

REF:

NS / INC17024189 / Spbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: PA 8425K

Policy No. 50-73741675-01 210916-200917

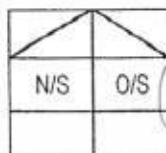
Claims No. 14/0939287-002

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: 2 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMB 1582R Yr Regn: 30/12/2014

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

Truck / Trailer or

Make: Mazda 10L 320F C.C. 10518Colour: Multi Colour A/C: Insured / Std / NI / NASp. Reading: 233726 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMMAH 22223F700255Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/70R22.5

R: _____

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 6 mm R/Bal. 6/6 mmL/Bal. 6 mm L/Bal. 6/6 mmD.O.A. 25/3/2017 D.O.I. 19/12/2017Survey held at SMARTDes. 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 1582R - X

PA 8425K - NA / INC17006077/h4

DOA: 250317

Final Rpt B1600 (Ref \$7566.80, 65%.)

RECEIVED 21 MAY 2018

Date/Time, File Pass to?

☐

: Preli. Report

1) 21/5 2018

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) 7P
1600Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS. SI

) Photos

) Others

TOTAL

160



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/INC17024189/Sqb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 21-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PA 8425K	Veh. Inspected	SMB 1582R
Policy No.	5073741675-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

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	25/03/2017	Inspection Date	19/12/2017
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.
--

eBaoTech

General Claim

Change Language

Change Password

Log Out

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

25/03/2017 13:23

Vehicle No. (For Motor)

PA8425K

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5073741675-01	BASSI TRANSPORT SERVICES	53294158J	GBS	Third Party, Fire & Theft	PA8425K	PA8425K	21/09/2016	20/09/2017

Continue

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0939315-003	SMRT BUSES LTD	SMB 1472A	SKJ 7179P	29/03/2017
2	MT/0995090-001	SMRT BUSES LTD	SMB 342Z	PC 8808D	14/09/2017
3	MT/0980389-002	SMRT BUSES LTD	SMB 5893S	PA 4137T	26/01/2018
4	MT/0939257-002	SMRT BUSES LTD	SMB 1582R	PA 8425K	25/03/2017
5	MT/0987666-002	SMRT BUSES LTD	SMB 1484R	SHB 8685R	27/2/2018
6	MT/0990787-002	SMRT BUSES LTD	SMB 1473Y	SJK 5147B	16/4/2018
7	MT/0985497-002	SMRT BUSES LTD	SMB 1515K	SGK454H	9/3/2018
8	MT/0989067-002	SMRT BUSES LTD	SMB 61J	SIH 4630U	2/4/2018
9	MT/0991323-002	SMRT BUSES LTD	SG 1721J	EN 59Z	20/4/2018

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	28/03/2017 10:39
Date Of Accident	25/03/2017 13:40
Exact Location Of Accident	BUKIT TIMAH ROAD / WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1582R
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 PANG CHOON TECK

NRIC No S7078246D

Date Of Birth 22/03/1970

Occupation OUTDOOR

Date Of Driving Pass 15/09/2014

Driving Experience 2 YEARS AND 6 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- SAME DIRECTION

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) 20

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.

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 PA8425K

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

504/03/17/5032

SKETCH PLAN

IMPORTANT NOTICE

1. Please report immediately the details of the accident to speed up the claims process.
2. This 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 rescindate 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 representation may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA, Republic 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 as stated.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) the insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 vehicles) involved in this accident and be collectively referred to as the "insurers"; the insurers' law firm/the 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiry 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 enveloped 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 firm, may be 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 be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firm/the firm), which may be based outside of Singapore, for one or more of the above Purposes.

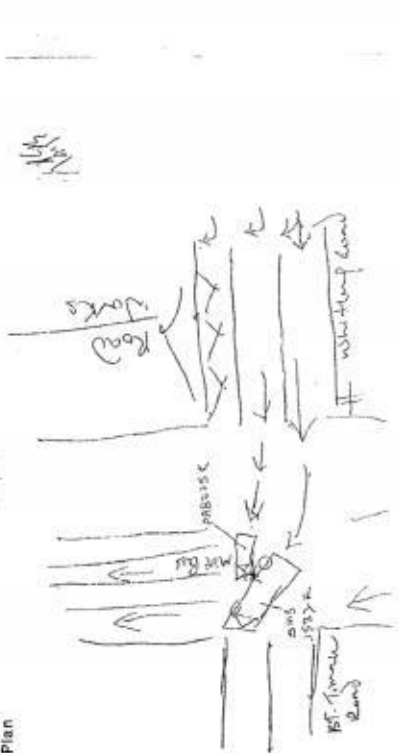


Policyholder's Signature / Date & Time

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

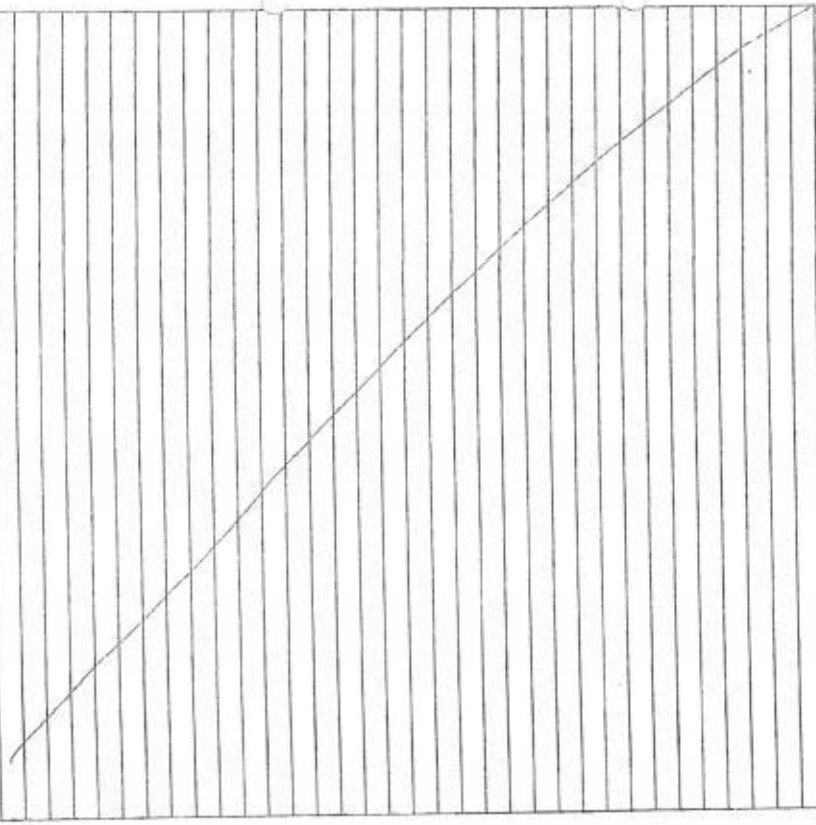
Witnessed by Reporting Centre (Personnel)

Sketch Plan



Describe Circumstances of the Accident

Whilst moving off from the traffic junction of Bodit Avenue and Towns
Whitby Road Police on my right collided into the right hand
of my bus. No injury. That's all.



Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
27/5/2017 15:09

Driver's Signature (if driver is not the policyholder) / Date & Time
27/5/2017 15:09

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.: SMB1582R

Vehicle to be Exported: No

Intended De-registration Date: 20 Dec 2017

Vehicle Make: MAN

Vehicle Model: NL 320F (A22) 11L AUTO ABS TURBO

Primary Colour: Multi-Colour

Manufacturing Year: 2014

Engine No.: 50339370253937

Chassis No.: WMAA22ZZ3F7002551

Maximum Power Output: -

Open Market Value: \$248,866.00

Original Registration Date: 30 Dec 2014

First Registration Date: 30 Dec 2014

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
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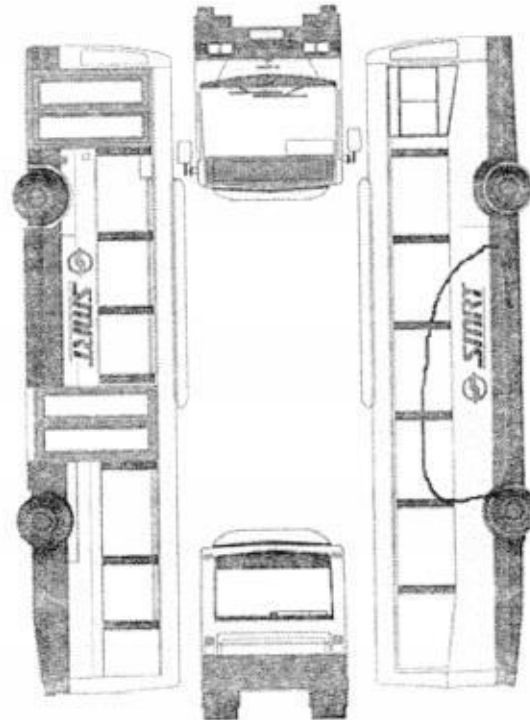
The information contained herein is correct as at 20 Dec 2017

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB1582R
 Ref. No : BUS/03/17/5032
 Reg. Date : 01/01/1900
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN
 Name of Driver : Pang Choon Teck
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 25/03/2017 01:40:00 PM
 Accident Reported Date / Time : 27/03/2017 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 :
 RIGHT CENTER PORTION.
 TP: PA8425K
 Prepared Date : 28/03/2017 03:10:06 PM



Sebastian.
19/12/2017.

- Lump Sum Repair.
- Photo After Paint.
90036121

sebastianyeang@lkkauto.com.

Signature
4/1/18

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:

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
	COMMO N	4005299	SMRT STICKER(B)	1	200.00	0.00	200.00	Replace	Replace <i>✓ NEC</i>	No
A01001-CW568		6009987	RH SIDE PANEL R6	1	1,776.80	10.00	1,599.12	Repair	Replace <i>R</i>	No
TOTAL MATERIALS							200.00	1,799.12		
TOTAL MATERIALS(Discounted)							200.00	1,799.12		

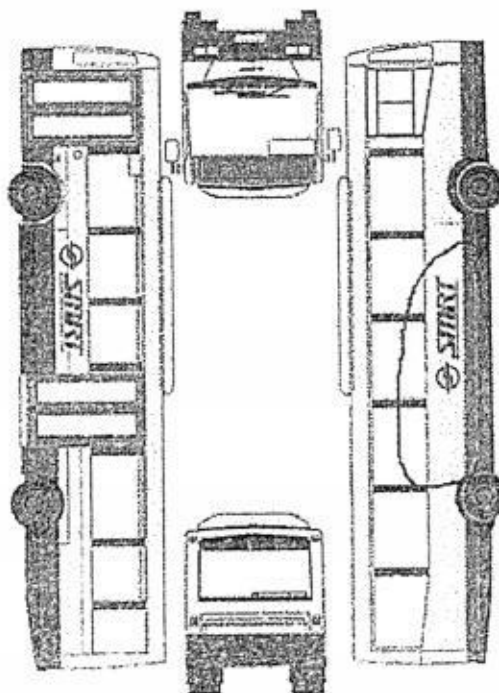
Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB1582R
Ref. No : BUS/03/17/5032
Reg. Date : 30/12/2014
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Pang Choon Teck
Type of Accident : SIDE SWIPE
Date / Time of Accident : 25/03/2017 01:40:00 PM
Accident Reported Date / Time : 27/03/2017 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 : 000024093671
Special Instruction to ARC,if any :
RIGHT CENTER PORTION.
TP: PA8425K
Prepared Date : 28/03/2017 03:10:06 PM



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

Chassis No : WMAA22ZZ3F7002551

Mileage

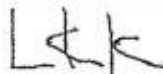
0

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	: 200.00	200.00
Other Charges	: 0.00	0.00
TOTAL	: 2,390.00	1,600.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 3.00	2.00 ✓
Prepared / Adjusted By	: Sim Kim Bock	Sebastian Yeang
Arc / Surveyor Sign Off Date	: 18/12/2017 10:48:32 AM	19/12/2017 02:40:38 PM



Prepared / Adjusted Date

Remarks :

Prepared Date : 08/12/2017 05:48:19 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 :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RHS CTR 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
	COMMO N	4005299	SMRT STICKER(B)	1	200.00	0.00	200.00	Replace	Replace ✓	No <i>WEL</i>
A01001-CW568		6009987	RH SIDE PANEL R6	1	1,776.80	100.00	0.00	Repair	Repair <i>R</i>	No <i>R</i>
TOTAL MATERIALS							200.00	200.00		
TOTAL MATERIALS(Discounted)							200.00	200.00		

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									

200
1660
340

1660

2 \$ 1600

Sebastian
17/5/18

4166.80



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/INC17024189/Sqbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 23-05-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PA 8425K	Veh. Inspected	SMB 1582R	
Policy No.	5073741675-01	Coverage (\$)	0.00	
Claim No.	MT/0939257-002	Excess (\$)	0.00	
Assign From		Assign Date	19/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	MAN NL 320F	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	WMAA22ZZ3F7002551	Colour	MULTI	
Odometer	233726	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 O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/03/2017	Inspection Date	19/12/2017	
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 1582R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SMRT STICKER (B)(SN)	NECESSARY TO REPAIR SEE LABOUR	200.00	200.00
1	RH SIDE PANEL R6 (SN)		1,776.80	-
			1,976.80	200.00
	LABOUR			
	TO REPAIR RHS CTR PORTION. INCLUSIVE OF THE REPAIR OF RH SIDE PANEL R6.		1,590.00	1,060.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		600.00	340.00
			2,190.00	1,400.00
	GRAND TOTAL		4,166.80	1,600.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,600.00

Report Ref No. NS/INC17024189/Sqbn2

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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