

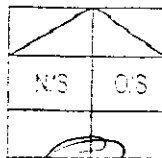
REF: NS/INC18003935 / Syberz

ASSIGNMENT

From: _____ Date: _____
 Enquiry Ref: _____
 TO: TRAWLS / TRAFES / CO-RES / ELA / INV / IM /
 To inspect Vehicle No. _____
 At Workshop No. _____
 Insured: **SKC 1840P**
 Policy No. **5072584630-02 280717-270718**
 Claims No. **MT/0980302-002**
 Sum Insured: _____ Excess: _____
 Owner'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 Report: _____ Consistent? : Yes or No

GIA / FR. Scort: _____ Consistent? : Yes or No

Est. Repair: _____ days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **5511274** Ir Regn: **25/10/2016**
 Type: M/Car / M/Cycle / ☒ Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make: **Mercedes Benz Citaro C1530** cc **6374**Colour: **White/Green** A/C: ☒ Insured / Std / N/ASp. Reading: **351187** T/Radio: Insured / Std / N/A

Eng. No: _____

Chassis: **W1E3 6280832 3130042**Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ RT / S/Rim / STD A/Rim orTyre Size: F: **275/70R22.5**R: **11**

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

TOYO / YOKO or **Bridgestone**

Front

R/Bal. **6** mmL/Bal. **6** mmD.O.A. **5/2/18**Survey held at **SMART**Des. of Damages: Fnt / ☒ Rer / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

05/12/17**SKC 1840P - 5072584630-02 280717-270718****05/12/17****13/3/18 Sebastian Confirmed \$995 (Red 327, 257)**

RECEIVED

See Time, Re Parts if

☐

Prel. Report

☐

Final Report

See Time, Re Return if

Days Of Repair: **1**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

143 - typist

Add Fee:

☐

Site Insp (S)

☐

Interview (I)

☐

Tech. Insp (T)

☐

Weekend (W)

S + RS

PH

CH

Report Format:

Lump Sum / L.B. / S

IP**995p**

TOTAL

160

Survey Department Check List (Case Handler)

Reference No. : NS/ INC 18003935/ Sv6
 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

		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				

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 14/3/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/201




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/INC18003935/Svb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 28-02-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKC 1840P	Veh. Inspected	SG 1129U	
Policy No.	5072584630-02	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	19/02/2018	
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	19/02/2018	
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.				

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 14 March 2018 11:44 AM
To: Veron Chen (LKKAUTO)
Subject: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

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



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, March 14, 2018 10:01 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0984416-002	SMRT TAXIS PTE LTD	SHC 4338P	SBX 57L
2	MT/0980302-002	SMRT BUSES LTD	SG 1129U	SKC 1840P

D.O.A	Time of Accident	Estimate	Tentative repair cost
1/3/2018	17:55	\$4,431.80	\$800.00
30/1/2018	19:55	\$1,322.00	\$995.00

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)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/02/2018 19:30"/>
Vehicle No.(For Motor)	<input type="text" value="SKC1840P"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072584630-02	HO CHIA HSUN	S1615968I	GPC	drive CLASSIC	SKC1840P	SKC1840P	28/07/2017	27/07/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 2292D

Vehicle Details

Vehicle No.: SG1129U

Vehicle to be Exported: No

Intended De-registration Date: 20 Feb 2018

Vehicle Make: MERCEDES BENZ

Vehicle Model: CITARO O530 6.4L AT TURBO ABS

Primary Colour: Multi-Colour

Manufacturing Year: 2015

Engine No.: 902926C1102343

Chassis No.: WEB62808323130042

Maximum Power Output: -

Open Market Value: \$277,194.00

Original Registration Date: 25 Oct 2016

First Registration Date: 25 Oct 2016

Transfer Count: 1

Actual ARF Paid: \$0.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Rebate Amount: \$0.00

Total Rebate Amount: \$0.00

The information contained herein is correct as at 20 Feb 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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 06/02/2018 08:59
Date Of Accident 30/01/2018 19:55
Exact Location Of Accident MANDAI AVE AFTER BS:48141
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG1129U
Insured/Policyholder
Name Of Registered Owner SMRT BSUES 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 LOW CHIEW YEN
NRIC No G7629770W
Date Of Birth 03/07/1984
Occupation OUTDOOR
Date Of Driving Pass 16/10/2008
Driving Experience 9 YEARS AND 3 MONTHS
Gender FEMALE
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

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) 12

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 travelling along Mandai Ave, after BS: 48141 (Opp Mandai Crematorium & Columbarium), the traffic condition was heavy and all vehicles were moving slowly (stop and go). While moving slowly suddenly heard a sound from the rear of the bus, after checking found that a vehicle 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 SKC1840P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ANDREW HO

NRIC/Passport Number

Contact Number 97924638

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

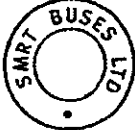
IMPORTANT NOTICE

Bus / 61 / 12 / 1053

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:

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

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to G14 report

DECLARATION

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

Policyholder's Signature
Date & Time:

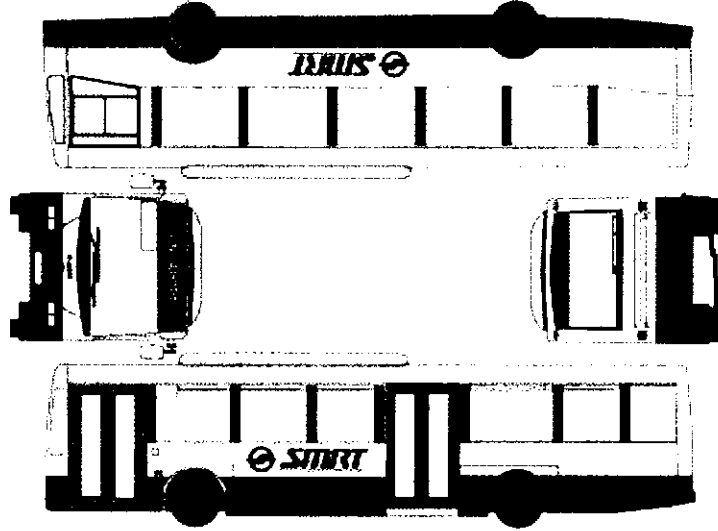
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SG1129U
 Ref. No : BUS/01/18/1053
 Reg. Date : 05/10/2017
 Vehicle Type : BUS -12M
 Make : MBOC500 (MERCEDES)
 Model : MB CITARO O530
 Name of Driver : Low Chiew Yen
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 30/01/2018 07:57:00 PM
 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 : 000024094675
 Special Instruction to ARC, if any :
 SG1129U - REAR DENTED
 SKC (TP) INSURED WITH NTUC
 Prepared Date : 06/02/2018 03:10:27 PM



LKK Auto Consultants hence notify the Repairer of the following:
 • To survey before/after spray painting
 • To display damaged part(s) during survey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company


Acknowledged by Repairer
 Signature:
 Date:

Sebastian.

22/2/18.

- Part by part repair.

- Photo Before & After Paint.



 13/18

Chassis No : WEB62808323130042Mileage : 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	: 262.00	0.00
Total Material Charges	: 0.00	0.00
Other Charges	: 0.00	0.00
TOTAL	: 1,322.00	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 2.00	0.00
Prepared / Adjusted By		<i>(day)</i>
Arc / Surveyor Sing Off Date	: 27/02/2018 09:48:58 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 27/02/2018 09:48:58 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 REAR PORTION	1,060.00	0.00 795
Total Labour	1,060.00	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	262.00	0.00 260
Total Spray Painting & Panel Beating	262.00	0.00

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

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

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
TOTAL MATERIALS										
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									

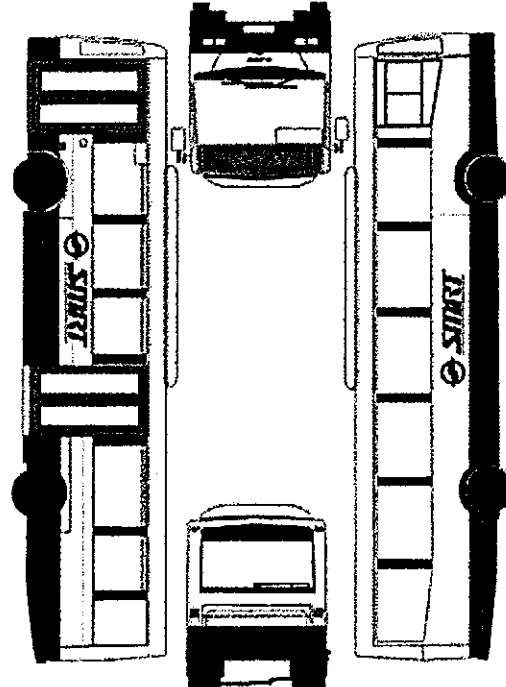
SMRT Accident Vehicle Repair Estimates

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

Reg. No : SG1129U
Ref. No : BUS/01/18/1053
Reg. Date : 25/10/2016
Vehicle Type : BUS -12M
Make : MBOC500 (MERCEDES)
Model : MB CITARO O530
Name of Driver : Low Chiew Yen
Type of Accident : HEAD TO REAR
Date / Time of Accident : 30/01/2018 07:57:00 PM
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 : 000024094675
Special Instruction to ARC,if any :

SG1129U - REAR DENTED
SKC (TP) INSURED WITH NTUC

Prepared Date : 06/02/2018 03:10:27 PM



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

Chassis No : WEB62808323130042

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	: 1,060.00	795.00
Total Spray Painting Charges	: 262.00	200.00
Total Material Charges	: 0.00	0.00
Other Charges	: 0.00	0.00
TOTAL	: 1,322.00	995.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 2.00	1.00 /
Prepared / Adjusted By	:	SEBASTIAN - LKK
Arc / Surveyor Sign Off Date	: 27/02/2018 09:48:58 AM	03/03/2018 02:43:03 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 27/02/2018 09:48:58 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 REAR PORTION	1,060.00	795.00 /
Total Labour	1,060.00	795.00

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	262.00	200.00 /
Total Spray Painting & Panel Beating	262.00	200.00

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

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

1322

$$\begin{array}{r} 795 \\ + 200 \\ \hline 995 \end{array}$$

Sebastian
13/3/18.

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
TOTAL MATERIALS										
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/INC18003935/Svbe2			
73 BRAS BASAH ROAD		Date: 20-03-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKC 1840P	Veh. Inspected	SG 1129U
Policy No.	5072584630-02	Coverage (\$)	0.00
Claim No.	MT/0980302-002	Excess (\$)	0.00
Assign From		Assign Date	19/02/2018
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ CITARO O530	c.c	6374
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WEB62808323130042	Colour	GREEN
Odometer	351187	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	BRIDGESTONE	6 mm
L/H Front Tyre	275/70 R22.5	BRIDGESTONE	6 mm
R/H Rear Tyre	275/70 R22.5 (D)	BRIDGESTONE	6/6 mm
L/H Rear Tyre	275/70 R22.5 (D)	BRIDGESTONE	6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	30/01/2018	Inspection Date	19/02/2018
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:		1 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 1129U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPAIR REAR PORTION.		1,060.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		262.00	200.00
			1,322.00	995.00
	GRAND TOTAL		1,322.00	995.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				995.00

Report Ref No. NS/INC18003935/Svbe2

YEANG WAI KEEN

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.