

Signature: *[Signature]*

REF:

NS / TWC 1800 2066 / R/Hbn2

22720

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: **SHD 1350S**
 Policy No: **5095103893** **20.10.2017**
 Claims No: **MT/6979589-002**
 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SMB31X** Yr Regn: **2008 NOV**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **MERCEDES Benz GL500** c.o. **1967**
 Colour: **MULTI** A/C: Insured / Std / NI / NA
 Sp. Reading: **853019** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **WGB63420210000092**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: **NI** / S/Rim / STD A/Rim or
 Tyre Size: F: **275/70R225**
 R: **- - - - -** **dp**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Continental**

Front	Rear
R/Bal. 8 mm	R/Bal. 8/8 mm
L/Bal. 8 mm	L/Bal. 8/8 mm
D.O.A. 05/12/17	D.O.I. 31/01/17

 Survey held at **8 MAT**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SMB 31X - X

SHD 1350S - 003 / MT/6979589 / H/12342

DA: 26/11/16

Lump Sum \$1800/- (Red: 3067, 63%)

RECEIVED 27 APR 2018

Date/Time: File Pass to?

☐ : Preli. Report

27/4 Typist

☒ : Final Report

Date/Time: File Return to?

2)

Days Of Repair: **2**

Resurvey No. of Trip: **-**

Survey Fee:

Transportation:

S - RS - S

Photos

Others

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: **TP**

Lump Sum / I.B.I. (\$) **1800/-**

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/INC18002066/R1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1350S	Veh. Inspected	SMB 31X
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	31/01/2018

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	05/12/2017	Inspection Date	31/01/2018
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.
--

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 checked="" type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHD1350S	SHD1350S	20/10/2017	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0979589-002	SMRT BUSES LTD	SMB 31X	SHD 1350S	5/12/2017
2	MT/0991337-002	Comfort Transportation	SH9984J	SJP 5080H	21/4/2018
3	MT/0991820-002	Comfort Transportation	SH 6778H	XD 2498D	24/4/2018
4	MT/0991938-002	Citycab	SHB 2139R	YP 2077K	24/4/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	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	D-II027592MFBP
Cover Note Number	

Driver

Name of Driver	HARIDAS SAMINATHAN
Passport No/FIN	F7457021Q
Date Of Birth	23/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2014
Driving Experience	2 YEARS AND 11 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 - 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. YES

Number of Passengers (Including Driver) 10

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

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)

(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 :

- (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



Witnessed by Reporting Centre
Personnel

(A) SMB 31X (B) SHD 13505

Enquire Transfer Fee

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:	-
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:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

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 Labour Charges	1,060.00	0.00
Total Spray Painting Charges	480.00	0.00
Total Material Charges	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	0.00
Prepared / Adjusted By		
Arc / Surveyor Sign Off Date	01/01/1900 12:00:00 AM	01/01/1900 12:00:00 AM

Prepared / Adjusted Date :

Remarks :

Prepared Date : 30/01/2018 08:31:59 AM

2 days - Lump sum
Paul
Rasul 31/01/18
@1650

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

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
5010		6010222	LH SKIRT PANEL L10	1	1,418.00	10.00	1,276.20	Replace	Replace <i>Tom</i>	No <input checked="" type="checkbox"/>
	REAR	6009368	REAR BUMPER LH	1	1,242.00	10.00	1,117.80	Repair	Replace <i>Repa</i>	No <input checked="" type="checkbox"/>
TOTAL MATERIALS							1,276.20	2,394.00		
TOTAL MATERIALS(Discounted)							1,000.54	1,915.20		

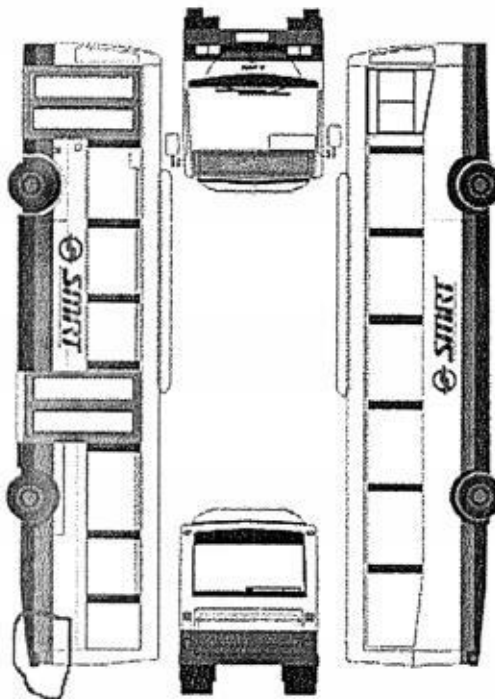
Added Spare Parts / Material Usage After Surveyor Signed off

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

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 :


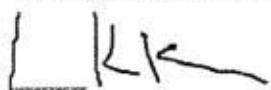


LEFT REAR PORTION SCRATCHED. TP - SHD 1350S (SILVERCAB) - INSURED WITH NTUC.

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

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 :	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 4261	1,793.76
Lum Sum Total :	3,300.00	1,800.00
No. of Repair Days :	3.00	2.00
Prepared / Adjusted By :		RASUL
Arc / Surveyor Sign Off Date :	15/03/2018 05:35:39 PM	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 Recommendation	Surveyor Approved	Photos Attached
5010		6010222	LH SKIRT PANEL L10	1	1,418.00	10.00	1,276.20	Replace	Replace <i>h</i>	No
	REAR	6009368	REAR BUMPER LH	1	1,242.00	100.00	0.00	Replace	Repair <i>R</i>	No
	COMMO N	4006314	SEALANT SIKAFLEX	3	37.00	0.00	111.00	Replace	Replace <i>NE</i>	No
TOTAL MATERIALS							1,387.20	1,387.20		
TOTAL MATERIALS(Discounted)							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 N	SEALANT SIKAFLEX	3	37.00	0.00	111.00	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						1,387.20			

1387.20

884.00

2271.20

20%

1816.96

4/5 - 1,800

2 days

4941




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/INC18002066/R1tbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 07-05-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 1350S	Veh. Inspected	SMB 31X
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0979589-002	Excess (\$)	0.00
Assign From		Assign Date	31/01/2018
2. Vehicle Particulars & 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	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	CONTINENTAL	8 mm
L/H Front Tyre	275/70 R22.5	CONTINENTAL	8 mm
R/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	8/8 mm
L/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	8/8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/12/2017	Inspection Date	31/01/2018
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:		2 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 31X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LH SKIRT PANEL L10	BENT	1,418.00	1,418.00
	LESS 10% DISCOUNT		-	-141.80
			1,418.00	1,276.20
<u>SPECIAL NETT ITEMS</u>				
3	SEALANT SIKAFLEX @\$37.00 (SN)	NECESSARY TO REPAIR SEE LABOUR	111.00	111.00
1	REAR BUMPER LH (SN)		1,242.00	-
			1,353.00	111.00
			1,590.00	530.00
			580.00	354.00
<u>LABOUR</u>				
	TO REPAIR LH REAR PORTION.INCLUSIVE OF THE REPAIR OF REAR BUMPER LH.		2,170.00	884.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		4,941.00	2,271.20
GRAND TOTAL				
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,800.00

Report Ref No. NS/INC18002066/R1tbn2

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

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