

Pass

REF: NB / INC 18000195 / Rthbar

22929

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMB 35504
 at Workshop n/s SMART
 of _____
 Insured: SGL 8186Z
 Policy No. 5067318606-03 12.11.17 - 11.11.18
 Claims No. MT/0974759-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMB 35504 Yr Regn: 2014 NOU
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: ALEXANDER DENNIS NIURO cc 8849
 Colour: MULTI A/C: Insured / Std / NI / NA
 Sp. Reading: 198587 T. Radio: Insured / Std / NI / NA
 Eng/No: _____

(Policy Condition) Survey
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

C/No: SFO 76 CLR 50MT L.349K
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nip / SiRim / STD A/Rim or
 Tyre Size: F: 205/70R22-5
 R: 2

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FIRENZA
 Front _____ Rear _____
 R/Bal. 8/8 mm R/Bal. 8/8 mm
 L/Bal. 8/8 mm L/Bal. 8/8 mm
 D.O.A. 21/02/17 D.O.I. 29/02/17
 Survey held at SMART
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
old FAT
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SMB 35504 - X</u>
	<u>SGL 8186Z - NA / INC 14022363 / h4</u>
	<u>29-05-114</u>
	<u>Lump Sum \$2700/- (cred: 1321.13 : 32%)</u>

RECEIVED - 29/05/2018

Date/Time File Pass to? Preli. Report
 Final Report
 Date/Time File Return to?
 Report Format: TP
 Lump Sum / I.B.I.S 2700/-

Days Of Repair: 3
 Resurvey No. of Trip: _____
 Survey Fee: 160
 Transportation: _____
 Add Fee: Site Insp. (\$) S-PS (\$) Photos Other
 Interview (\$) Tech. Ins. (\$) Weekend (\$) 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/INC18000195/R1tb	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 03-01-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGL 8186Z	Veh. Inspected	SMB 3550U
Policy No.	5067318606	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	29/12/2017
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	21/12/2017	Inspection Date	29/12/2017
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.			

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5067318606-03	KHOO AH HONG	S0945115C	GPC	drive CLASSIC	SGL8186Z	SGL8186Z	12/11/2017	11/11/2018

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	Estimate	Tentative repair cost
1	MT/0982899-002	COMFORT TRANSPORTATION PTE LTD	SHC 8242E	SJM 629A	14/02/2018	\$ 5,313.12	\$ 2,550.00
2	MT/0986777-001	COMFORT TRANSPORTATION PTE LTD	SHD 6526U	SJ9670K	14/02/2018	\$ 1,585.04	\$ 280.00
3	MT/0980219-003	SMRT TAXIS PTE LTD	SHB 5294E	SHC 699IP	30/01/2018	\$ 3,231.20	\$ 1,720.89
4	MT/0974759-002	SMRT BUSES PTE LTD	SMB 3550U	SGL 8186Z	21/12/2017	\$ 4,021.13	\$ 2,550.00
5	MT/0986780-001	SMRT BUSES PTE LTD	SMB 88H	FW 1364B	10/01/2018	\$ 8,830.84	\$ 2,750.00
6	MT/0985203-002	SMRT TAXIS PTE LTD	SHC 4698A	YP 6207B	21/02/2018	\$ 19,415.64	\$ 4,450.00

Claim received from LKK Auto

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	27/12/2017 16:13
Date Of Accident	21/12/2017 12:35
Exact Location Of Accident	JUNCTION OF CANBERRA ROAD / SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3550U
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	DENNIS
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	DI1027592MFBP
Cover Note Number	
Driver	
Name of Driver	KALIAMAH A/P LOGANATHAN
Passport No/FIN	G7205256R
Date Of Birth	27/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 60 WOODLANDS IND PARK E4

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 - CROSS JUNCTION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? 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) 21

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 TRAVELLING ALONG THE LEFT MOST LANE OF CANBERRA ROAD APPROACHING THE JUNCTION WITH SEMBAWANG ROAD AND THE TRAFFIC LIGHT WAS GREEN IN MY FAVOR AT THE MATERIAL TIME SO I PROCEEDED STRAIGHT. WHEN SUDDENLY ONE PRIVATE VEHICLE, SGL8186Z CAME FROM OPPOSITE DIRECTION MAKE A N ABRUPTLY RIGHT TURN, ENCROACHED ONTO MY LANE AND THE LEFT FRONT PORTION OF THE SAID VEHICLE COLLIDED ONTO THE RIGHT CENTER BODY OF MY BUS. THE SAID VEHICLE SUSTAINED THE DAMAGES PN THE FRONT HEADLIGHT BROKEN & FRONT LEFT BUMPER BROKEN

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 SGL8186Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KHOO AN NONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 :

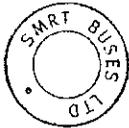
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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.



John 27/12/17

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

As Attached

Describe Circumstances of the Accident

Please refer to SAS report.

Declaration

We declare the foregoing particulars are true in every respect.

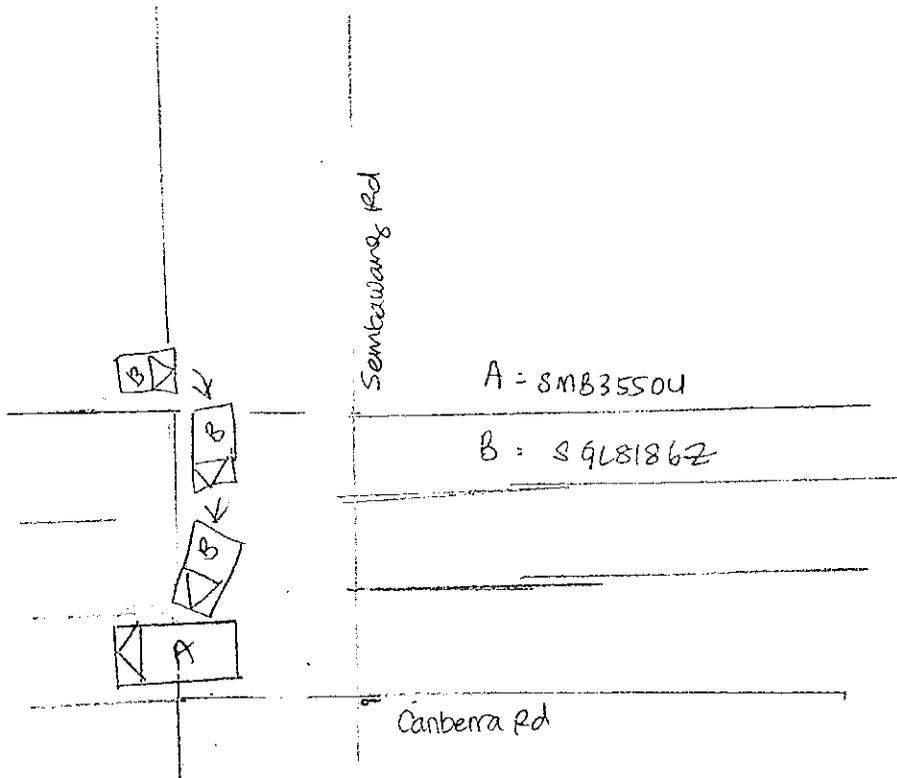


Policyholder's Signature / Date & Time

[Signature] 27/12/17
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3

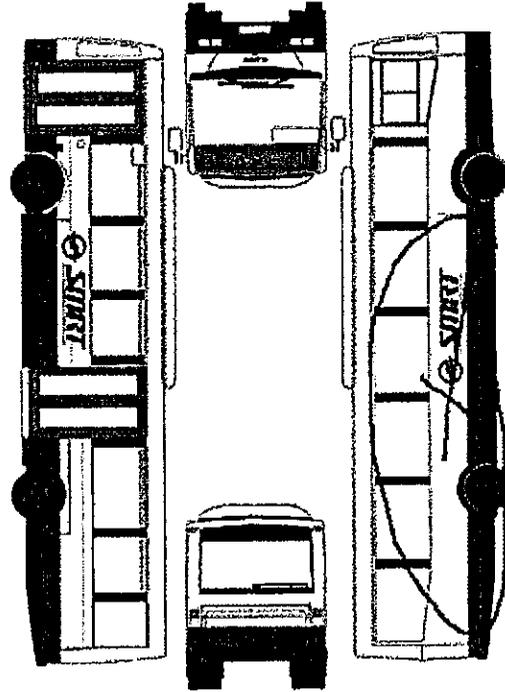


11

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB3550U
Ref. No : BUS/12/17/1033
Reg. Date : 01/11/2014
Vehicle Type : BUS -12M
Make : ALEXANDER DENNIS
Model : ENVIRO 500
Name of Driver : Kaliamah A/P Loganathan
Type of Accident : HEAD TO SIDE
Date / Time of Accident : 21/12/2017 12:35:00 PM
Accident Reported Date / Time : 27/12/2017 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 : 000024093908
Special Instruction to ARC,if any :
right center body damaged
TP: SGL8186Z (NTUC)
Prepared Date : 28/12/2017 09:17:25 AM



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

Chassis No : SFD76CLR5EMTL3494 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	: 1,325.00	1,060.00
Total Spray Painting Charges	: 878.00	600.00
Total Material Charges	: 1,206.17	1,206.17
Other Charges	: 210.00	-190.00
TOTAL	: 3,619.17	2,676.17
Lum Sum Total	: 3,600.00	2,700.00
No. of Repair Days	: 3.00	3.00
Prepared / Adjusted By	:	RASUL-LKK 90010068
Arc / Surveyor Sign Off Date	: 29/12/2017 10:40:06 AM	17/02/2018 04:16:16 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 29/12/2017 10:39:02 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 :

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.	1,325.00	1,060.00 ✓
Total Labour	1,325.00	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	878.00	600.00 ✓
Total Spray Painting & Panel Beating	878.00	600.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PIXEL STENCIL RHS REAR	210.00	210.00 ✓
Lump Sum Adjustment by Surveyor	0.00	-400.00
Total Other Costs	210.00	-190.00

402113

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
3612001L02		6011241	WHEELARCH MOULDING	1	125.00	10.00	112.50	Replace	Replace	No
30106508		6011243	EXT PANEL, R/H	1	507.86	10.00	457.07	Replace	Replace	No
30106509		6011244	EXT PANEL, R/H	1	371.27	10.00	334.14	Replace	Replace	No
	COMMON	4006314	SEALANT SIKAFLEX	12	37.00	0.00	444.00	Replace	Replace	No
	COMMON	4006313	PRIMER	2	80.00	0.00	160.00	Replace	Replace	No
TOTAL MATERIALS							1,507.72	1,507.71		
TOTAL MATERIALS(Discounted)							1,206.17	1,206.17		

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
3612001L02		WHEELARCH MOULDING	1	125.00	10.00	112.50	Replace	Replace	No
30106508		EXT PANEL, R/H	1	507.86	10.00	457.07	Replace	Replace	No
30106509		EXT PANEL, R/H	1	371.27	10.00	334.14	Replace	Replace	No
	COMMON	SEALANT SIKAFLEX	12	37.00	0.00	444.00	Replace	Replace	No
	COMMON	PRIMER	2	80.00	0.00	160.00	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						1,507.71			

1507.71
 1060.00
 810.00

 3377.71
 202
 2762.16

4/5 - 2,700

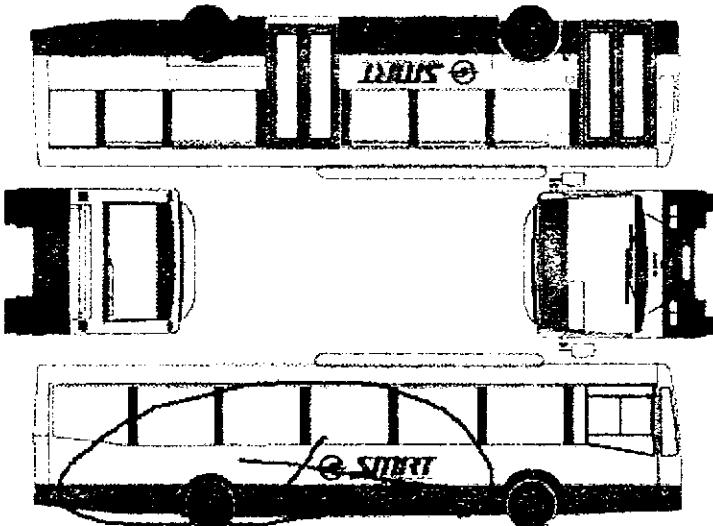
 3 days
 =



SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB3550U
 Ref. No : BUS/12/17/1033
 Reg. Date : 01/01/1900
 Vehicle Type : BUS -12M
 Make : ALEXANDER DENNIS
 Model : ENVIRO 500
 Name of Driver : Kallamah A/P Loganathan
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 21/12/2017 12:35:00 PM
 Accident Reported Date / Time : 27/12/2017 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 body damaged
 TP: SGL8186Z (NTUC)
 Prepared Date : 28/12/2017 09:17:25 AM



- LKK Auto Consultants hereby notify the Repairer of the following:**
- To survey 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

Authorised by Repairer

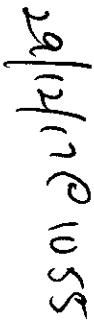
Signature:

Date:

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

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	1,325.00	0.00
Total Spray Painting Charges	878.00	0.00
Total Material Charges	4,507.71	1,507.71
Other Charges	210.00	0.00
TOTAL	3,920.71	0.00
Lum Sum Total	0.00	0.00
No. of Repair Days	3.00	0.00
Prepared / Adjusted By		3 days - PIP
Arc / Surveyor Sing Off Date	29/12/2017 10:40:06 AM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :  : 
 Remarks :  29/12/17 @ 1055

Prepared Date : 29/12/2017 10:39:02 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 :

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.	1,325.00	0.00
		1060
Total Labour	1,325.00	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	878.00	0.00
		600
Total Spray Painting & Panel Beating	878.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PIXEL STENCIL RHS REAR	210.00	0.00
		210
Total Other Costs	210.00	0.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
3612001L02		6011241	WHEELARCH MOULDING	1	125.00	10.00	112.50	Replace	Replace <i>TC</i>	No
30106508		6011243	EXT PANEL, R/H	1	507.86	10.00	457.07	Replace	Replace <i>TC</i>	No
30106509		6011244	EXT PANEL, R/H	1	371.27	10.00	334.14	Replace	Replace <i>TC</i>	No
	N	4006314	SEALANT SIKAFLEX	12	37.00	0.00	444.00	Replace	Replace <i>TC</i>	No
	COMMO	4006313	PRIMER	2	80.00	0.00	160.00	Replace	Replace <i>TC</i>	No
TOTAL MATERIALS								1,507.72	1,507.71	
TOTAL MATERIALS(Discounted)								1,507.71	1,507.71	

Added Spare Parts / Material Usage After Surveyor Signed off

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



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18000195/R1tbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 23-03-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGL 8186Z	Veh. Inspected	SMB 3550U
Policy No.	5067318606	Coverage (\$)	0.00
Claim No.	MT/0974759-002	Excess (\$)	0.00
Assign From		Assign Date	29/12/2017
2. Vehicle Particulars & Condition			
Make & Model	ALEXANDER DENNIS ENVIRO	c.c	8849
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	SFD76CLR5EMTL3494	Colour	MULTI COLOUR
Odometer	198587	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	305/70 R22.5	FIRENZA	8 mm
L/H Front Tyre	305/70 R22.5	FIRENZA	8 mm
R/H Rear Tyre	305/70 R22.5 (D)	FIRENZA	8/8 mm
L/H Rear Tyre	305/70 R22.5 (D)	FIRENZA	8/8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/12/2017	Inspection Date	29/12/2017
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:		3 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 3550U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	WHEELARCH MOULDING (DISC 10%)	TORN	125.00	112.50
1	EXT PANEL, R/H (DISC 10%)	BENT	507.86	457.07
1	EXT PANEL, R/H (DISC 10%)	BENT	371.27	334.14
12	SEALANT SILAFLEX @\$37.00 (SN)	NECESSARY	444.00	444.00
2	PRIMER @\$80.00 (SN)	NECESSARY	160.00	160.00
			1,608.13	1,507.71
LABOUR				
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.			1,325.00	1,060.00
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.			878.00	600.00
PIXEL STENCIL RHS REAR.			210.00	210.00
			2,413.00	1,870.00
GRAND TOTAL			4,021.13	3,377.71

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	2,700.00
---	-----------------

Report Ref No. NS/INC18000195/R1tbe2

MOHAMMED RASUL BIN MOHD YUNUS

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 contact or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.