NTUC.

Prepared Date : 20/09/2017 05:59:09 PM



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

Chassis No: WMAA22ZZ0F7002538

Mileage

0

01/01/2000

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC Adjusted by Surveyor, if applicable

 Total Labout Charges
 : 530.00
 265.00

 Total Spray Painting Charges
 : 446.00
 300.00

 Total Material Charges
 : 0.00
 0.00

 Other Charges
 : 0.00
 -100.00

 TOTAL
 : 976.00
 465.00

Lum Sum Total : 1,000.00 450.00

No. of Repair Days : 2.00 1.00

Arc / Surveyor Sing Off Date : 29/10/2017 01:59:29 PM

RASUL 90010068 29/10/2017 03:55:24 PM

~

Prepared / Adjusted Date

Prepared / Adjusted By

Remarks

Prepared Date : 29/09/2017 09:25:56 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 REPAIR RH 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<br>AND RESPRAY ABOVE REPAIR ITEMS | 446.00             | 300.00                              |  |  |
| Total Spray Painting & Panel Beating                                   | 446.00             | 300.00                              |  |  |

## 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               | -100.00                             |  |  |
| Total Other Costs               | 0.00               | -100.00                             |  |  |

926

Part 4 - Spare Parts / Material Usage

| Part<br>Number | Portion         | Stock No | Part Name      | Qty    | List Price<br>(\$) | Discount<br>(%) | Final Price<br>(\$) | ARC<br>Recommen<br>d | Surveyor<br>Approved | Photos<br>Attached |
|----------------|-----------------|----------|----------------|--------|--------------------|-----------------|---------------------|----------------------|----------------------|--------------------|
|                |                 | ТО       | TAL MATERIALS  |        |                    |                 |                     |                      |                      |                    |
|                | 1111-000-000-00 | TOTAL M  | ATERIALS(Disco | unted) |                    |                 |                     | 0.00                 | 0.00                 |                    |

## Added Spare Parts / Material Usage After Surveyor Signed off

| Part<br>Number | Portion | Part Name         | Qty     | List Price<br>(\$) | Discount<br>(%) | Final Price<br>(\$) | ARC Check | Surveyor<br>Check                        | LT<br>Check |
|----------------|---------|-------------------|---------|--------------------|-----------------|---------------------|-----------|--|-------------|
|                | то      | TAL SUPPLEMENTARY | MATERIA | ALS                |                 |                     | 0)5710)   | 7100 000 000 000 000 000 000 000 000 000 |             |

BUS/09/17/1020 Page:



5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

## National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17018781/R1qbn2 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-11-2017 189556 Code: INC4 1. Policy Particulars :- THIRD PARTY CLAIM Insured Veh. SKX 6335M SMB 1572U Veh. Inspected Policy No. 5088411648 0.00 Coverage (\$) Claim No. MT/0962029-002 0.00 Excess (\$) 29/09/2017 Assign From Assign Date 2. Vehicle Particulars & Condition MAN NL 320F (A22) 10518 Make & Model C.C HIDDEN 2014 Engine No. Year of Reg. Chassis No. WMAA22ZZ0F7002538 Colour MULTI Odometer 236451 Steering IN ORDER Brakes IN ORDER Modification NIL FAIR General 3. **Conditions of Tyres** Size Make Balance 275/70 R22.5 R/H Front Tyre FIRENZA 8 mm 275/70 R22.5 FIRENZA 8 mm L/H Front Tyre 275/70 R22.5 (D) **FIRENZA** 8/8 mm R/H Rear Tyre 275/70 R22.5 (D) **FIRENZA** 8/8 mm L/H Rear Tyre 4. **Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS. General Information 5. 29/09/2017 16/09/2017 Inspection Date **Accident Date** SMRT AUTOMOTIVE SERVICES PTE LTD Survey held at 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.

**Estimate Days of Repair** 

1 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

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 1572U

| Qty | Description of Parts   | Condition | Estimate By<br>Workshop (\$) | Our Adjusted<br>(\$) |
|-----|--|-----------|------------------------------|----------------------|
|     | LABOUR   |           | 2 2 2017                     |                      |
|     | TO REPAIR RH FRONT PORTION.  |           | 530.00                       | 265.00               |
|     | PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS. |           | 446.00                       | 300.00               |
|     |  |           | 976.00                       | 565.00               |
|     | GRAND TOTAL  |           | 976.00                       | 565.00               |

| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | 450.00 |
|--|--------|
| (CONFIRMED)  |        |

Report Ref No. NS/INC17018781/R1qbn2

MOHAMMED RASUL BIN MOHD YUNUS

**Automotive Assessor** 

h

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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