

350000

Xed

REF:

INC

NS/INC18001137 / Gvbez

ASSIGNMENT

From: _____ Date: 17.01.2018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMB 88H
 at Workshop m/s: SMRT
 of: 60 Woodlands Ind Est Ell
 Insured: FW 1364B
 Policy No: 5052636633-05 11.01.17 - 10.01.18
 Claims No: MT/0986780-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: 8499 0282 - Ah Bock

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum. Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMB 88H Regd: 17 Jun / 2009
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Merc CC Soole 18 30H 11967
 Colour: white & Red A.O. Insured / Std / NI / NA
 Sp. Reading: - T. Radio: Insured / Std / NI / NA
 Eng. No: _____
 C. No: WEB 63 44 202 / 000 218
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: M / S / Rim / STD A / Rim or
 Tyre Size: F: 225 / 70 R 22.5
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R. Bal. 6/6 mm R. Bal. 6/6 mm
 L. Bal. 6/6 mm L. Bal. 6/6 mm
 D.O.A. 10/1/18 D.O.I. 17-01-18
 Survey held at w/s 4 pm
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 near o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction | |
|-------------|------------------------------|----------------|
| SMB 88H | REC / ASE 1600 / 401 / Klybs | DUG: 20/1/2016 |
| FW 1364B | 055 / MUA 17017500 / Sbe2 | DUG: 17/03/017 |

16/3/18 LS \$ 2750 confirmed by email (Red 6080-84, 6990)

RECEIVED 26 JAN 2018

Date/Time: File Pass to: ☐ : Preli. Report ☐ : Final Report
 Date/Time: File Return to: _____
 Days Of Repair: 3
 Resurvey No. of Trip: -
 Add Fee: ☐ Site Insp \$ ☐ Interview \$ ☐ Tech Insp \$ ☐ Wheelend \$
 Report Format: TP
 Lump Sum / I.B.B. \$ 2750
 Survey Fee: 160
 Transportation: 160
 TOTAL: 160

Survey Department Check List (Case Handler)

ference No.: **NS/ INC 18001137/ Gvb**
 ility Type: **OD / TP / TP RES / TL / EVA**

Case Handler

Typist

Imin (): Case handler to make sure all information created by the assignment team are **ACCURATE**.

| 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 | | | | |

urveyor (): 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** **16/3/18**
 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/INC18001137/Gvb | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 18-01-2018 |  |
| Code: INC4 | | | |
| 1. Policy Particulars - THIRD PARTY CLAIM | | | |
| Insured Veh. | FW 1364B | Veh. Inspected | SMB 88H |
| Policy No. | 5052636633-05 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 17/01/2018 |
| 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 | 10/01/2018 | Inspection Date | 17/01/2018 |
| 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. | | | |

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 | SJJ9670K | 14/02/2018 | \$ 1,585.04 | \$ 280.00 |
| 3 | MT/0980219-003 | SMRT TAXIS PTE LTD | SHB 5294E | SHC 6991P | 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

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"/> | 5052636633-05 | MOHAMAD DAHLAN BIN NAFIK | S17023341 | GMC | Third Party | FW1364B | FW1364B | 11/01/2017 | 10/01/2018 |

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 | 16/01/2018 14:30 |
| Date Of Accident | 10/01/2018 20:15 |
| Exact Location Of Accident | TECK WHYE AVE BS:44271 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SMB88H |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | D-17087563MFBP |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | PRABU KANNIAPPAN |
| Passport No/FIN | F8011181P |
| Date Of Birth | 29/12/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/05/2015 |
| Driving Experience | 2 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address NOADDRESS

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 RAINING

Road Surface WET

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) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Bus was stationary at the bus stop (BS: 44271 - Bet Blks 13/14) of Teck Whye Avenue for pax activity (one pax alighting) suddenly hear a sound from the rear of the bus. After checking found that a Motorcycle FW1364B had collided onto the rear of the bus. for the alleged accident nobody was injured.

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 FW1364B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MOHD ADIB BIN MOHD BAHLAN

NRIC/Passport Number

Contact Number 84442645

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Bme | 01 | 18 | 5019

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.

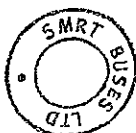
The report will be forwarded to the Insurers and the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.

6. By the lodging of this report to the Insurers, you hereby consent to the archiving of this report at the Centre and to control of the report being made available for use.

7. 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.:

Ph. 2

SKETCH PLAN

Bus stop.

motorcycle. Sm 127

Teek Whye Ave.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to RHA report

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.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 2292D |

Vehicle Details

| | |
|--------------------------------|-------------------|
| Vehicle No.: | SMB88H |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 19 Jan 2018 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | OC500LE1830H |
| Primary Colour: | Black |
| Manufacturing Year: | 2009 |
| Engine No.: | 45796600168777 |
| Chassis No.: | WEB63442021000218 |
| Maximum Power Output: | - |
| Open Market Value: | \$329,402.00 |
| Original Registration Date: | 17 Jul 2009 |
| First Registration Date: | 17 Jul 2009 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$16,471.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|--------|
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |

Intended COE Rebate Details

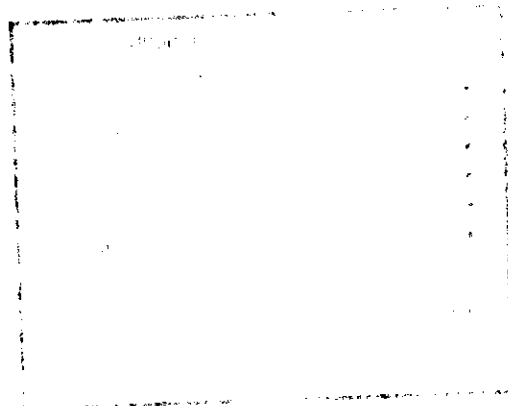
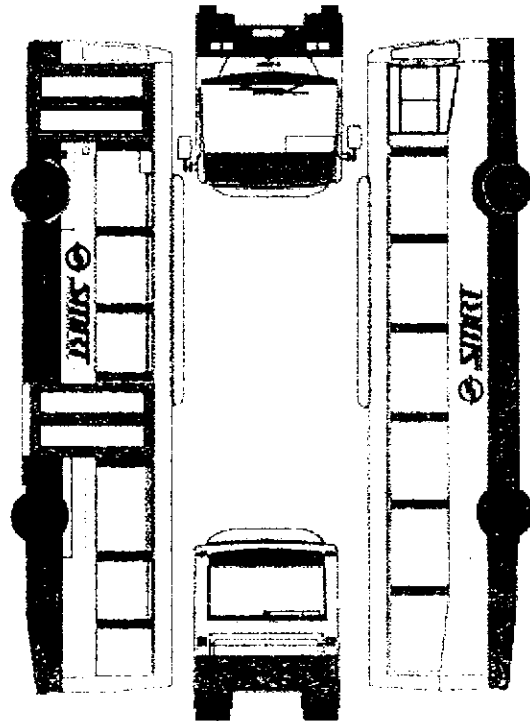
| | |
|----------------------|--------|
| COE Rebate Amount: | \$0.00 |
| Total Rebate Amount: | \$0.00 |

The information contained herein is correct as at 19 Jan 2018

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB88H
Ref. No : BUS/01/18/5019
Reg. Date : 16/01/2018
Vehicle Type : BUS -12M
Make : MBOC500 (MERCEDES)
Model : MERCEDES MBOC500
Name of Driver : Prabu Kanniappan
Type of Accident :
Date / Time of Accident : 10/01/2018 08:18:00 PM
Accident Reported Date / Time : 15/01/2018 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 :
SMB88H - rear right bumper cracked
FW1364B - (TP) Insured with NTUC
Prepared Date : 16/01/2018 02:16:06 PM



Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---------------------------------|--------------------|-------------------------------------|
| TO REPAIR RH REAR PORTION (530) | 2,120.00 | 0.00 1590 |
| Total Labour | 2,120.00 | 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 | 860.00 | 0.00 760 |
| Total Spray Painting & Panel Beating | 860.00 | 0.00 |

70 x 3 + 92 x 3

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

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

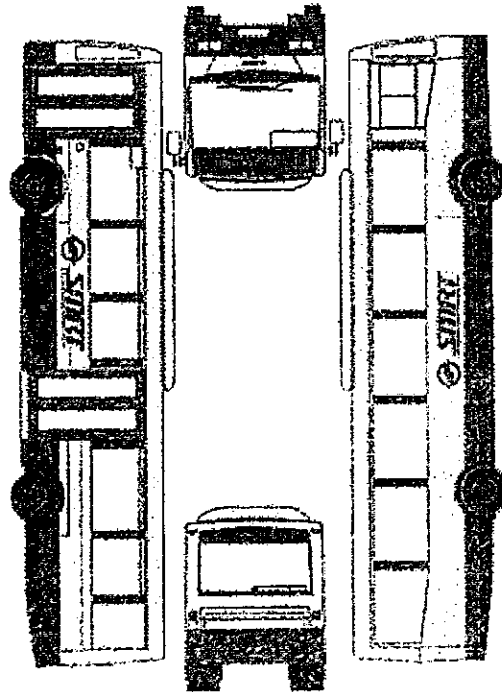
SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB88H
Ref. No : BUS/01/18/5019
Reg. Date : 17/07/2009
Vehicle Type : BUS -12M
Make : MBOC500 (MERCEDES)
Model : MERCEDES MBOC500
Name of Driver : Prabu Kanniappan
Type of Accident : HEAD TO REAR
Date / Time of Accident : 10/01/2018 08:18:00 PM
Accident Reported Date / Time : 15/01/2018 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 : 000024094174
Special Instruction to ARC,if any :

SMB88H - rear right bumper cracked
FW1364B - (TP) Insured with NTUC
Before paint photo
after paint photo.

Prepared Date : 16/01/2018 02:16:06 PM



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 : | 2,120.00 | 1,590.00 |
| Total Spray Painting Charges : | 860.00 | 760.00 |
| Total Material Charges : | 894.24 | 894.24 |
| Other Charges : | 0.00 | -500.00 |
| TOTAL : | 3,874.24 8830.84 | 2,744.24 |
| Lum Sum Total : | 3,850.00 | 2,750.00 |
| No. of Repair Days : | 4.00 | 3.00 |
| Prepared / Adjusted By : | | LKK GUO QIANG |
| Arc / Surveyor Sign Off Date : | 22/01/2018 11:06:46 AM | 23/01/2018 11:31:26 AM |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 16/01/2018 05:53:43 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 : |

Section D - Details of Repair Estimates**Part 1 - Labour Works**

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---------------------------|--------------------|-------------------------------------|
| TO REPAIR RH REAR PORTION | 2,120.00 | 1,590.00 |
| Total Labour | 2,120.00 | 1,590.00 |

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 | 860.00 | 760.00 |
| Total Spray Painting & Panel Beating | 860.00 | 760.00 |

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 | -500.00 |
| Total Other Costs | 0.00 | -500.00 |

883084

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 | |
|-----------------------------|---------|----------|--|-----|-----------------|--------------|------------------|--------------------|-------------------|-----------------|---|
| | VE | 6008191 | REAR REFLECTOR LIGHT L/H no | 0 | 5.14 | 10.00 | 0.00 | Replace | Not given | No | X |
| | REAR | 6009369 | REAR BUMPER RH CRA | 1 | 1,242.00 | 10.00 | 1,117.80 | Replace | Replace | No | |
| 5027 | | 6010235 | RH SKIRT PANEL R12 R | 1 | 2,430.20 | 100.00 | 0.00 | Replace | Repair | No | X |
| | REAR | 6009365 | PANEL, REAR: FIBREGLASS, FOR MB OC500 BUS R | 1 | 2,173.50 | 100.00 | 0.00 | Replace | Repair | No | X |
| TOTAL MATERIALS | | | | | | | 1,117.80 | 1,117.80 | | | |
| TOTAL MATERIALS(Discounted) | | | | | | | 894.24 | 894.24 | | | |

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 | | | | | | | | | |

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 16 March 2018 4:01 PM
To: 'Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR)'; Guo Qiang (LKKAUTO); Celine Fong (LKKAUTO)
Cc: SUR
Subject: RE: Finalisation - SMB88H (BUS/01/18/5019) - IDAC

Dear Catherine,

Confirmed finalised amount \$2,750/- @ 3 working days under lump sum repair.

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: Friday, 16 March 2018 3:39 PM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; Guo Qiang (LKKAUTO) <GuoQiang@lkkauto.com>; Celine Fong (LKKAUTO) <celinefong@lkkauto.com>
Subject: FW: Finalisation - SMB88H (BUS/01/18/5019) - IDAC

Hi Veron,

As requested.

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: 21 February 2018 15:43
To: 'GuoQiang@lkkauto.com' <GuoQiang@lkkauto.com>; 'Celine Fong (LKKAUTO)' <celinefong@lkkauto.com>
Subject: FW: Finalisation - SMB88H (BUS/01/18/5019) - IDAC

Hi Celine,

Surveyor has not finalised the case yet as at to date.

Please assist.

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/ARC)
Sent: 05 February 2018 17:34
To: 'GuoQiang@lkkauto.com' <GuoQiang@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 - SMB88H (BUS/01/18/5019) - IDAC

Hi Mr Low,

Attached herewith our copy of the bus repair estimate for the case.
Our finalised amount is \$2,750/- @ 3 working days under lump sum repair.

Please confirm the COR by return email ASAP.

Thank you

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



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/INC18001137/Gvbe2 | | | |
| 73 BRAS BASAH ROAD | | Date: 23-03-2018 | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE | |  | |
| 189556 | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | FW 1364B | Veh. Inspected | SMB 88H |
| Policy No. | 5052636633-05 | Coverage (\$) | 0.00 |
| Claim No. | MT/0986780-001 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 17/01/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | MERCEDES BENZ OC500LE1830H | c.c | 11967 |
| Engine No. | HIDDEN | Year of Reg. | 2009 |
| Chassis No. | WEB63442021000218 | Colour | WHITE / RED |
| 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 | CONTINENTAL | 6 mm |
| L/H Front Tyre | 275/70 R22.5 | CONTINENTAL | 6 mm |
| R/H Rear Tyre | 275/70 R22.5 (D) | CONTINENTAL | 6/6 mm |
| L/H Rear Tyre | 275/70 R22.5 (D) | CONTINENTAL | 6/6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 10/01/2018 | Inspection Date | 17/01/2018 |
| 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. 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 88H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--------------------|--|---------------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | REAR BUMPER RH (DISC 10%) | CRACKED | 1,242.00 | 1,117.80 |
| 1 | REAR REFLECTOR LIGHT L/H | NOT NECESSARY | 5.14 | - |
| 1 | RH SKIRT PANEL R12 | TO REPAIR | 2,430.20 | - |
| 1 | PANEL, REAR :FIBREG LASS, FOR MB OC500 BUS | TO REPAIR | 2,173.50 | - |
| | | | 5,850.84 | 1,117.80 |
| | LABOUR | | | |
| | TO REPAIR RH REAR PORTION. | | 2,120.00 | 1,590.00 |
| | PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS. | | 860.00 | 760.00 |
| | | | 2,980.00 | 2,350.00 |
| GRAND TOTAL | | | 8,830.84 | 3,467.80 |

| | | | |
|---|--|--|-----------------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | 2,750.00 |
|---|--|--|-----------------|

Report Ref No. NS/INC18001137/Gvbe2

XING GUO QIANG

M.MATAI, AMSAE-A

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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