

REF: NS/INC18000279 / Sub 02

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: FV 3043U

Policy No. 5077885105-01 191317-181318

Claims No. MT/0984814-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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: SMB 3529H Yr Regn: 1/9/2014

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

Truck / Trailer or

Make: Alexander Dennis Enviro 500 CC 8849

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

Sp. Reading: 237973 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SFD76CLR5EM TL 3458

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 305/70R22.5

R: Firenzg " (D)

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

TOYO / YOKO or

Firenzg

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A. 11/12/2017

D.O.I. 3/1/2018

Survey held at SMR?

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

Rear N/S

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

Date / Time / Action / Instruction

SMB 3529H - NS/INC17013025 / Sub 02

DIP (307)017

FV 3043U - ✓

28/1/18 Sebastian Confirmed LS \$2550 (Red 130803, 331)

RECEIVED 0 2018

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?2) typist

Report Format :

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

Days Of Repair: 1

Resurvey No. of Trip: -

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

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

TOTAL

160

160

Survey Department Check List (Case Handler)

Reference No. : NS/INC/8000279/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

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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 11/2/18
 Case Handler Date

*C: Critical *N: Non-Critical




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/INC18000279/Svb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 04-01-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FV 3043U	Veh. Inspected	SMB 3529H	
Policy No.	5077885105-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	03/01/2018	
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	11/12/2017	Inspection Date	03/01/2018	
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.				

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 6 March 2018 9:50 AM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER
Attachments: lta search.pdf

Hi Denise,

Claim created.

As for FBB4102D, please confirm and revert on the date of accident. Base on LTA search, date of accident was on 23.02.17.

Thanks.

With Regards

Junainah

Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: 06 March 2018 08:37
To: mtreg <mtreg@income.com.sg>
Subject: RE: REQUEST CLAIM NUMBER

Dear Junainah,

Enclosed LTA search of your insured FBB 4102D that indicated it's under income.

Sorry I've check and amend on item no.1, please see below:

1	MT/0984824-001	SMRT BUSES LTD	SMB 3529H	FV 3043U	11/12/20
2	NOT INSURED	COMFORT TRANSPORTATION PTE LTD	SHA 6973C	FBB 4102D	23/2/20

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

eBaoTech

GeneralClaim

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 type="radio"/>	5077885105-01	MUHAMMAD FARUQ AMIN BIN MOHAMED ATAN	S9711814J	GMC	Third Party	FV3043U	FV3043U	19/03/2017	18/03/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	2292D

Vehicle Details

Vehicle No.:	SMB3529H
Vehicle to be Exported:	No
Intended De-registration Date:	04 Jan 2018
Vehicle Make:	ALEXANDER DENNIS
Vehicle Model:	ENVIRO500
Primary Colour:	Silver
Secondary Colour:	Black
Manufacturing Year:	2014
Engine No.:	22120165
Chassis No.:	SFD76CLR5EMTL3458
Maximum Power Output:	-
Open Market Value:	\$470,004.00
Original Registration Date:	01 Sep 2014
First Registration Date:	01 Sep 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

The information contained herein is correct as at 04 Jan 2018

OK

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	14/12/2017 10:15
Date Of Accident	11/12/2017 16:15
Exact Location Of Accident	JUNCTION OF GAMBAS AVE ADN SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3529H
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	HOA XIAOFENG
NRIC No	G2498865T
Date Of Birth	24/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2014
Driving Experience	3 YEARS AND 3 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? YES

Foreign Vehicle Registration Number JRB4076 (MOTORCYCLE)

Was any body injured in the Accident? YES

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? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] SEMBAWANG N.P.C

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

POLICE REPORT NO : T/20171212/2059

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 FV3043U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MUHAMAD FADHIL ELFIZAN BIN MOHAMAD

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JRB4076
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver CHRISTOPHER THAM KHAI LEEN
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

DETAILS OF INJURED PERSON 1

Name MUHAMAD FADHIL ELFIZAN BIN MOHAMAD
Approximate Age
Injuries Sustain MULTIPLE ABRASION
Injured person in which vehicle? FV3043U
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

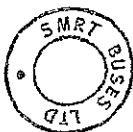
Name CHRISTOPHER THAM KHAI LEEN
Approximate Age
Injuries Sustain MULTIPLE ABRASION AND SWELLON ANKLE
Injured person in which vehicle? JRB4076
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

BUS/12/17/1020

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 lodging 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 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



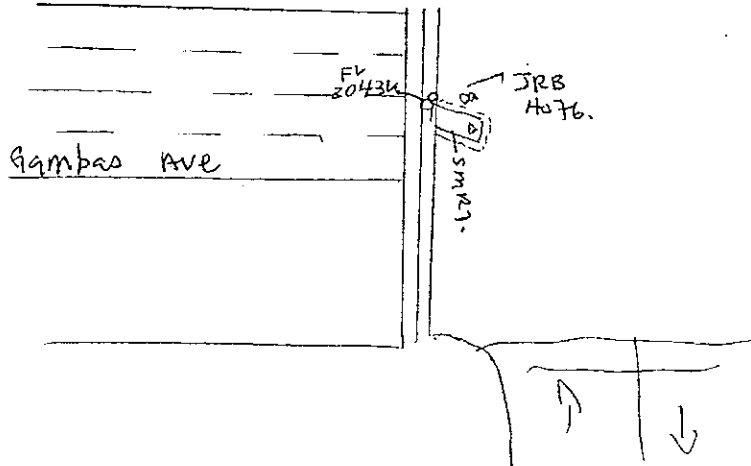
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

police rpt : T/20171212/2059

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No. T/20171212/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 11:51		Vide Report No.:		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: HAO XIAOFENG			Address: C/O 2 Woodlands Sector 2 #01-01 SINGAPORE		
ID Type / ID No.: FIN NO / G2498865T			Contact No.: Home/Office: Mobile: 85236526		
Nationality: CHINESE			Email:		
Sex: Male	Age: 42	Date of Birth: 24/11/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2017 16:15	Type of Location:
Location: Along Road 1 SEMBAWANG ROAD GAMBAS AVENUE Junction of Sembawang Road and Gambas Avenue				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Detail of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
FV3043U	Motorcycle				Seriously Damaged	0
JRB4076	Motorcycle				Slightly Damaged	0
SMB3529H	Bus/Coach/Mi nibus				Slightly Damaged	20

Detail of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 4

Report No. T/20171212/2059

CONTINUATION OF REPORT

Rider			
Name	Muhamad Fadhil Elfizan Bin Mohamad Yazid	ID No.	S9706409A
Related Vehicle	FV3043U (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	Christopher Tham Khai Leen	ID No.	G7808991T
Related Vehicle	JRB4076 (Motorcycle)	Contact No.	81272493
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,3C Date of Expiry: 29/09/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	HAO XIAOFENG	ID No.	G2498865T
Related Vehicle	SMB3529H (Bus/Coach/Minibus)	Contact No.	85236526
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: 31/08/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11.12.2017, at about 1615hrs, I was driving SMRT Service number 969 towards Yishun direction, when I was at junction of Sembawang Road and Gambas Avenue, I was about to turn right into Sembawang Road, the traffic light is green, my bus was the first vehicle in the second lane, turning right. While I was waiting to turn, I felt the bus wobbled and I heard a loud bang sound. I switch on hazard light and alight from the bus to make a check. I saw one motorcycle flat on the ground, and another motorcycle collided onto my bus. I saw a male subject lying down on the ground. Then I report the matter to SMRT control center. Subsequently, Traffic Police and Ambulance came to the scene and both riders were conveyed to hospital. I was advised by officer Sgt 2 T160249 Suhaillah to come Police Station to make a report.



**SINGAPORE
POLICE FORCE**



T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

4 of 4

Report No. T/20171212/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt WANG LIZHE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2017 11:51
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	SN 035
Authentication Stamp NP168	Signature: Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 4

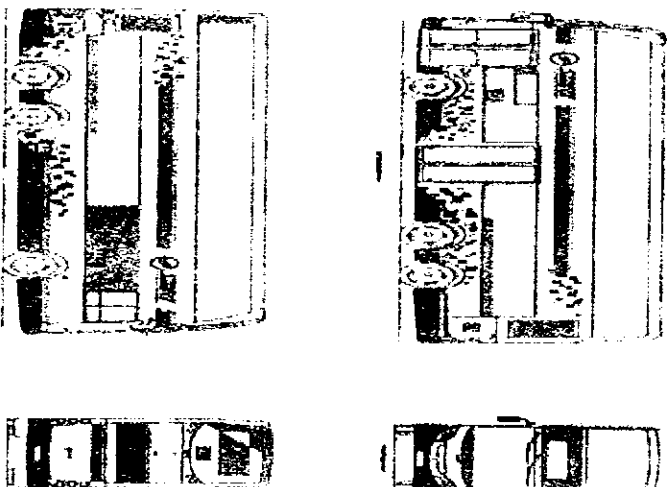
Report No. T/20171212/2059

CONTINUATION OF REPORT

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB3529H
Ref. No : BUS/12/17/1020
Reg. Date : 19/12/2017
Vehicle Type : DOUBLE DECK
Make : ALEXANDER DENNIS
Model : ENVIRO 500
Name of Driver : Hao Xiaofeng
Type of Accident : HEAD TO REAR
Date / Time of Accident : 11/12/2017 04:12:00 PM
Accident Reported Date / Time : 13/12/2017 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 :
REAR LEFT PORTION
FV3043U (TP) - INSURED WITH NTUC
Prepared Date : 19/12/2017 05:55:14 PM



LIX Auto Consultants hereby notify the Repairer of the following:

- To ensure laborator spray painting
- To display damaged part(s) during survey
- 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: 3/1/2017

Lump Sum -

- Part by part repair.

- Photo Before Paint

90036121

Sebastianyang@lkw.com 8/1/18

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	: 795.00	0.00
Total Spray Painting Charges	: 538.00	0.00
Total Material Charges	: 2,272.52	2,272.52
Other Charges	: 0.00	0.00
TOTAL	: 3,605.52	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 2.00	0.90 1 day
Prepared / Adjusted By	:	
Arc / Surveyor Sing Off Date	: 03/01/2018 12:21:50 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :
Remarks :

Prepared Date : 03/01/2018 10:40:34 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.	795.00	0.00 530
Total Labour	795.00	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	538.00	0.00 400
Total Spray Painting & Panel Beating	538.00	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		

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
31155513		6011068	L/H TAIL LIGHT POD	1	1,663.17	10.00	1,496.85	Replace	Replace	No <input checked="" type="checkbox"/>
7612002L21		6011099	LIGHT REVERSE LED	1	861.86	10.00	775.67	Replace	Replace	No <input checked="" type="checkbox"/>

TOTAL MATERIALS									
TOTAL MATERIALS(Discounted)							2,272.53	2,272.52	
							2,272.52	2,272.52	

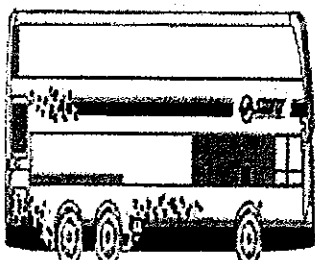
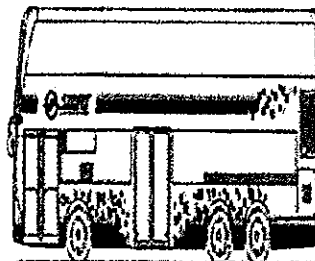
Added Spare Parts / Material Usage After Surveyor Signed off

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 : SMB3529H
 Ref. No : BUS/12/17/1020
 Reg. Date : 01/09/2014
 Vehicle Type : DOUBLE DECK
 Make : ALEXANDER DENNIS
 Model : ENVIRO 500
 Name of Driver : Hao Xiaofeng
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 11/12/2017 04:12:00 PM
 Accident Reported Date / Time : 13/12/2017 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 : 000024093922
 Special Instruction to ARC,if any :
 REAR LEFT PORTION
 FV3043U (TP) - INSURED WITH NTUC
 Prepared Date : 19/12/2017 05:55:14 PM



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

Chassis No : SFD76CLR5EMTL3458 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	: 795.00	530.00
Total Spray Painting Charges	: 538.00	400.00
Total Material Charges	: 1,818.02	1,818.02
Other Charges	: 0.00	-200.00
TOTAL	: 3,151.02	2,548.02
Lum Sum Total	: 3,150.00	2,550.00
No. of Repair Days	: 2.00	1.00 /
Prepared / Adjusted By	:	SEBASTIAN-LKK 90036121
Arc / Surveyor Sign Off Date	: 03/01/2018 12:21:50 PM	17/02/2018 04:17:43 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 03/01/2018 10:40:34 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.	795.00	530.00 /
Total Labour	795.00	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	538.00	400.00 /
Total Spray Painting & Panel Beating	538.00	400.00

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	-200.00
Total Other Costs	0.00	-200.00

3858 03

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
31155513		6011068	L/H TAIL LIGHT POD	1	1,663.17	10.00	1,496.85	Replace	Replace	No
7612002L 21		6011099	LIGHT, REVERSE LED	1	861.86	10.00	775.67	Replace	Replace	No
TOTAL MATERIALS							2,272.53	2,272.52		
TOTAL MATERIALS(Discounted)							1,818.02	1,818.02		

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									

2272.52
 530.50
 1 400.00

 3202.52
 20%

 2562.01

1/5 - \$ 2550

Sub total 28/2/17




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/INC18000279/Svbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 09-03-2018	
Code: INC4				
1. Policy Particulars				
Insured Veh.	FV 3043U	Veh. Inspected	SMB 3529H	
Policy No.	5077885105-01	Coverage (\$)	0.00	
Claim No.	MT/0984824-001	Excess (\$)	0.00	
Assign From		Assign Date	03/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	ALEXANDER DENNIS ENVIRO500	c.c	8849	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	SFD76CLR5EMTL3458	Colour	MULTI COLOUR	
Odometer	237973	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Condition of Tyres				
	Size	Make	Balance	
R/H Front Tyre	305/70 R22.5	FIRENZA	6 mm	
L/H Front Tyre	305/70 R22.5	FIRENZA	6 mm	
R/H Rear Tyre	305/70 R22.5 (D)	FIRENZA	6/6 mm	
L/H Rear Tyre	305/70 R22.5 (D)	FIRENZA	6/6 mm	
4. Description of Damage				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. Incident Information				
Accident Date	11/12/2017	Inspection Date	03/01/2018	
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. Estimated Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		1 Working Days		



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 3529H

Qty	Description of Part	Condition	Original Price	Adjusted Price
REPLACEMENT OF PARTS				
1	L/H TAIL LIGHT POD	CRACKED	1,663.17	1,663.17
1	LIGHT, REVERSE: LED	CRACKED	861.86	861.86
	LESS 10% DISCOUNT		-	-252.50
			2,525.03	2,272.53
LABOUR				
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		795.00	530.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		538.00	400.00
			1,333.00	930.00
GRAND TOTAL			3,858.03	3,202.53
RECOMMENDED COST OF LUMP SUM REPAIR (TO ITS PRE-ACCIDENT CONDITION)				350.00

Report Ref No. NS/INC18000279/Svbe2

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.