0.9	SIMETHE REF: NG/ZNC 1800	
8	ASSI	GNMENT
+		Veh No: 541357H - TROOM: 22/4/2013
	From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
	Estimated Cost:	Type: M.Car / M.Cycle / Bus / Vall / Corry /
	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Man NL320F c.c 10518
		Make: Man NL320F c.c 10518
	To Inspect Vehicle No:	Colour Multi Colou A/C: Insured / Std / NI / NA
	at Workshop m/s	Sp.Reading 4544 25 T/Radio; Insured / Std / NI / NA
	003 3/15011	Eng/No:
	Insured: GB7 8658U 1818 2017 - 2717 18	C/No: WMAA 22725 D7061804
	Policy No. 50 89 299 3142 1803 2017 - 2703 18	Gen. Cond: Good / Fair / Poor / Burnt
	Claims No. MT 10983963 - 002	Steering: Inorder / Jammed / Leaked / Burnt or
	Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
	(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or
	Make of Veh:	Tyre Size: F: 775-/70 RZZ-Y
		R: V
	(Policy Condition) N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUM! /
	Remark: The veh had commenced its N/S 0/S repair at the time of inspection.	TOYO/YOKO or Firenze
		, I
	Bal, or Market Value:	Front R/Bal. 6 mm R/Bal. 6/6 mm
	IDAC Accident Rport: Consistent? : Yes or No Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6/6 mm
	GIA 7 FN Storie	D.O.A. 25/2/18 D.O.I. 27/2/18
	2 Val. Vos er No	Survey held at SMRT
	Editional.	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
	CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Frt N/S
	Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	Date / Time Action / Instruction	
	: SMK 1357A - X	Ora Asinis
	:08E 8R28A - NH/BAC18003817/5H	541. 370.16
	Confirm LIS \$ 8350 @ 3 days	The second of th
	Bed 8 3514.90 , 291.	
		AY 2018
	RECEIVED 2 1.	
	To Brown D. Beell Report	Days Of Repair: 3
	Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: - Survey Fee:
	1) Lypist : Final Report	Transportation:
	Date/Time, File Return to? Add Fo	ee: : Site Insp (\$) _s+Rssi
	2),	Interview (\$) Photos
	Report Format:	: Tech Invs (\$) Ohers : Weekend (\$)
	Lump Sum / LBH: (\$ 8350	TOTAL 160



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTU	JC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1800400	03/Srb
		D UNION HOUSESINGAPORE		01-03-2018	
			Code:	INC4	
1.		Policy Particulars	CHECKS IN PROPERTY.		
	Insured Veh.	GBF 8658U	-	nspected	SMB 1357A
	Policy No.	5089299342	_	age (\$)	0.00
	Claim No.		Exces	s (\$)	0.00
	Assign From		Assig	n Date	27/02/2018
2.		Vehicle Parti	culars &	& Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year o	of Reg.	
	Chassis No.		Colou	r	
	Odometer	(#)	Steeri	ng	
	Brakes		Modif	ication	
	General				
3.		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
4.		Descripti	on of D	amages	
5.		Genera	l Inform	nation	
-	Accident Date	25/02/2018	ACTUAL SECTION AND	ction Date	27/02/2018
	Survey held at	SMRT AUTOMOTIVE SERVICE	100000000000000000000000000000000000000		
		60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 757	7705
5a.	23.0635007	R	emarks		
		ON WAS CONDUCTED ON A"WI			

TP Claims against NTUC Income: Follow-Through Survey

								Tontain range rad
Act and a			Chalman Wahisla Mo	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	lendanve repair cost
100	Consequence of the second	Claimant (Owner / Taxi Company)	Claimant venicle No.	HAGING TELLEGISTOR			000000	6 219 09
SNO	Income Neterince	Cignitian Comments		The same server	27.07.7019	16.10	5 77770.90 3	J.
		CAADT TAVIC	CHC 4827U	WD 165/E	21.02.20AG	24:44		1
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								Gener	alClaim
)1	150236	N. C. Tarris Street, S	CONTRACTOR SALES			Change Lar	iguage '	Change Password	· Log Out
Polic	y Query								- 2
Policy No	0.				Date of Acci	dent	25/02/	2018 16:50	
Vehicle (Na.(For Motor)	GBF8658U							
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5089299342	TECK LEONG KOON KEE	03804300M	GCV	Comprehensive	GBF8658U	GBF8658U	28/03/2017	27/03/2018
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name TECK LEONG	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name NRIC TECK LECNG 03884300M	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policyholder Name NRIC Product Name NRIC Product TECK LEONG NRICATION GEV.	Policy Query Policy No. Date of Acci Vehicle No. (For Motor) GBF8658U Search Select Policy No. Policyholder Name NRIC Product Cover Type NRIC NRIC Over Type TECK LEONG OSB64300M GCV Comprehensive	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) GBF8658U Search Select Policy No. Policyholder Name NRIC Product Cover Type No. TECK LEONG 03904300M GCV Comprehensive GBF8658U	Policy Query Policy No. Date of Accident 25/02/2 Vehicle No.(For Motor) Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. Object TECK LEONG Assassance GEV Comprehensive GBF8658U GBF8658U	Policy Query Policy No. Date of Accident 25/02/2018 16:50 Vehicle No. (For Motor) Search Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Object Date No. Object Date TECK LEONG (1880-1899) (SCV. Comprehensive GRESSBU GRESSBU 28/03/2017

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 witholding of material facts may allow insurance companies to
- 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

By the lodgement of this report to the insurers, year aforesaid.		
ESTERON VICTORIAN	ACCIDENT STATEMENT	
Date Of Report	27/02/2018 09:02	
Date Of Accident	25/02/2018 15:30	
Exact Location Of Accident	ANG MO KIO AVE 3 JUNCTION AVE 4	
Country/State of Loss	SINGAPORE	
Country/Counce of Econo	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMB1357A	
Insured/Policyholder		
Name Of Registered Owner	SMRT BUSES LTD	
G- Rea No	198202292D	

Email Address Mobile Phone No

Co Reg No

OFFICE-88888888 Alternative Phone No

Vehicle Particulars

MAN Manufacturer BUS Model

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

NOEMAIL

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

DII027592MFBP

Cover Note Number

Driver.

LIANG CHEE YIT Name of Driver G2322068M Passport No/FIN 31/05/1978 Date Of Birth OUTDOOR Occupation 08/09/2014 Date Of Driving Pass

Driving Experience

3 YEARS AND 5 MONTHS

MALE

Mobile Number

(LOCAL) +65-88888888

Fax Number

Gender

Contact Number

EMail Address

NOEMAIL

Address

88888888

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

.....

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

NO

Was any injured conveyed to hospital by

YES

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

7

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

ON THE MENTIONED DATE AND TIME, I WAS TRAVELLING ALONG ANG MO KIO AVE 3. ON ARRIVAL AT THE "T" JUNCTION WITH ANG MO KIO 4 ON MY LEFT TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. AS SUCH, I CONTINUED TO DRIVE STRAIGHT ACROSS THE JUNCTION. A MVAN FROM THE OPPOSITE DIRECTION FAILED TO STOP, MADE A RIGHT TURN INTO THE JUNCTION AND ENCROACHED INTO MY PATH OF TRAVELLING. ON SEEING THIS, I APPLIED THE BRAKES TO AVOID COLLIDING ONTO THE MIVAN. AS A RESULT, THE FRONT LEFT PORTION OF MY BUS COLLIDED WITH THE RIGHT SIDE PORTION OF THE MIVAN. NO PASSENGER ONBOARD THE MIVAN AND ABOUT 7 PASSENGERS ON BOARD MY BUS. THE MIVAN DRIVER WAS INJURED AND SHE WAS CONVEYED BY AN AMBULANCE TO THE HOSPITAL FOR MEDICAL TREATMENTS. THAT'S ALL.

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

GBF8658U

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

UNKNOWN CHINESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 6

DETAILS OF INJURED PERSON 1

Name

UNKNOWN CHINESE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan Pg. 1

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.
- 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.
- 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.
- 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 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 insurers) 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:
 - 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:
 - 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.

S WR.

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

Date & Time: 2(2

Reporting Centre Personnal's Signature

Name: NRIC/FIN No.: SKETCH PLAN

Refer to sketch

CRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
				1913 E N. 1
			23.7	
		4 18 - 5 1		
				7.50
ACTOR NOT CONTRACT TO THE PARKS				
	P-E-201003			

DECLARATION

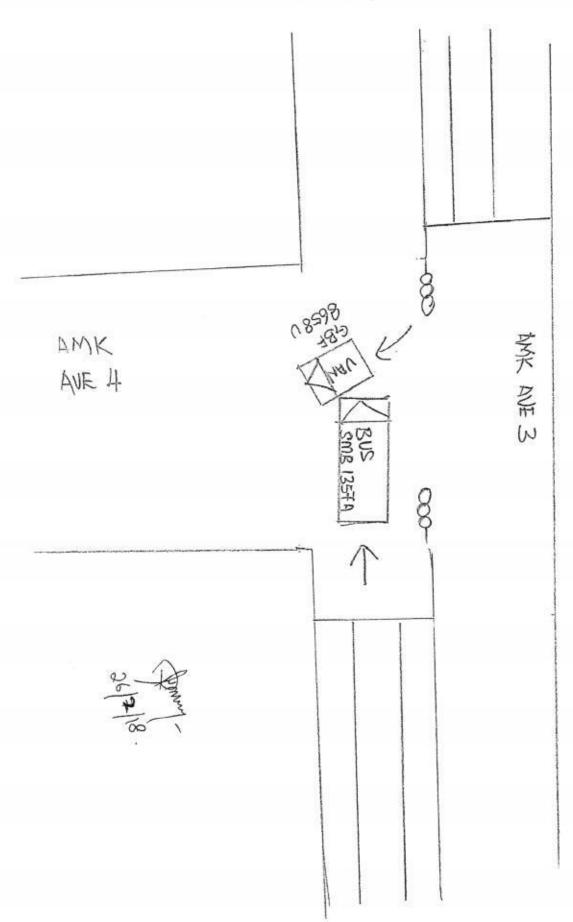
I/We departing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)
Date & Time: 26/2/18 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



> Back to OneMotoring

Vehicle Details			
Vehicle No.:	SMB1357A		
Vehicle Type :	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1:	Air-Conditioned		
Vehicle Scheme :	OmniBus (SMRT - ARF-exempted)		
Vehicle Make :	MAN		
Vehicle Model:	NL320F (A22)		
Chassis No.:	WMAA22ZZ5D7001804		
Propellant:	Diesel		
Engine No. :	50333821833373		
Engine Capacity:	10518 cc		
Maximum Power Output :			
Maximum Laden Weight:	18000 kg		
Unladen Weight:	11280 kg		
Year Of Manufacture :	2012		
Original Registration Date :	22 Apr 2013		
Lifespan Expiry Date:	21 Apr 2030		
Road Tax Expiry Date :	21 Oct 2018		
Inspection Due Date :	21 Apr 2019		
Intended Transfer Date :	23 May 2018		
CO2 Emission :	Colombia		
CO Emission :	•		
HC Emission :	(F)		
NOx Emission :	(*)		
	•		
	sed if road tax / lay up has expired. Please use Enqui	re Road Tax Payable for fee(s) paya	able.
Road tax, including Over Payme Amount Payable	ent (if any), of a vehicle will follow the vehicle to the	new registered owner when its own	icisiiip is see g
Amount Payable	Amount Before GST	GST Amount	Amount After GS
	(S\$)	(S\$)	25.0
Transfer Fee :	25.00	(· · · · · · · · · · · · · · · · · · ·	25.0

You may print this page for reference.

OK Print



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

SMB1357A

Ref. No.

BUS/02/18/7044

Reg. Date

01/01/1900

Vehicle Type

BUS -12M

Make

MAN

Model

MAN

Name of Driver

Liang Chee Yit

Type of Accident

HEAD TO SIDE

Date / Time of Accident

25/02/2018 03:30:00 PM

Accident Reported Date / Time :

26/02/2018 12:00:00 AM

Surveyor is Required?

Yes

Survey by

IDAC

Vehicle is Towed Back?

Towed Back Date/Time

No

Replacement Vehicle issued? :

No

Accident Repair Job Card No :

Special Instruction to ARC, if any

FRONT PORTION AND LEFT FRONT VIEW MIRROR DAMAGED

Prepared Date

27/02/2018 09:43:12 AM

- Lup Sun Repair. - Question Mork Item

- Photo After Paint



the Repairer of the following:

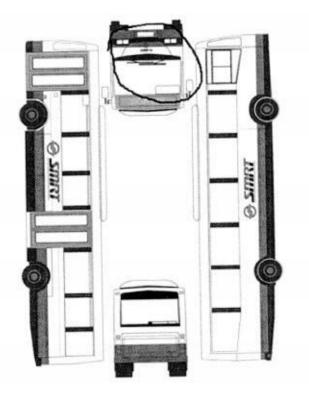
- . To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- * Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- . Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:





P

BUS/02/18/7044

•	,		
Chassis No : WMAA22ZZ5D7001804	7001804	Mileage	0
Work Shop :		Repair Completed Date / Time :	e / Time :
Summary of Repair Estimates		Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labout Charges	, ,	1,590.00	00.00
Total Spray Painting Charges	3.16	789.00	00.00
Total Material Charges	4.4	8,537.31	8,537.31
Other Charges	(2.5)	0.00	0.00
TOTAL		10,916.31	0.00
Lum Sum Total	•••	10,900.00	0.00
No. of Repair Days	114	3.00	0.00
Prepared / Adjusted By	\$1. ***	28/02/2018 08:44:03 AM	01/01/1900 12:00:00 AM
		(188

Prepared / Adjusted Date

Remarks

Prepared Date : 28/02/2018 08:42:02 AM

on Completion of Repair
entre, Upo
Repair Co
Accident
Assistant,
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Completed by
C - To be
Section (

Invoice No	Invoice Date
++	
Quotation No	Quotation Date

Prepared Date

Invoice Amount

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-
Part

	000	Administration Providence of annihilability
Job Scope	Quotation from ARC	Adjusted by Sulveyor, II approach
TO REMOVE & INSTALL ALL ABOVE ITEMS AND 1,590.00	1,590.00	0.00 (325)
Total Labour	1,590.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

ob Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	789.00	D-90 (out
Total Sprav Painting & Panel Beating	789.00	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		

	CAK.	¥	C. K.	₹	CAK	NTC.	CRK.	187	N B.C.		
Attached	No No	No V CR	> oN	> o	o Z	9 9	No No	9 2	9 2		
Approved	Replace	Replace	Replace		Replace	Replace	Replace	Replace	Replace	8,537.31 8,537.31	8,537.31 8,537.31
Recommen d	Replace	Replace	Replace		Replace	Replace	Replace	Replace	Replace	8,537.31	8,537.31
Final Price (\$)	1,681.92	877.23	1,681.92	1,443.24	813.96	67.32	1,712.97	222.75	36.00		
Discount (%)	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00		
List Price (\$)	1,868.80	1 974.70	1 1,868.80	1 1,603.60	1 904.40	1 74.80	1,903.30	247.50	40.00		
Qţ,	-	-	-	-	-	-	-	-	-		nted)
Part Name	FRONT FLAP	FRONT HEADLAMP	FRONT BUMPER	FRONT HEADLAMP	FRONT AUX HEADLAMP FLASHER LH	RETAINER (MALE & FEMALE)	FRONT VIEW MIRROR LH	ARM,WIPER:LH,PAN ORAMIC,FOR MAN A22 BUS	BLADE, WIPER: 40 INCHES, FOR MAN A22 BUS	TOTAL MATERIALS	TOTAL MATERIALS(Discounted)
Stock No	6010154	6010153	6010151	6010304	6010306	6009375	6010159	6010913	6010914		TOTAL
Portion							LEFT				
Part	F01001-	CW263 F01001-	CW264 F01001-	8-25101-	81-25320		4001M01-	8			

Added Spare Parts / Material Usage After Surveyor Signed off

Part Portion Part Name Qty List Price Discount Final Price ARC Check Surveyor Check Surveyor Check Che	:::						-
C. T. C. T. C.	Part Portion Part Name City	Aty List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor	Check
	CLE	O IVIO					



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

SMB1357A

Ref. No

BUS/02/18/7044

Reg. Date

22/04/2013

Vehicle Type

BUS -12M

Make

MAN

Model

MAN

Name of Driver

: Liang Chee Yit

Type of Accident

HEAD TO SIDE

Date / Time of Accident

: 25/02/2018 03:30:00 PM

Accident Reported Date / Time :

26/02/2018 12:00:00 AM

Surveyor is Required?

Yes

Survey by

IDAC

Vehicle is Towed Back?

Towed Back Date/Time

No

Accident Repair Job Card No : 000024094797

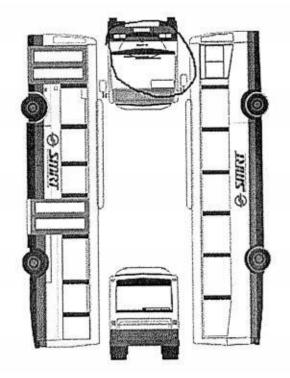
Special Instruction to ARC, if any :

Replacement Vehicle issued? :

FRONT PORTION AND LEFT FRONT VIEW MIRROR DAMAGED

Prepared Date

: 27/02/2018 09:43:12 AM



- 10 be completed by certice Aution, Accident Repair Centre

Chassis No: WMAA22ZZ5D7001804

Mileage

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

1,325.00

Total Spray Painting Charges

789.00

600.00

Total Material Charges

6,693.25 9185 50

6,829.85

Other Charges

0.00

-400.00

TOTAL

9,072.25 1/864,90

8,354.85

Lum Sum Total

9,050.00

8,350.00

No. of Repair Days

3.00

:

3.00

Prepared / Adjusted By

Sunny Tan Ah Leong

SEBASTIAN LKK

Arc / Surveyor Sing Off Date

28/02/2018 08:44:03 AM

04/05/2018 06:31:12 PM

Prepared / Adjusted Date

Remarks

Prepared Date : 28/02/2018 08:42:02 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 REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,590.00	1,325.00 /
Total Labour	1,590.00	1,325.00

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	789.00	600.00 /
Total Spray Painting & Panel Beating	789.00	600.00

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	-400.00
Total Other Costs	0.00	-400.00

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
F01001- CW263		6010154	FRONT FLAP	1	1,868.80	10.00	1,681.92	Replace	Replace	NO
F01001- CW264		6010153	FRONT HEADLAMP PANEL LH	1	974.70	10.00	877.23	Replace	Replace	NO CRK
F01001- CE265		6010151	FRONT BUMPER CENTER	1	1,868.80	10.00	1,681.92	Replace	Replace	NO CRK
8-25101- 6539	70-	6010304	FRONT HEADLAMP	1	1,603.60	10.00	1,443.24	Replace	Replace	No CRK
81-25320 -6111		6010306	FRONT AUX HEADLAMP FLASHER LH	1	904.40	10.00	813.96	Replace	Replace	NO CRK
		6009375	RETAINER (MALE & FEMALE)	1	74.80	10.00	67.32	Replace	Replace	NONEC
4001M01- ACCE466	LEFT	6010159	FRONT VIEW MIRROR LH	1	1,903.30	10.00	1,712.97	Replace	Replace	NOCRK
		6010913	ARM, WIPER: LH, PAN ORAMIC, FOR MAN A22 BUS	1	247.50	10.00	222.75	Replace	Replace	No BT
		6010914	BLADE,WIPER:40 INCHES,FOR MAN A22 BUS	1	40.00	10.00	36.00	Replace	Replace	NEC
			TOTAL MATERIALS					8,537.31	8,537.31	West State of the
-	-	TOTAL	MATERIALS(Discou	nted)		***		6,693.25	6,829.85	

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
	то	TAL SUPPLEMENTARY	MATERIA	ALS					

8537.31 + 1925.00 10462.31 - 20% 8369.848 Sebration 17/5/18

L/5:\$8350

11894,00



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



TUC	INCOME INSURA	NCE CO-OPERATIVE LTD	Ref: NS/INC1800400	3/Srbn2
	AS BASAH ROAD 1 NTUC TRADE U		Date: 24-05-2018 Code: INC4	
-		Policy Particulars	:- THIRD PARTY CLAIM	
•	Insured Veh.	GBF 8658U	Veh. Inspected	SMB 1357A
	Policy No.	5089299342	Coverage (\$)	0.00
	Claim No.	MT/0983963-002	Excess (\$)	0.00
	Assign From		Assign Date	27/02/2018
		Vehicle Part	iculars & Condition	
	Make & Model	MAN NL320F	c.c	10518
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	WMAA22ZZ5D7001804	Colour	MULTI
-	Odometer	454425	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3.		Condi	tions 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.	GEOGRAPHIA		tion of Damages	
•	THE VEHICLE SU	STAINED DAMAGES AT THE F	RONT N/S PORTION.	
	DAMAGES SEE D			
5.	DAIVIAGES SEE E	Gene	ral Information	
J.	Accident Date	25/02/2018	Inspection Date	27/02/2018
	Survey held at	SMRT AUTOMOTIVE SERVI	CES PTE LTD	
		60 WOODLANDS INDUSTRIA	AL PARK E4 SINGAPORE 7	57705
5a.			Remarks	
Ju.	A)THE INSPECT	ON WAS CONDUCTED ON A"V	NITHOUT PREJUDICE" BAS	SIS. SED REPAIRS.
	B)IN ACCORDAN	ICE TO YOUR INSTRUCTIONS	te Days of Repair	
5b.	ESTIMATED NO		3 Working Da	10 10 10 10 10 10 10 10 10 10 10 10 10 1



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 1357A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1 1 1 1 1	REPLACEMENT OF PARTS FRONT FLAP FRONT HEADLAMP PANEL LH FRONT BUMPER CENTER FRONT HEADLAMP LH FRONT AUX HEADLAMP FLASHER LH RETAINER (MALE & FEMALE) FRONT VIEW MIRROR LH ARM WIPER;LH,PAN ORAMIC,FOR MAN A22 BUS BLADE,WIPER;40 INCHES,FOR MAN A22 BUS LESS 10% DISCOUNT LABOUR TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.	CRACKED CRACKED CRACKED CRACKED CRACKED NECESSARY CRACKED BENT NECESSARY	1,868.80 974.70 1,868.80 1,603.60 904.40 74.80 1,903.30 247.50 40.00 9,485.90 1,590.00 789.00	974.70 1,868.80 1,603.60 904.40 74.80 1,903.30 247.50 40.00 -948.59 8,537.31 1,325.00 600.00
	GRAND TOTAL		11,864.9	
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			8,350.0

Report Ref No. NS/INC18004003/Srbn2

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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