

Xml

REF:

INC

NS/INC18006281/Grbez

2920

ASSIGNMENT

From:

Date:

04042018

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMB 1484R

at Workshop m/s

SMRT

of

Insured:

SHB 8685R

Policy No.

5095103893 20.10.17

Claims No.

MT10481666-002

Sum Insured:

Excess:

(Client's Record)

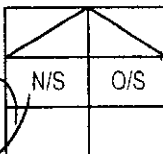
Make of Veh:

9321 08 0958 - Sunny

(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:

2

days

Res:

Yes or No

Lum Sum:

20

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No.

SMB1484R

Yr Regn:

18 Sep 2014

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

Truck / Trailer or

Make:

Man NL320F

C.C

10518

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp.Reading

319369

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WMAA 22887E 700 2213

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/70 R 22.5

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

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

04-04-18

Survey held at

W/S

5:30 pm

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 1484R - 18/04/2018 16:00:33

SMB 385R - 18/04/2018 13:00:55

18/04/16

18/04/13

London L/S 8 1550 @ 2 days (Pd: \$75662.32%)
Pd: \$75662.32%

RECEIVED 21 MAY 20...

Date/Time: File Pass to?



Preli. Report

1) by me



Final Report

Date/Time: File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation

Report Format:

TP

Lump Sum / 1st: US

1550

Add Fee:



Site Insp (\$



Interview (\$



Tech Insp (\$



Workshop (\$

1) 1st - 2nd

2) 3rd - 4th

3) 5th - 6th

4) 7th - 8th

5) 9th - 10th

160

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/INC18006281/Grb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 05-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 8685R	Veh. Inspected	SMB 1484R
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/04/2018
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	27/02/2018	Inspection Date	04/04/2018
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	SHB8685R	SHB8685R	20/10/2017	

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0939315-003	SMRT BUSES LTD	SMB 1472A	SKJ 7179P	29/03/2017
2	MT/0995090-001	SMRT BUSES LTD	SMB 342Z	PC 8808D	14/09/2017
3	MT/0980389-002	SMRT BUSES LTD	SMB 5893S	PA 4137T	26/01/2018
4	MT/0939257-002	SMRT BUSES LTD	SMB 1582R	PA 8425K	25/03/2017
5	MT/0987666-002	SMRT BUSES LTD	SMB 1484R	SHB 8685R	27/2/2018
6	MT/0990787-002	SMRT BUSES LTD	SMB 1473Y	SJK 5147B	16/4/2018
7	MT/0985497-002	SMRT BUSES LTD	SMB 1515K	SGK454H	9/3/2018
8	MT/0989067-002	SMRT BUSES LTD	SMB 61J	SJH 4630U	2/4/2018
9	MT/0991323-002	SMRT BUSES LTD	SG 1721J	EN 59Z	20/4/2018

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 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	27/02/2018 16:56
Date Of Accident	27/02/2018 11:35
Exact Location Of Accident	SIGNALISED JUNCTION OF ORCHARD RD AFT LUCKY PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1484R
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES 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	LAW JONG SIONG
NRIC No	G2718277T
Date Of Birth	11/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2015
Driving Experience	2 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	SIDE SWIPE
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)	15

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 was stationary at the junction of Orchard rd after lucky plaza waiting for the traffic light to turn green. While waiting, suddenly heard a sound from the rear left of the bus, after view thru from the left view mirror found that a taxi (silver cab) SHB8685R had collided onto 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	SHB8685R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEW HOCK SENG
NRIC/Passport Number	
Contact Number	91819658
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

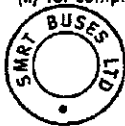
IMPORTANT NOTICE

Buo/62/18/1039

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.

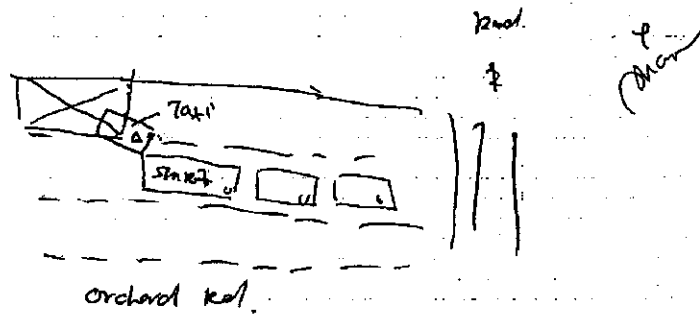


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN




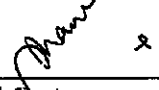
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


pls refer to G.A. 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:

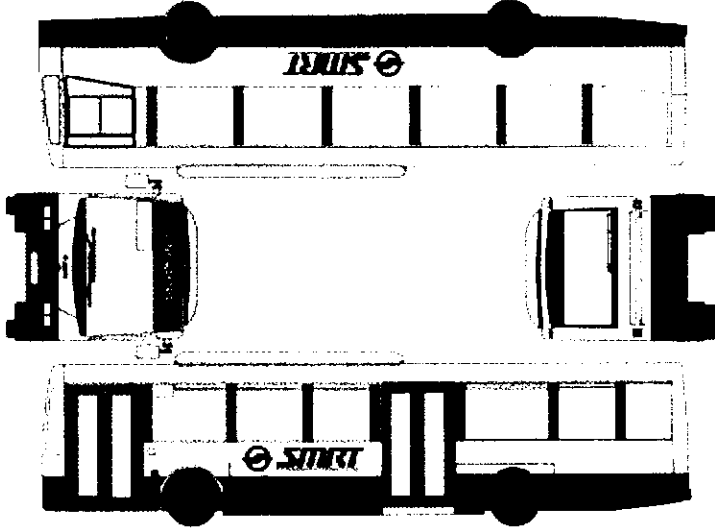

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SMRT Buses Ltd

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB1484R
Ref. No : BUS/02/18/1039
Reg. Date : 01/03/2018
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Law Jong Siong
Type of Accident : SIDE SWIPE
Date / Time of Accident : 27/02/2018 12:34:00 PM
Accident Reported Date / Time : 27/02/2018 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 :
SMB1484R - REAR LEFT PORTION
SHB8586R (TP) - INSURED WITH NTUC
Prepared Date : 01/03/2018 09:35:49 AM



2 Days.

lumpsum repair.

After repair photo's.

Guo Qiang - 82880282

04/4/18.

Law Jong Siong
9/4/18.

LKK Auto Consultants hence notify

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:

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	: 795.00	0.00
Total Spray Painting Charges	: 616.00	0.00
Total Material Charges	: 652.32 895.62	652.32
Other Charges	: 0.00	0.00
TOTAL	: 2,063.32 2,306.62	0.00
Lum Sum Total	: 2,050.00	0.00
No. of Repair Days	: 2.00	0.00
Prepared / Adjusted By		
Arc / Surveyor Sing Off Date	: 04/04/2018 08:40:17 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :
Remarks :
Prepared Date : 04/04/2018 08:40:17 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 VIEW MIRROR LH	795.00	0.00
Total Labour	795.00	0.00 600

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	616.00	0.00
Total Spray Painting & Panel Beating	616.00	0.00 500

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

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

1752.32
29. 1600

==> nec

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
4000F06-HING732		6010317	HINGE LH SIDE FLAP	2	181.20	10.00	326.16	Replace	Replace	No
4000F06-HING733		6010318	HINGE RH SIDE FLAP	2	181.20	10.00	326.16	Replace	Replace	No
TOTAL MATERIALS								652.32	652.32	
TOTAL MATERIALS(Discounted)								652.32	652.32	

Added Spare Parts / Material Usage After Surveyor Signed off

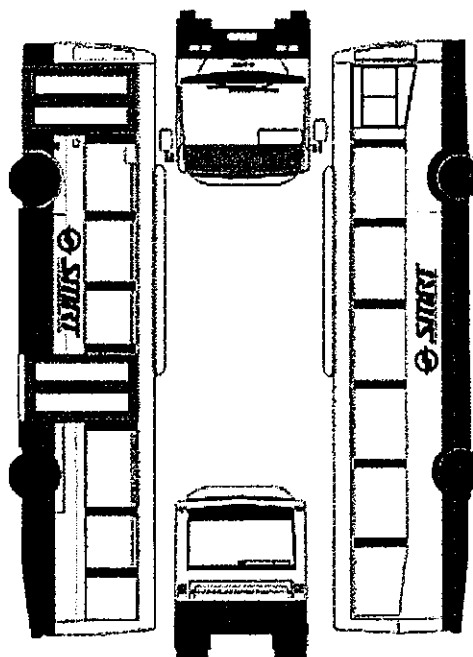
Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

Supplementary : Spring Gas / nec \$170.82

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB1484R
Ref. No : BUS/02/18/1039
Reg. Date : 18/09/2014
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Law Jong Siong
Type of Accident : SIDE SWIPE
Date / Time of Accident : 27/02/2018 12:34:00 PM
Accident Reported Date / Time : 27/02/2018 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 : 000024095369
Special Instruction to ARC,if any :
SMB1484R - REAR LEFT PORTION
SHB8586R (TP) - INSURED WITH NTUC
Prepared Date : 01/03/2018 09:35:49 AM



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

Chassis No : WMAA22ZZ7E7002213

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	: 795.00	600.00
Total Spray Painting Charges	: 616.00	500.00
Total Material Charges	: 658.51	658.51
Other Charges	: 0.00	-200.00
TOTAL	: 2,069.51	1,558.51
Lum Sum Total	: 2,050.00	1,550.00
No. of Repair Days	: 2.00	2.00
Prepared / Adjusted By	:	GUO QIANG LKK 82880282
Arc / Surveyor Sign Off Date	: 04/04/2018 08:40:17 AM	05/04/2018 01:12:06 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 04/04/2018 08:40:17 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 VIEW MIRROR LH	795.00	600.00
Total Labour	795.00	600.00

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	616.00	500.00
Total Spray Painting & Panel Beating	616.00	500.00

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
4000F06-HING732		6010317	HINGE LH SIDE FLAP	2	181.20	10.00	326.16	Replace	Replace	No
4000F06-HING733		6010318	HINGE RH SIDE FLAP	2	181.20	10.00	326.16	Replace	Replace	No
		6010411	SPRING,GAS:200N,F OR MAN NL320F (A22)	2	94.90	10.00	170.82	Replace	Replace	No
TOTAL MATERIALS							823.14	823.14		
TOTAL MATERIALS(Discounted)							658.51	658.51		

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
		SPRING,GAS:200N,F NL320F (A22)	2	94.90	10.00	170.82	Replace	Replace	No
TOTAL SUPPLEMENTARY MATERIALS						170.82			

2325.60




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/INC18006281/Grbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 24-05-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 8685R	Veh. Inspected	SMB 1484R	
Policy No.	5095103893	Coverage (\$)	0.00	
Claim No.	MT/0987666-002	Excess (\$)	0.00	
Assign From		Assign Date	04/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	MAN NL 320F	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	WMAA22ZZ7E7002213	Colour	SILVER	
Odometer	319369	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
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	27/02/2018	Inspection Date	04/04/2018	
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 1484R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
2	HINGE LH SIDE FLAP @\$181.20	NECESSARY	362.40	362.40
2	HINGE RH SIDE FLAP @\$181.20	NECESSARY	362.40	362.40
2	SPRING,GAS,200N FOR MAN NL320F (A22) @\$94.90	NECESSARY	189.80	189.80
	LESS 10% DISCOUNT		-	-91.46
			914.60	823.14
	LABOUR			
	TO REMOVE & INSTALL VIEW MIRROR LH.		795.00	600.00
	PROVIDE LABOUR AND MATETIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		616.00	500.00
			1,411.00	1,100.00
	GRAND TOTAL		2,325.60	1,923.14
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,550.00

Report Ref No. NS/INC18006281/Grbe2

XING GUO QIANG

M.MATAI, AMSAE-A

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.