

REF: NS / INC17023918 / Svbs2

Signature:

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: XD 5018L

Policy No. 50 884 7823 - 01 05052017

Claims No. MT/0961708-002

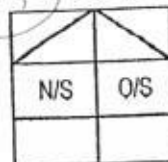
Sum Insured: Excess:

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Yr Regn: 7/9/16

C.C. 9369

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

F: 275/70R225

R: 11

Rear

R/Bal.

L/Bal.

D.O.I.

Date / Time | Action / Instruction

07/5/18 - X

XD 5018L - CC3 / IMT12006389 / H/M

DCA: 38132

12/3/18 @ 2:20pm Catherine will finalise asap
 11/4/18 Final fig \$ 1661.03 confirmed by email (Ref 7144.88, 813)

RECEIVED 1 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

11/4 - typist

Report Format:

Lump Sum / I.B.I. (\$) 1661.03

TP

Days Of Repair: 2

Resurvey No. of Trip: -

Add Fee:

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

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

TOTAL

Survey Department Check List (Case Handler)

Reference No.: NS/INC17033918/Svb
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

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

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

(1) Assignment Form

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

(2) System - (Views/Merimen)

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

(3) Workshop Estimate/Assignment Form

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

(4) System - (Views/Merimen)

| | | | | | |
|---|-------------------------|--|--|--|--|
| C | Resurvey photo Uploaded | | | | |
|---|-------------------------|--|--|--|--|

Check By: VERON 11/4/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023918/Svb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2017
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | XD 5018L | Veh. Inspected | SG 5135A |
| Policy No. | 5088412823-01 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 15/12/2017 |

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 | 15/09/2017 | Inspection Date | 15/12/2017 |
| 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

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. |
|------|------------------|---------------------------------|----------------------|--------------------|
| 1 | MT/0961708-002 | SMRT BUSES PTE LTD | SG5135A | XD5018L |
| 2 | MT/0989630-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8379U | GBD 7885Y |
| 3 | MT/0989480-002 | COMFORT TRANSPORTATION PTE LTD | SHB 4161L | FX 6997L |
| 4 | MT/0989240-002 | CITY CAB | SHB 3173J | SLW 3988S |

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"/> | 5088412823-01 | SEMBWASTE PTE LTD | 199507280G | GFT | Preferred Workshop Plan | XD5018L | XD5018L | 05/05/2017 | |

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 | 15/09/2017 16:39 |
| Date Of Accident | 15/09/2017 09:50 |
| Exact Location Of Accident | SERANGOON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SG5135A |
| 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 THIRD PARTY

Vehicle Category BUS

Insurance Company

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

Driver

| | |
|----------------------|----------------------|
| Name of Driver | CHEN HAN CHONG |
| Passport No/FIN | F1011341P |
| Date Of Birth | 24/07/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/12/2014 |
| Driving Experience | 2 YEARS AND 9 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

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) 15

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 had stop to give space to a rubbish truck XD5018L to make a left turn in to the slip rd at Serangoon Rd, suddenly the rubbish truck rolled backward and hit onto the front left side of my bus.

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 XD5018L

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 KUMAR

Phone Number 82085358

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

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

DANIEL

Phone Number

97636576

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

Bua/09/17/5015

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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

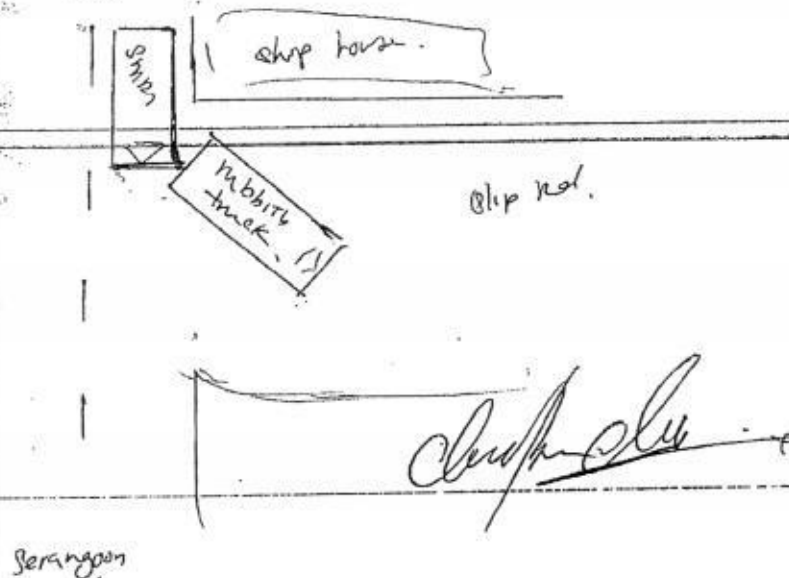
SMART BUSINESS LHM
6 Ang Mo Kio Street 6A
Singapore 569240
tel: 6482 3888 Fax: 6482 3841
www.smart.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

pls refer to RIA report.

Declaration

We declare the foregoing particulars are true in every respect.

SAFETY INSURANCE CO
6 Ang Mo Kio Street 6
Singapore 569140
Tel: 6462 3888 Fax: 6462 3862
www.safetynet.com.sg

Policyholder's Signature / Date &
Time

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.: | SG5135A |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 18 Dec 2017 |
| Vehicle Make: | VOLVO |
| Vehicle Model: | B9TL 9.4L AUTO TURBO ABS |
| Primary Colour: | Multi-Colour |
| Manufacturing Year: | 2016 |
| Engine No.: | D9195520 |
| Chassis No.: | YV3S4P920GA179947 |
| Maximum Power Output: | - |
| Open Market Value: | \$505,887.00 |
| Original Registration Date: | 07 Sep 2016 |
| First Registration Date: | 07 Sep 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$0.00 |
| 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 |
|-----------------------------|---------------|

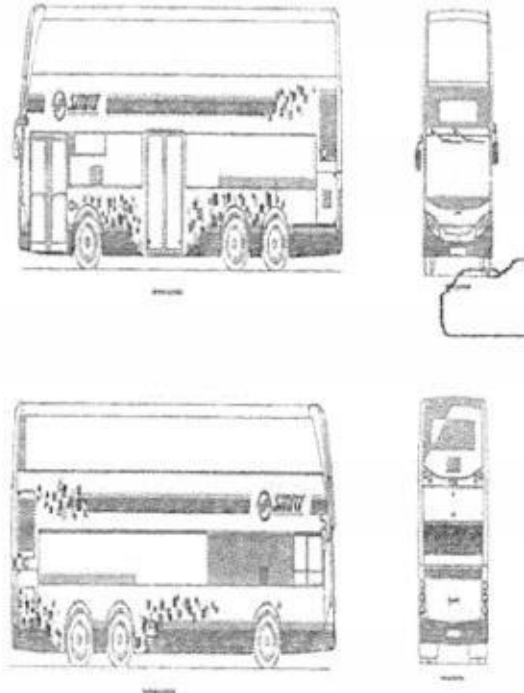
The information contained herein is correct as at 18 Dec 2017

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SG5135A
 Ref. No : BUS/09/17/5015
 Reg. Date : 20/09/2017
 Vehicle Type : DOUBLE DECK
 Make : VOLVO
 Model : Volvo B9TL DD
 Name of Driver : Chen Han Chong
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 15/09/2017 09:50:00 AM
 Accident Reported Date / Time : 15/09/2017 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 :



SG5135A - FRONT LEFT HEADLIGHT BROKEN
 XD5018L (TP) - TP INSURED WITH NTUC

Prepared Date : 20/09/2017 09:24:06 AM

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:

Sebastian.

15/12/2017.

- Part by part repair.

- Photo After Paint.

90036121

sebastian.yeang@lkkauto.com.


 18/12/17.

Section D - Details of Repair Estimates

Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|-------------------------|--------------------|-------------------------------------|
| TO REPAIR FRONT PORTION | 1,590.00 | 0.00 1060 |
| Total Labour | 1,590.00 | 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 | 600.00 | 0.00 340 |
| Total Spray Painting & Panel Beating | 600.00 | 0.00 |

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

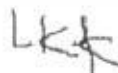
| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|-------------------|--------------------|-------------------------------------|
| Total Other Costs | | |

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

Chassis No : Mileage : 0
Work Shop : Repair Completed Date / Time : 01/01/2000

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------|--------------------------------|-------------------------------------|
| Total Labour Charges : | 1,590.00 | 1,060.00 |
| Total Spray Painting Charges : | 600.00 | 340.00 |
| Total Material Charges : | 261.03 | 261.03 |
| Other Charges : | 0.00 | 0.00 |
| TOTAL : | 2,451.03 8805.91 | 1,661.03 |
| Lum Sum Total : | 0.00 | 0.00 |
| No. of Repair Days : | 4.00 | 2.00 |
| Prepared / Adjusted By : | Sim Kim Bock | Sebastian marked on 15/12/17 |
| Arc / Surveyor Sing Off Date : | 06/12/2017 11:03:49 AM | 28/12/2017 04:47:04 PM |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 06/12/2017 11:03:49 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 FRONT PORTION | 1,590.00 | 1,060.00 / |
| Total Labour | 1,590.00 | 1,060.00 |

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 | 600.00 | 340.00 / |
| Total Spray Painting & Panel Beating | 600.00 | 340.00 |

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

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

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 |
|-----------------------------|---------|----------|-------------------------|-----|-----------------|--------------|------------------|--------------------|-------------------|-----------------|
| ATP-02961 | | | LOWER FRONT DOME CL2 | 1 | 6,325.88 | 100.00 | 0.00 | Repair | Repair <i>R</i> | No |
| ATP-02812 | | | FRT N/S LIGHT BEZEL CL2 | 1 | 290.03 | 10.00 | 261.03 | Replace | Replace <i>✓</i> | No <i>✓</i> |
| TOTAL MATERIALS | | | | | | | 261.03 | 261.03 | | |
| TOTAL MATERIALS(Discounted) | | | | | | | 261.03 | 261.03 | | |

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 | | | | | | | | | |

8805.91

261.03
 1060.00
 + 340.00

 1661.03

S. S. S. S. S. S.
 9/9/15

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 11 April 2018 8:14 AM
To: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR); Sebastian Yeang (LKK Auto)
Cc: SUR
Subject: RE: Finalisation - SG5135A (BUS/09/17/5015) - IDAC

Dear Catherine,

Finalised amount \$1,661.03 @ 2 working days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR) [mailto:catherineleesc@smrt.com.sg]
Sent: Monday, 9 April 2018 1:47 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>; Sebastian Yeang (LKK Auto) <SebastianYeang@lkkauto.com>
Subject: FW: Finalisation - SG5135A (BUS/09/17/5015) - IDAC

Hi Veron,

This case is pending for Surveyor's finalisation.

Thank you

Best Regards
Catherine Lee
SMRT Automotive Services Pte Ltd
(Accident Repair Centre)
DID: 6866 2669 Fax: 6368 5592
catherineleesc@smrt.com.sg



From: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR)
Sent: 05 April 2018 17:21
To: SebastianYeang@lkkauto.com
Cc: Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC) <YewChung@smrt.com.sg>; AutoSvs-ARC (Bus) <AutoSvs-ARCBus@smrt.com.sg>
Subject: Finalisation - SG5135A (BUS/09/17/5015) - IDAC

Hi Sebastian,

Attached herewith our copy and your marked copy of the bus repair estimate for the case.
Our finalised amount is \$1,661.03 @ 2 working days under part by part repair.

Please confirm the COR by return email ASAP.

Thank you

Best Regards
Catherine Lee
SMRT Automotive Services Pte Ltd
(Accident Repair Centre)
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Moving People, Enhancing Lives




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/INC17023918/Svbs2 | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 13-04-2018 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | XD 5018L | Veh. Inspected | SG 5135A | |
| Policy No. | 5088412823-01 | Coverage (\$) | 0.00 | |
| Claim No. | MT/0961708-002 | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 15/12/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | VOLVO B9TL | c.c | 9364 | |
| Engine No. | HIDDEN | Year of Reg. | 2016 | |
| Chassis No. | YV3S4P920GA179947 | Colour | GREEN | |
| Odometer | - | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | NIL | |
| General | GOOD | | | |
| 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 FRONT N/S PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 15/09/2017 | Inspection Date | 15/12/2017 | |
| 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 | | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 5135A

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|------------------------------------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | FRT N/S LIGHT BEZEL CL2 | CRACKED TO REPAIR SEE LABOUR | 290.03 | 290.03 |
| 1 | LOWER FRONT DOME CL2 | | 6,325.88 | - |
| | LESS 10% DISCOUNT | | - | -29.00 |
| | | | 6,615.91 | 261.03 |
| | LABOUR | | | |
| | TO REPAIR FRONT PORTION. INCLUSIVE OF THE REPAIR OF LOWER FRONT DOME CL2. | | 1,590.00 | 1,060.00 |
| | PROVIDE LABOUR AND METERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS. | | 600.00 | 340.00 |
| | | | 2,190.00 | 1,400.00 |
| | GRAND TOTAL | | 8,805.91 | 1,661.03 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 1,661.03 |

Report Ref No. NS/INC17023918/Svbs2

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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