

REF:

N3/INC18002650/Svbz

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:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(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

Date / Time / Action / Instruction

SMB 3139Y - X

SJC 8146B - X

16/4/15 Sebastian Confirmed \$1788 (Red 804.00, 319)

RECEIVED 24 APR 2015

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

24/4-tpst

Report Format:

Lump Sum / I.B.I. (\$) TP

1788/p

Days Of Repair: 3

Resurvey No. of Trip: -

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (2)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

160

Veh No:

SMB 80594

Yr Regn:

16/11/2015

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

Truck / Trailer or

Make:

Mann NG 363F (A24)

C.C. 10518

Colour

Multi Colour

A/C: Insured / Std / NI / NA

Sp. Reading

137697

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMAN 24222F 7002780

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

275/70R22.5

R:

11

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

TOYO / YOKO or

Firenza

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

5/2/18

D.O.I.

8/2/18

Survey held at

SMT

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.

Survey Department Check List (Case Handler)

Reference No.: NS/INC/8002650/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.	Y-Date	N-Date	Y-Date	N-Date
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				

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 24/4/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/21



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/INC18002650/Svb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJC 8146B	Veh. Inspected	SMB 8039Y
Policy No.	5096976112	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/02/2018

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	05/02/2018	Inspection Date	08/02/2018
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.
--

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0991340-002	COMFORT TRANSPORTATION PTE LTD	SH 7013A	SJL 3277S
2	MT/0990420-002	COMFORT TRANSPORTATION PTE LTD	SHC 1833X	GBG 6935C
3	MT/0991001-002	COMFORT TRANSPORTATION PTE LTD	SHB 4181D	SJF 4165G
4	MT/0987576-002	SMRT TAXIS	SHB 5490E	SGN 2724A
5	MT/0988974-002	SMRT TAXIS	SHF 474P	SKP 1761R
6	MT/0988606-002	SMRT TAXIS	SHF 287M	SHD 1850R
7	MT/0988375-002	SMRT TAXIS	SHB 5737U	SKZ 9804X
8	MT/0991050-002	COMFORT TRANSPORTATION PTE LTD	SHD 6647D	SLM 4176P
9	MT/0991603-001	COMFORT TRANSPORTATION PTE LTD	SH 9594B	SJF 8421R
10	MT/0989297-002	SMRT TAXIS	SHB 5445L	GZ 8719M
11	MT/0989010-002	SMRT TAXIS	SHB 668T	SLV 3014H
12	MT/0988555-002	SMRT TAXIS	SHB 5515T	SLS 2028R
13	MT/0981124-002	SMRT BUSES	SMB 8039Y	SJC 8146B
14	MT/0991610-001	COMFORT TRANSPORTATION PTE LTD	SHC 8728X	GBG 2031L
15	MT/0991074-002	COMFORT TRANSPORTATION PTE LTD	SHC 2948S	GZ 1977E
16	MT/0990979-002	COMFORT TRANSPORTATION PTE LTD	SHD 6658Y	FBK 791T
17	MT/0990696-002	COMFORT TRANSPORTATION PTE LTD	SHD 4138U	PC 2948Y
18	MT/0990960-002	COMFORT TRANSPORTATION PTE LTD	SHD 4928G	YP 6440T

Policy Search

eBaoTech

General Claim

Change Language

Change Password

Log Out

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

05/02/2018 11:35

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096976112	KANDA VEL S/O GANAPATHY	S1755995H	GPC	drivo CLASSIC	SJC8146B	SJC8146B	28/12/2017	28/02/2019

Continue

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 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 05/02/2018 15:25
Date Of Accident 05/02/2018 00:50
Exact Location Of Accident WOODLANDS AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB8039Y
Insured/Policyholder
Name Of Registered Owner SMRT BUSES LTD
Co Reg No 198202292D
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-81111111

Vehicle Particulars

Manufacturer MAN
Model 17M

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

Vehicle Category

THIRD PARTY
BUS

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

D-II027592MFBP

Cover Note Number

Driver

Name of Driver

WANG XIAO MING

Passport No/FIN

G2008475M

Date Of Birth

21/08/1981

Occupation

OUTDOOR

Date Of Driving Pass

16/04/2012

Driving Experience

5 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

Fax Number

Contact Number

NOEMAIL

Email Address

Address NA
 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
 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? YES
 If Yes, Please state which Police Station
 Police Station Name WOODLANDS EAST N.P.C

Police Station Address

ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Refer to Police Report: T20180205/2095

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: PEND DOWNLOADING
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJC8146B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

王小明

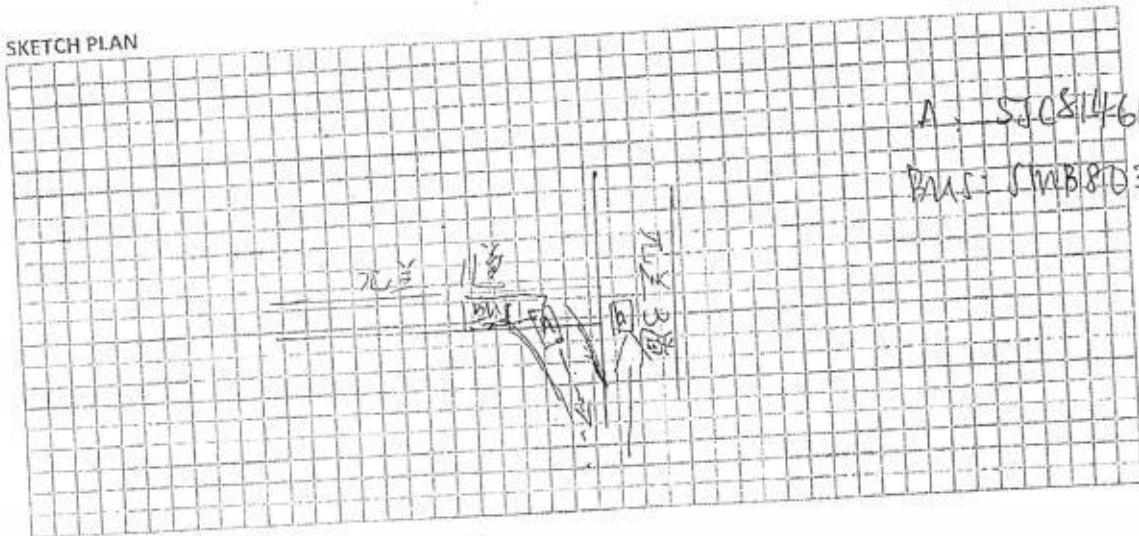
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

DECLARATION

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



Policyholder's Signature
Date & Time:

王小明

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

Signature

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

2

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180205/2095

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180205/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 14:46		Vide Report No.:		Station Diary No.: 124	
Informant's Particulars					
Name of Informant: WANG XIAO MING			Address: C/O APT BLK B 2 Woodlands Sector 2 #01-01 Westlite Dormitory SINGAPORE 737723		
ID Type / ID No.: FIN NO / G2006475M			Contact No.: Home/Office: Mobile: 84394618		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 21/08/1981	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:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2018 00:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 1 WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJC8146B	Car	MITSUBISHI		Grey	Slightly Damaged	0
SMB8039Y	Bus/Coach/Minibus	MAN		Multi-Colored	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20180205/2095

1 of 3

Report No. T/20180205/2095

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/02/2018 14:46

Vide Report No.:

Station Diary No.:
124

Informant's Particulars

Name of Informant:
WANG XIAO MING

Address:
C/O APT BLK B 2 Woodlands Sector 2 #01-01 Westlite
Dormitory SINGAPORE 737723

ID Type / ID No.:
FIN NO / G2006475M

Contact No.:
Home/Office: Mobile: 84394618

Nationality:
CHINESE

Email:

Sex: Age: Date of Birth:
Male 36 21/08/1981

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:

Non-Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
05/02/2018 00:50

Type of Location:
X-Junction

Location:
Junction of Road 1 and Road 2
WOODLANDS AVENUE 1
WOODLANDS AVENUE 3

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJC8146B	Car	MITSUBISHI		Grey	Slightly Damaged	0
SMB8039Y	Bus/Coach/Minibus	MAN		Multi-Colored	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20180205/2095

2 of 3

Report No. T/20180205/2095

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Brief Details.

On 05/02/2018 at about 0050hrs, while I was driving my SMRT bus SMB8039Y along Woodlands Ave 1 at the junction of Woodlands Ave 3 at the speed of not more than 30km/h, suddenly I felt an impact on my bus. I then stopped my bus and alighted and spoke to a male Indian who is the driver of vehicle SJC8146B, Grey Mitsubitshi. The vehicle's front right hit onto my rear left side of my SMRT bus and there are scratches on the rear left side of my bus. No one was injured during the accident. I realised the driver is reeked of alcohol and while I was contacting SMRT POCC, the driver went back to his vehicle and reversed and left the location. I then quickly took a photo of his vehicle registration plate number. I have informed my SMRT POCC and was advised to lodge a police report.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20180205/2095

3 of 3

Report No. T/20180205/2095

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:

J /

Staff Sgt SAW HUI YING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

SN 130

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

王小明

Date/Time:

05/02/2018 14:46

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

2292D

Vehicle Details

Vehicle No.:

SMB8039Y

Vehicle to be Exported:

No

Intended De-registration Date:

09 Feb 2018

Vehicle Make:

MAN

Vehicle Model:

NG 363F (A24)

Primary Colour:

Multi-Colour

Manufacturing Year:

2014

Engine No.:

50340272674024

Chassis No.:

WMAA24ZZ2F7002780

Maximum Power Output:

-

Open Market Value:

\$437,770.00

Original Registration Date:

16 Nov 2015

First Registration Date:

16 Nov 2015

Transfer Count:

0

Actual ARF Paid:

\$0.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF/COE Rebate Enquiry

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Rebate Amount: \$0.00

Total Rebate Amount: \$0.00

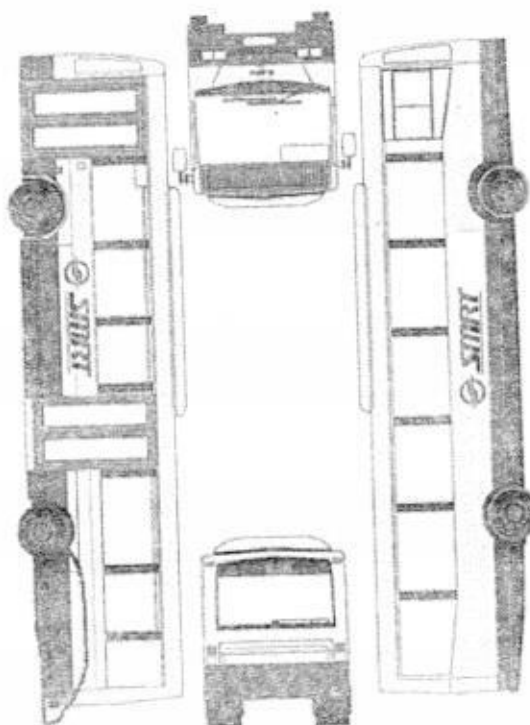
The information contained herein is correct as at 09 Feb 2018

OK

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB8039Y
 Ref. No : BUS/02/18/7006
 Reg. Date : 01/01/1900
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN A24
 Name of Driver : Wang Xiaoming
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 05/02/2018 12:50:00 AM
 Accident Reported Date / Time : 05/02/2018 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 :
 TP: SJC8146B NTUC
 LEFT REAR PORTION DAMAGED
 Prepared Date : 06/02/2018 11:15:59 AM



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.	1,590.00	1,060.00
Total Labour	1,590.00	1,060.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	878.00	728.00
Total Spray Painting & Panel Beating	878.00	728.00

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

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

16/4V

0c

1,760+

728+

= 1,738

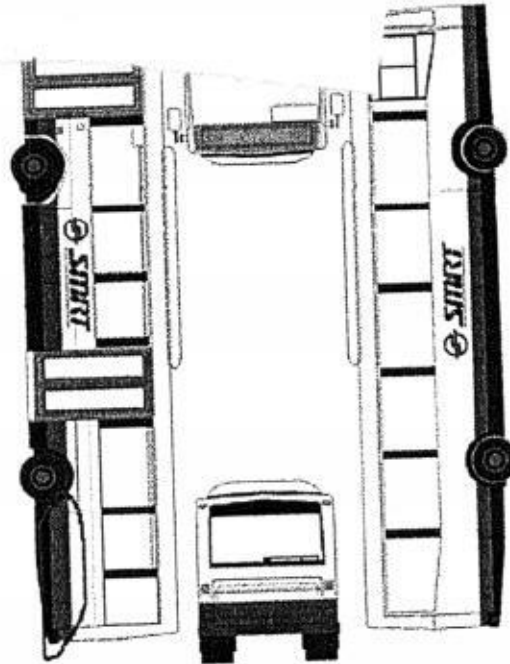
SMRT Accident Vehicle Repair Est

Section A - To be completed by claims Advisor/Duty officer

Reg. No : SMB8039Y
 Ref. No : BUS/02/18/7006
 Reg. Date : 16/11/2015
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN A24
 Name of Driver : Wang Xiaoming
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 05/02/2018 12:50:00 AM
 Accident Reported Date / Time : 05/02/2018 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 : 000024094871
 Special Instruction to ARC, if any :

TP: SJC8146B NTUC
 LEFT REAR PORTION DAMAGED

Prepared Date : 06/02/2018 11:15:59 AM



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

Chassis No : WMAA24ZZ2F7002780


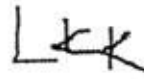
Mileage :

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	1,060.00
Total Spray Painting Charges	: 878.00	728.00
Total Material Charges	: 0.00	0.00
Other Charges	: 0.00	0.00
TOTAL	: 2,468.00 2592.20	1,788.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 4.00	3.00
Prepared / Adjusted By	: Goh Kok Khoo	Sebastian Yeang
Arc / Surveyor Sign Off Date	: 08/02/2018 02:34:58 PM	08/02/2018 02:35:54 PM
		

Prepared / Adjusted Date :

Remarks :

Prepared Date : 08/02/2018 11:48:37 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 REPAIR LH REAR PORTION	1,590.00	1,060.00
Total Labour	1,590.00	1,060.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	878.00	728.00
Total Spray Painting & Panel Beating	878.00	728.00

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

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

$$\begin{array}{r} 1060 \\ + 728 \\ \hline 1788 \end{array}$$

Sebastian
16/4/18

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
5029		6010330	WHEEL ARCH TRIM	1	124.20	100.00	0.00	Repair	Repair	No
TOTAL MATERIALS								0.00	0.00	
TOTAL MATERIALS(Discounted)								0.00	0.00	

Added Spare Parts / Material Usage After Surveyor Signed off

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




National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002650/Svbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJC 8146B	Veh. Inspected	SMB 8039Y
Policy No.	5096976112	Coverage (\$)	0.00
Claim No.	MT/0981124-002	Excess (\$)	0.00
Assign From		Assign Date	08/02/2018
2. Vehicle Particulars & Condition			
Make & Model	MAN NG 363F (A24)	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WMAA24ZZ2F7002780	Colour	MULTI
Odometer	137697	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	FIRENZA	6 mm
L/H Front Tyre	275/70 R22.5	FIRENZA	6 mm
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	6/6 mm
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/02/2018	Inspection Date	08/02/2018
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	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 8039Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	TO REPAIR SEE LABOUR		
	WHEEL ARCH TRIM (SN)		124.20	-
			124.20	-
	LABOUR			
	TO REPAIR LH REAR PORTION.INCLUSIVE OF THE REPAIR OF WHEEL ARCH TRIM. PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		1,590.00	1,060.00
			878.00	728.00
			2,468.00	1,788.00
	GRAND TOTAL		2,592.20	1,788.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,788.00

Report Ref No. NS/INC18002650/Svbn2

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

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