

REF: NS/INC17023059 / S4b32

Survey

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: SKH 2771Y

Policy No. 5056947191-04 22.11.16 - 21.11.17

Claims No. NT/0970425-002

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 21A Yr Regn: 30/10/2008

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

Truck / Trailer or

Make: Mercedes Benz DC500LE c.c. 11967.

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

Sp. Reading: 708694 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB 63442021000079

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: 275/70R22.5

R: 9

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal. 6 mm R/Bal. 6/6 mm

L/Bal. 6 mm L/Bal. 6/6 mm

D.O.A. 17/11/2017 D.O.I. 4/12/2017

Survey held at SKRT

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

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

Date / Time | Action / Instruction

SMB 21A - CS/EG17010815/KHh372

DUA: 2505207

SKH 2771Y - NS/INC13005385/R/vn

DOP: 17012013

lump sum \$1900/- (Red: 1029.36; 35%)

RECEIVED 16 JAN 2018

Date/Time, File Pass to?

☐: Preli. Report☒: Final Report

1) b1 Typst

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

2)

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

) \$ + RS. \$

) Photos

) Others

Report Format: TP

Lump Sum / I.B.I: (\$

1900

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023059/Stb

73 BRAS BASAH ROAD

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

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKH 2771Y	Veh. Inspected	SMB 21A
Policy No.	5056947191-04	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

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	17/11/2017	Inspection Date	04/12/2017
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

Date: 12/01/2018

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/0974964-003	CITYCAB PTE LTD	SHC 926T	SKN 4852C	24/12/2017	16:10	\$ 3,231.90	\$ 1,400.00
2	MT/0965594-002	SMRT BUSES LTD	SG 1046A	SJK 9733H	10/10/2017	11:20	\$ 12,108.35	\$ 9,303.66
3	MT/0974611-002	SMRT TAXI PTE LTD	SHB 1023Y	GW 2992U	18/12/2017	7:40	\$ 7,209.04	\$ 1,100.00
4	MT/0974888-002	SMRT TAXI PTE LTD	SHF 466M	PA 8025G	21/12/2017	8:10	\$ 7,656.80	\$ 1,250.00
5	MT/0973641-002	SMRT TAXI PTE LTD	SHD 6318D	FBC 2047M	11/12/2017	6:27	\$ 4,497.17	\$ 2,857.60
6	MT/0976356-002	SMRT TAXI PTE LTD	SHF 301E	SFT 68D	1/1/2018	6:11	\$ 8,472.24	\$ 1,100.00
7	MT/0977899-001	SMRT TAXI PTE LTD	SHB 5827T	SDS 6588J	4/1/2018	10:20	\$ 1,978.61	\$ 924.77
8	MT/0975474-002	SMRT TAXI PTE LTD	SHB 152P	GBE 7429B	28/12/2017	11:00	\$ 6,344.44	\$ 3,500.00
9	MT/0973932-002	SMRT TAXI PTE LTD	SHF 441J	SJL 7917C	15/12/2017	18:10	\$ 9,147.71	\$ 1,850.00
10	MT/0970425-002	SMRT BUSES LTD	SMB 21A	SKH 2771Y	17/11/2017	17:05	\$ 2,929.36	\$ 1,900.00
11	MT/0976470-002	SMRT TAXI PTE LTD	SHC 4700B	SLT 752R	4/1/2018	8:35	\$ 2,057.39	\$ 1,050.00
12	NOT INCOME	SMRT TAXI PTE LTD	SHB 5040X	SDG 1662Z	31/12/2017	21:35	\$ 2,759.80	\$ 1,467.80
13	MT/0974170-002	SMRT TAXI PTE LTD	SHC 4021C	SJD 3664A	17/12/2017	18:20	\$ 2,551.82	\$ 550.00

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"/>	5056947191-04	TAN PANG LIANG	S1357497I	GPC	drive PREMIUM	SKH2771Y	SKH2771Y	22/11/2016	21/11/2017

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	27/11/2017 14:53
Date Of Accident	17/11/2017 17:05
Exact Location Of Accident	CHOA CHU KANG LOOP TWDS CHOA CHU KANG INT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB21A
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

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 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-II027592MFBP
Cover Note Number	

Driver

Name of Driver	YU XIN
Work Permit No	0 77253351
Date Of Birth	11/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2016
Driving Experience	0 YEAR AND 11 MONTH
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
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) 1

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

I WAS DRIVING MY OFF SERVICE BUS ALONG CHOA CHU KANG LOOP TOWARDS CHOA CHU KANG INTERCHANGE AFTER CHOA CHU KANG DRIVE. WHEN APPROACHING THE PEDESTRIAN CROSSING, I APPLIED MY BRAKE AS THERE ARE PEDESTRIANS CROSSING THE ROAD. SUDDENLY, A PRIVATE CAR (SKH2771Y) HIT ONTO MY BUS REAR PORTION. NOBODY WAS INJURED. THAT'S ALL.

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 SKH2771Y
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that :
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

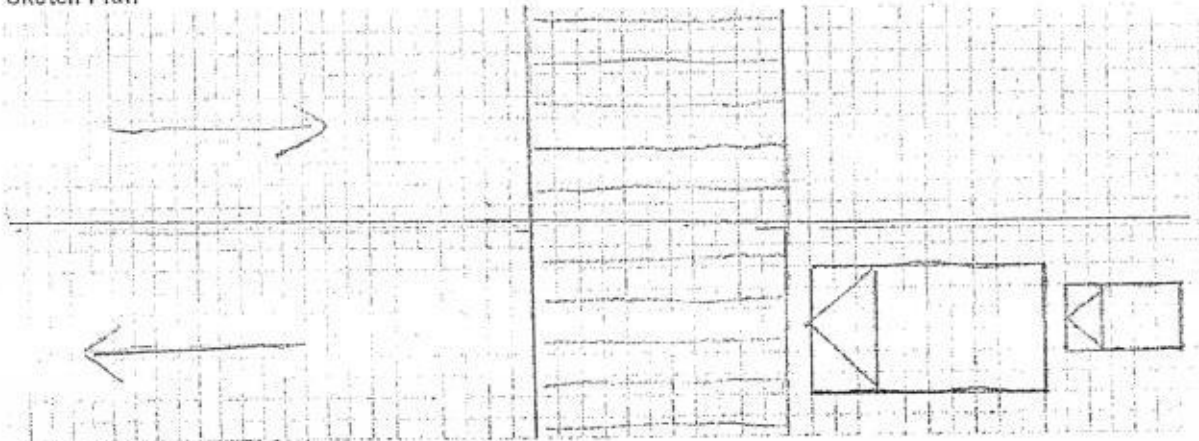
Handwritten signature and date 27/11/17

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

干饭 27 11 17

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



Witnessed by Reporting Centre
Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	2292D
Vehicle Details	
Vehicle No.	SMB21A
Vehicle to be Exported	No
Intended De-registration Date	05 Dec 2017
Vehicle Make	MERCEDES BENZ
Vehicle Model	OC500LE1830H
Primary Colour	Black
Manufacturing Year	2008
Engine No.	45796600138411
Chassis No.	WEB63442021000079
Maximum Power Output	-
Open Market Value	\$319,820.00
Original Registration Date	30 Oct 2008
First Registration Date	30 Oct 2008
Transfer Count	0
Actual ARF Paid	\$15,991.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Rebate Amount	\$0.00
Total Rebate Amount	\$0.00

The information contained herein is correct as at 05 Dec 2017

OK

Land Transport  Authority

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 alter the results of the transactions.

Best viewed with IE 10 and above, Chrome, Firefox, and Safari.

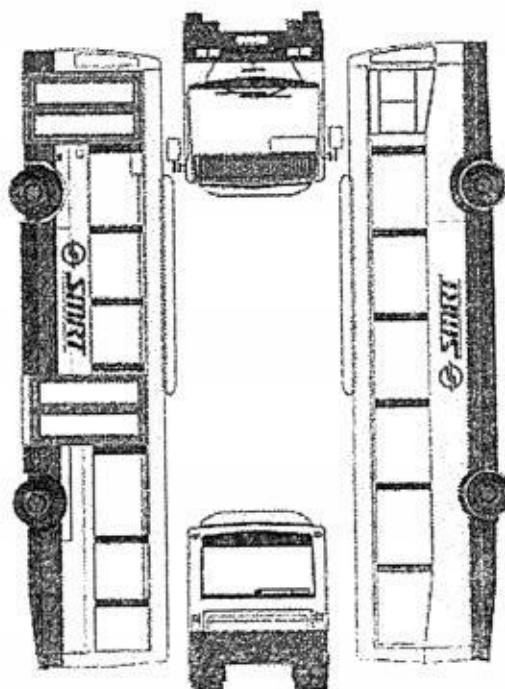
Copyright 2017 LTA [Privacy Statement](#) [Terms of Use](#) [Disclaimer](#) [Rate the Website](#) [Rate this e-Service](#)

Last updated on 19 Nov 2017 at 12:12 AM

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB21A
 Ref. No : BUS/11/17/5040
 Reg. Date : 30/10/2008
 Vehicle Type : BUS -12M
 Make : MBOC500 (MERCEDES)
 Model : MERCEDES MBOC500
 Name of Driver : Yu Xin
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 17/11/2017 05:05:00 PM
 Accident Reported Date / Time : 27/11/2017 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 : 000024093429
 Special Instruction to ARC,if any :
 centre rear bumper damaged
 Prepared Date : 28/11/2017 11:50:28 AM



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

Chassis No : WEB63442021000079

Mileage

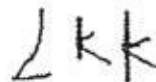
0

Work Shop : Internal

Repair Completed Date / Time : 01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 1,060.00	530.00
Total Spray Painting Charges	: 528.00	184.00
Total Material Charges	: 1,341.36	1,341.36
Other Charges	: 0.00	-150.00
TOTAL	: 2,929.36	1,905.36
Lum Sum Total	: 2,950.00	1,900.00
No. of Repair Days	: 3.00	2.00 /
Prepared / Adjusted By	:	Sebastian Yeang
Arc / Surveyor Sign Off Date	: 04/12/2017 02:15:05 PM	04/12/2017 03:43:26 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 04/12/2017 11:18:14 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	530.00 /
Total Labour	1,060.00	530.00

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	528.00	184.00 /
Total Spray Painting & Panel Beating	528.00	184.00

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

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
	REAR	6009366	REAR BUMPER CENTER	1	1,863.00	10.00	1,676.70	Replace	Replace	No / <i>CHK</i>
TOTAL MATERIALS							1,676.70	1,676.70		
TOTAL MATERIALS(Discounted)							1,341.36	1,341.36		

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									

3451

$$\begin{array}{r}
 1676.70 \\
 530.00 \\
 + 184.00 \\
 \hline
 2390.70 \\
 - 20\% \\
 \hline
 1912.56
 \end{array}$$

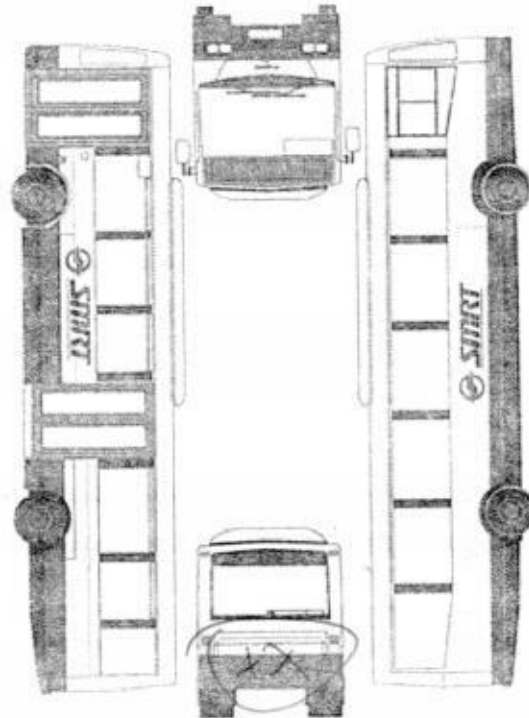
4/5: \$1900

Sebastian
11/1/18.

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB21A
 Ref. No : BUS/11/17/5040
 Reg. Date : 01/01/1900
 Vehicle Type : BUS -12M
 Make : MBOC500 (MERCEDES)
 Model : MERCEDES MBOC500
 Name of Driver : Yu Xin
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 17/11/2017 05:05:00 PM
 Accident Reported Date / Time : 27/11/2017 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 :
 Special Instruction to ARC, if any :
 centre rear bumper damaged
 Prepared Date : 28/11/2017 11:50:28 AM



Sebastian.

4/12/2017

- Lump Sum Repair.
- Photo After Repair.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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	0.00 530
Total Labour	1,060.00	0.00

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	528.00	0.00 184
Total Spray Painting & Panel Beating	528.00	0.00

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

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




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/INC17023059/Stbs2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 17-01-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKH 2771Y	Veh. Inspected	SMB 21A	
Policy No.	5056947191-04	Coverage (\$)	0.00	
Claim No.	MT/0970425-002	Excess (\$)	0.00	
Assign From		Assign Date	04/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ OC500LE	c.c	11967	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	WEB63442021000079	Colour	MULTI COLOUR	
Odometer	708694	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	17/11/2017	Inspection Date	04/12/2017	
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 21A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	CRACKED		
	REAR BUMPER CENTER		1,863.00	1,863.00
	LESS 10% DISCOUNT		-	-186.30
			1,863.00	1,676.70
	LABOUR			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		1,060.00	530.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		528.00	184.00
			1,588.00	714.00
GRAND TOTAL			3,451.00	2,390.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,900.00

Report Ref No. NS/INC17023059/Stbs2

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.