Lump 60m / I.B.I: (3 1800 -

Type McCarl McCycle (2012   Van Lorry   Taxi   Prime Mover   Type McCarl McCycle (2012   Van Lorry   Taxi   Van Lorry   Taxi   Van Lorry   Type McCarl McCycle (2012   Van Lorry   Taxi   Van Lorry   Taxi   Van Lorry   Type McCarl McCycle (2012   Van Lorry   Taxi   Van Lorry   T	STLANTOL , CARIC	10100 2000 /10 10112	F = 11 F =
Type M.Car / M.Cyclo Ed. Van / Lorry / Taxi / Prime Mover / Truck / Trailler or  Viscoshop m/s  Support Vehicle No.  Oclour Mult AC. Insured / Std / Ni / NA  Spreading \$3.0/9  Track / Truck / Trailler or  Make Metters Rent U-Sou oc 1/667  Make Multi Na  Spreading \$3.0/9  Track / Truck / Trailler or  Make Metters Rent U-Sou oc 1/667  Make Meters Rent U-Sou oc 1/667  Make Metters	·	ASSIGNMENT	
### State of the continued of the contin	Date		Yr Regn. YOU NOU
Truck   Truller or Marks   Truck	477.	Type: M.Car / M.Cycle Bus / Van /	Lorry / Taxi / Prime Mover /
Add Fee:    Makes   Mexicons   Make   Mexicons   Makes   Mexicons   Mexicon		Truck / Trailer or	
Colour MULT!  So Reading 85 30 / 9  Tradio Insured / Std / NI / NA  So Reading 85 30 / 9  Tradio Insured / Std / NI / NA  EngNo: Colour MULT!  So Reading 85 30 / 9  Tradio Insured / Std / NI / NA  EngNo: Colour MCB 644 0 0 0 1 1000009 2  Gen. Cond. Good (Gen. Good		Make: MERCEONS PANZ	ocsov 00 11967
Sp. Reading   85 30   T. Radio Insured Ist   Insured   Std   NI   NA		100000000000000000000000000000000000000	
Englino:  Cino:  WCB 5095 1038 93  Do.1020 17  Gen. Cond. Good Golf Poor I Burnt  Steminisured:  Excess  Collent's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Warket Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  GIA / REP / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Accion / Instruction  Smit 31 X - X  SIND 1850S - (783 MG 16002) 8 H		Sn Reading 85 3019	T/Radio Insured / Std / NI / NA
Cincip No. 5035103873 20.10.2017  Cincip No. 5035103873 20.10.2017  Cincip No. 5035103873 20.10.2017  Cincip Condition State of Vehicle State	- Annual	The same	
Solid   Soli			02/0000092
Steering: florder: Jammed   Leaked / Burnt or Frake: (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA   FR Seen:  Consistent?: Yes or No  Est. Repairs:  days   Res.: Yes or No  CLUM Sum:  9, 3 Val.: Yes or No  CA   REV   REP.   24 HRS  Date:  Person Contacted:  Date / Time   Action / Instruction  SING 31 X - X  SID 1350S - (C3 / M(n 16022)   8 / H   2004   2   8 / H   1 / H   2004   2   8 / H   1 / H   2004   1 / H   2004   2   8 / H   1 / H   2004   1 / H   2004   2   8 / H   1 / H   2004   1 / H   2004   2   8 / H   1 / H   2004   1 / H   2004   1 / H   2004   2   8 / H   1 / H   2004   1 / H   2004   2   8 / H   2004   1 / H   2004   2   8 / H   2004   1 / H   2004   2   8 / H   2004   1 / H   2004   2   8 / H   2004   1 / H   2004   2 / H   2004   2   8 / H   2004   1 / H   2004   2 / H   2	10 10 10 10 10 10 10 10 10 10 10 10 10 1	0	
Collect Second   Coll			
(Client's Record)  Make of Véh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Ca / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  SIND 31 X - X  SIND 13503 - (N3 / M(n 1602)218 / H e// 2  CestTime. File Rass to?  Prelli. Report  Page of Repair:  Days Of Repair:  Consistent?: Yes or No  Date:  Date / Time Action / Instruction  Consistent?: Yes or No  Date:  Date / Time Action / Instruction  SIND 31 X - X  SIND 13503 - (N3 / M(n 1602)218 / H e// 2  Days Of Repair:  Consistent?: Yes or No  Date:  Date / Time Action / Instruction  SIND 3503 - (N3 / M(n 1602)218 / H e// 2  Consistent?: Yes or No  Date:	SQUI IIISUI EU.		
Tyre Size: F: 275 70 R 275  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repeirs: days Rest: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  SIND 31 X - X  SIND 3505 - (N3 / M(n   b 0 ) 27   8 / H			
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Remark: The veh had commenced its repair at the time of inspection.  Ball of Market Value:  IDAC Accident Rport:  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:  Date / Time			
repair at the time of inspection.  Ball of Market Value:  IDAC Accident Rport:  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  9k 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  Ship 31 X - X  SylD 135 0S - (0.3 /M.   16020] 18 / H edg 2.  Describe File Restrict  Days Of Repair:  Cantient Restrict  Restr	1 77.2		
Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Ress.: Yes or No  Lum Sum:  96 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date / Time Action / Instruction  SM6 31 X - X  SYD 1350S - 'CC3 / M(n 16 02)218 / H) e3/2 2.  Days Of Repair:  Days Of Repair:  Casurey held at Body Structure affected due to collision  Result Ribal.  Riba	Kemark. The ventual commences he		
Ball of Market Value:  IDAC Accident Rport: 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  Date / Time	y		CONTRACTOR OF THE PARTY OF THE
DAC Acodent Rport:   Consistent?: Yes or No   LiBal.   S   mm	O		,
Est. Repairs:    days   Res.: Yes or No	IDAO Accident uborn	,	- /
Lum Sum:  96 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time	See Vee of No	1	
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date / Time	Lat. Nepality		
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  SMB 31 X - X  SHD 1350S - (R3 /M(n 16 0/22) 18 /H) (R2 2	Lum Sum: % 3 val., 1es of No	Day of Domosoo : Est / Post /	O/S / N/S / U/C / Rooftop or
Date / Time   Action / Instruction    SMB 31 X - X   SMD 1350S - (M3 /M6 16002718 /H) (M3 2   D(A 361116    RECEIVED 2 7 APR 2018    Date / Time   File Pass to?   Date / Time   File Resturn to?    Preli. Report   Preli. Report   Date / Time   File Resturn to?    Add Fee:   Site Insp (\$ 5 5 5 5)   Interview (\$ 5 5 5)    Interview (\$ 5 5 5)    Interview (\$ 5 5 5)   Interview (\$ 5 5 5)   Interview (\$ 5 5 5)   Interview (\$ 5 5 5)   Interview (\$ 5	CA / REV / REP. / 24 HRS	IN / OUT	1/3 REGAR
Date / Time   Action / Instruction   SMB   31 X - X     SMD   1350S - (M3 /M(1607)2718 / H) (M3/2   D(A 161116     Lump   Qum   \$1800 - (Red : 30671 (6870))     RECEIVED 2 7 APR 2018     Date / Time : File Pass to?   Preli : Report   Days Of Repair:   Q     12714   Type   Final Report   Resurvey No. of Trip: - Survey Fee   160     Date / Time : File Resum to?   Add Fee:   Site Insp (\$ 15.485   St. 281     Interview   \$ 1600     In		The U/C / Chassis frame /	Body Structure affected due to collision
SMB 31 X - X SHD 1350S - : (13 /ML(1602)218 /H) (26) 2  RECEIVED 2 7 APR 2018  DeterTime File Pass to?  12   4 Type   Final Report   Profile Report   Profile Resurvey No. of Trip: Survey Fee   160    Cate/Time File Resum to?  Add Fee: Site Insp (\$   5 + 85   51    Interview (\$   5 + 85   51    Table 11   160   160    Table 2   160   160   160    Table 2   160   160   160    Table 3   160   160    Table 2   160   160   160    Table 3   160   160   160    Table 3   160   160    Table 4   160   160    Table 4   160   160    Table 5   160   160    Table 5   160   160    Table 5   160   160    Table 5   160   160    Table 6   160   160    Table 6   160   160    Table 6   160   160    Table 7   160			
RECEIVED 2 7 APR 2018  Date/Time. File Pass to?  Prell. Report  Days Of Repair:  Resurvey No. of Trip:  Survey Fee  Transportation  Add Fee:  Site Insp (\$	9MB 31X - X		18 V. V. VII
RECEIVED 2.7 APR 2018  Days Of Repair:  Preli. Report  Resurvey No. of Trip:  Cata/Time, File Return to?  Add Fee:  Site Insp (\$	SMD 1350S - M3/M61602271	8/11/2062	(H: 701116
RECEIVED 2.7 APR 2018  Days Of Repair:  Preli. Report  Resurvey No. of Trip:  Cata/Time, File Return to?  Add Fee:  Site Insp (\$	2 11.2-2	1001 2017 (207-)	
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Days Of Repair: Q    2   4   Tups   Final Report   Resurvey No. of Trip: - Survey Fee!   160			
Days Of Repair: Q    2   4   Tups   Final Report   Resurvey No. of Trip: - Survey Fee!   160	RECEIVED 2.7 APD		
Pinal Report Resurvey No. of Trip: Survey Fee Transportation  Add Fee: Site Insp (\$	1 BLR 2011		
Pinal Report Resurvey No. of Trip: Survey Fee: 160  Transportation  Add Fee: Site Insp (\$		0	
Date/Time, File Return to?  Add Fee: Site Insp (\$ )_s+8s_si  Interview (\$ Factors	a-1. T =	THE RESIDENCE OF THE PERSON OF	Sun ou See ILA
Add Fee: Site Insp (\$ )_s+es_si	214 Lypet Final Report	Resurvey No. of Trip:	
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Report Format : Teon Invs (\$ 500)	Banad Format : TP	Tean Invs (\$	Chart

Weekend S



## National Assessment Centre Services

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







UTV	IC INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800206	66/R1tb
ŧ05-	BRAS BASAH ROAI -01 NTUC TRADE U 556	D JNION HOUSESINGAPORE	Date:	01-02-2018 INC4	
		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SHD 1350S	_	nspected	SMB 31X
_	Policy No.	5095103893	Cover	age (\$)	0.00
_	Claim No.		Exces	s (\$)	0.00
	Assign From		Assig	n Date	31/01/2018
Ž,		Vehicle Parti	culars &	& Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
_	Chassis No.	Colou	r		
_	Odometer	150	Steeri	ng	
	Brakes		Modif	ication	
Ī	General				
	New York and the same	Condit	ions 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
		Descripti	on of D	amages	
		Genera	al Inform	nation	
	Accident Date	05/12/2017	Inspe	ction Date	31/01/2018
	Survey held at	SMRT AUTOMOTIVE SERVICE	ES PTE I	_TD	
		60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 75	7705
ia.	Canada and	pro-	Remarks	3	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI	THOUT	PREJUDICE" BASIS NOT AUTHORISE	S. ED REPAIRS.

eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage	Change Password	
My Desktop	Polic	y Query						la sive		
Notice of Loss	Policy N	0.				Date of Ac	cident	05/12	2/2017 18:18	
	Vehicle	No.(For Motor)	SHD1350S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHD1350S	SHD13509	20/10/2017	
					- 0	Continue				

			ON Children to	Income Vehicle No.	Date of Accident
-		Claimant (Owner / Taxi Company)	Claimant Venicle No.		7100/01/3
S/No	Income Reference	Cialillant Comes	SMR 31X	SHD 1350S	3/17/2011
1	500 0010500/	SMRT BUSES LTD	CIAIC CIAIC	1100001 010	21/4/2018
	M1/09/9589-002		CH99841	SJP SUSUR	0107/1/17
+	בטט בכבוססטו ביי	Comfort Transportation	200010	00040 00	24/2/18
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+	500 0001000/	Comfort Transportation		עררטר מיי	24/4/2018
	MI/0991820-002		SHB 2139R	YP 2017K	21/1/2
1	500 000000000	Citycab			

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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

07/12/2017 11:52

Date Of Accident

05/12/2017 19:10

Exact Location Of Accident

LORONG 1 GEYLANG

Country/State of Loss  SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMB31X

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

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

FIRST CAPITAL INSURANCE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

Name of Driver

D-II027592MFBP

Cover Note Number

Driver

HARIDAS SAMINATHAN

Passport No/FIN Date Of Birth

F7457021Q

Occupation

23/07/1971 OUTDOOR

Date Of Driving Pass

15/12/2014 2 YEARS AND 11 MONTHS

Driving Experience

MALE

Mobile Number

Gender

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 - MAJOR/MINOR RD

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.

10

Number of Passengers (Including Driver)

YES

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 DRIVING ALONG LORONG 1 GEYLANG AFTER THE JUNCTION WITH UPPER BOON KENG RD (TOWARDS LOR 1 GEYLANG TERMINAL), A TAXI (SILVER CAB) NO. SHD 1350S CAME FROM THE SLIP ROAD AND HIT ONTO THE LEFT REAR OF MY BUS. NOBODY IS INJURED. WE THEN EXCHANGED PARTICULARS.

#### Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO BIG

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SHD1350S

Vehicle Make/Model/Colour

SILVERCAB

Details Of Properties

Name of Driver

FOO SAY KHIN

NRIC/Passport Number

Contact Number

84092141

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Email Address

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 flability.
- 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 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (Including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Ha'L

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SMB 31 V BUS STOP LOR 1

(A) SMB31X (B) SHD 1350S

Vehicle Details			
Vehicle No. :	SMB31X		
Vehicle Type :	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1:	Air-Conditioned		
Vehicle Scheme :	OmniBus (SMRT Non ARF-exempted)		
Vehicle Make :	MERCEDES BENZ		
Vehicle Model :	OC500LE1830H		
Chassis No.:	WEB63442021000092		
Propellant:	Diesel		
Engine No.:	45796600144392		
Engine Capacity :	11967 cc		
Maximum Power Output:	11.*		
Maximum Laden Weight:	17800 kg		
Unladen Weight:	11760 kg		
Year Of Manufacture :	2008		
Original Registration Date :	07 Nov 2008		
Lifespan Expiry Date:	06 Nov 2025		
Road Tax Expiry Date :	06 Nov 2018		
Inspection Due Date:	06 Nov 2018		
Intended Transfer Date :	04 May 2018		
CO2 Emission :	-		
CO Emission:			
HC Emission:			
NOx Emission:			
	2		
PM Emission:	and 15 and the / Jay up has expired. Please use Engu	ire Road Tax Payable for fee(s) pay	able.
Dandtow including Over Pourse	ent (if any), of a vehicle will follow the vehicle to the	new registered owner when its own	nership is being transferred.
Amount Payable	the first the second than the second the sec		
Amount rayable	Amount Before GST	GST Amount	Amount After GS
	(S\$)	(S\$)	(5\$
Transfer Fee :	25.00	9	25.00
Total Amount Bayable:			25.0

You may print this page for reference.

Total Amount Payable:

OK Print

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

Chassis No :

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labout Charges

Total Material Charges

1,060.00

0.00 0.00

**Total Spray Painting Charges** 

480.00

1.000.54

1.915.20

Other Charges

0.00

0.00

TOTAL

2,010.54

0.00

Lum Sum Total

2,000.00

0.00

No. of Repair Days

3.00

Prepared / Adjusted By

0.00 2 days - Lupen

Prepared / Adjusted Date

Arc / Surveyor Sing Off Date

: 01/01/1900 12:00:00 AM

01/01/1900 12:00:00 AM

Remarks

Prepared Date : 30/01/2018 08:31:59 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 4 - Spare Parts / Material Usage

Pårt Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen d	Surveyor Approved	Photos Attached
		6010222	LH SKIRT PANEL L10	1	1,418.00	10.00	1,276.20	Replace	Replace	No
5010	DEAD	6009368	REAR BUMPER LH	1	1.242.00	10.00	1,117.80	Repair	Replacker	No
	REAR	Taraban const	TOTAL MATERIALS		1,276.20	2,394.00				
			MATERIALS(Discou	nted)				1,000.54	1,915.20	

# 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
Number	ТОТА	AL SUPPLEMENTARY	MATERIA	ALS					

HAIVE

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

## **SMRT Accident Vehicle Repair Estimates**

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

Reg. No

SMB31X

Ref. No.

BUS/12/17/5005

Reg. Date

07/11/2008

Vehicle Type

: BUS -12M

Make

MBOC500 (MERCEDES)

Model

MERCEDES MBOC500

Name of Driver

: Haridas Saminathan

Type of Accident

: HEAD TO SIDE

Date / Time of Accident

: 05/12/2017 07:10:00 PM

Accident Reported Date / Time: 07/12/2017 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

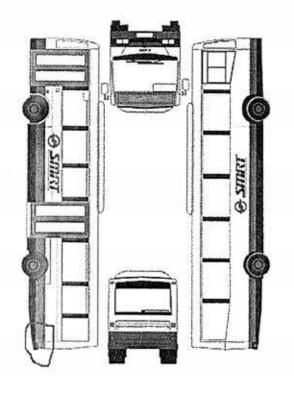
Accident Repair Job Card No : 000024095264

Special Instruction to ARC, if any :

LEFT REAR PORTION SCRATCHED. TP - SHD 1350S (SILVERCAB) - INSURED WITH NTUC.

Prepared Date

: 07/12/2017 11:28:32 AM



Control of the second process of control restroy the control control control

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 Labout Charges

1,590.00

530.00

Total Spray Painting Charges

580.00

354.00

Total Material Charges

1,109.76

1,109.76

Other Charges

0.00

-200.00

TOTAL

3,279.76

1,793.76

Lum Sum Total

1,800.00

No. of Repair Days

3,300.00 3.00

2.00

Prepared / Adjusted By

RASUL

Arc / Surveyor Sing Off Date

: 15/03/2018 05:35:39 PM

4867

15/03/2018 05:33:20 PM

Prepared / Adjusted Date

Remarks

Prepared Date : 30/01/2018 08:31:59 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 REPAIR LH REAR PORTION	1,590.00	530.00
Total Labour	1,590.00	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	580.00	354.00
Total Spray Painting & Panel Beating	580.00	354.00

### 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

### Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommen d	Surveyor Approved	Photos Attached
5010		6010222	LH SKIRT PANEL L10	1	1,418.00	10.00	1,276.20	Replace	Replace K	No
	REAR	6009368	REAR BUMPER LH	1	1,242.00	100.00	0.00	Replace	Repair P	No
	СОММО	4006314	SEALANT SIKAFLEX	3	37.00	0.00	111.00	Replace	Replace /	No
			TOTAL MATERIALS		1,387.20 1,387.20					
		TOTAL	MATERIALS(Discour	nted)			1,109.76 1,109.76			

### 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
5010		LH SKIRT PANEL L10	1	1,418.00	10.00	1,276.20	Replace	Replace	No
	REAR	REAR BUMPER LH	1	1,242.00	100.00	0.00	Replace	Repair	No
	COMMO	SEALANT SIKAFLEX	3	37.00	0.00	111.00	Replace	Replace	No
	T	OTAL SUPPLEMENTARY	MATERIA	ALS		1,387.20	I.C.	XI.	

1387.20 20/200 20/2 1816.96 20/2 20/2 20/2

Harry



# **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 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Ref: NS/INC18002066/R1tbn2				
			07-05-2018 INC4				
	Policy Particulars	:- THIR	D PARTY CLAIM				
Insured Veh.	SHD 1350S	_	nspected	SMB 31X			
Policy No.	5095103893	Coverage (\$)		0.00			
Claim No.	MT/0979589-002 Excess		ss (\$)	0.00			
Assign From		Assign Date		31/01/2018			
2. 18 44 14 14 14 14 14 14 14 14 14 14 14 14	Vehicle Part	iculars	& Condition				
Make & Model	MERCEDES BENZ OC500	c.c		11967			
Engine No.	HIDDEN	Year of Reg.		2008			
Chassis No.	WEB63442021000092	Colour		MULTI			
Odometer	853019	Steering		IN ORDER			
Brakes	IN ORDER	Modif	fication	NIL			
General	FAIR						
3.	Condi	tions of	Tyres				
	Size	Make		Balance			
R/H Front Tyre	275/70 R22.5	CONT	INENTAL	8 mm			
L/H Front Tyre	275/70 R22.5	CONT	INENTAL	8 mm			
R/H Rear Tyre	275/70 R22.5 (D)	CONT	INENTAL	8/8 mm			
L/H Rear Tyre	275/70 R22.5 (D)	CONT	INENTAL	8/8 mm			
4.	Descript	tion of D	amages				
THE VEHICLE SU	ISTAINED DAMAGES AT THE N	/S REAR	PORTION.				
DAMAGES SEE D	DAMAGES SEE DETAILS.						
5.		ral Infor	mation				
Accident Date	05/12/2017		ection Date	31/01/2018			
Survey held at							
100000000000000000000000000000000000000	60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705						
5a.		Remark					
TANTUE INCRECT	ON WAS CONDUCTED ON A"WICE TO YOUR INSTRUCTIONS,	WE HAV	E NOT AUTHORIS	S. ED REPAIRS.			
5b.	Estimat	e Days	of Repair	NE OR REPORT			

2 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 31X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	LH SKIRT PANEL L10 LESS 10% DISCOUNT	BENT	1,418.00	The second second
			-	-141.80
	Waster's \$55.0 LOAN ON BRONGET YOUR COMMON.		1,418.00	1,276.20
	SPECIAL NETT ITEMS			
3	SEALANT SIKAFLEX @\$37.00 (SN)	NECESSARY	111.00	111.00
	REAR BUMPER LH (SN)	TO REPAIR SEE	1,242.00	19-
			1,353.00	111.00
	LABOUR			530.00
	TO REPAIR LH REAR PORTION.INCLUSIVE OF THE REPAIR OF REAR BUMPER LH.	\(\frac{1}{2}\)	1,590.00	
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		580.00	354.00
	RESPRAT ABOVE REL AIR TEINS.		2,170.00	884.00
	GRAND TOTAL		4,941.00	2,271.20
	RECOMMENDED COST OF LUMP SUM REPAIRS			1,800.00
	(TO ITS PRE-ACCIDENT CONDITION)			

Report Ref No. NS/INC18002066/R1tbn2

MOHAMMED RASUL BIN MOHD YUNUS

**Automotive Assessor** 

(CONFIRMED)

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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