

REF: NS/INC18006823/Stbn2

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / NS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **YJ 9444U**  
 Policy No: **5059395457-04 20027-140818**  
 Claims No: **MT10985034-002**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

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: **1/2** days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: **5059395457** Yr Regn: **17/8/2009**  
 Type: M.Car / M.Cycle / BUs / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Mercedes Benz** OC No: **183044** c.c. **11967**  
 Colour: **Green** A/C: Insured / Std / NI / NA  
 Sp. Reading: **No Display** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **W1863992024000221**  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: **NI** / S/Rim / STD A/Rim or  
 Tyre Size: F: **275/70R15**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Firestone**  
 Front R/Bal. **6** mm R/Bal. **6/6** mm  
 L/Bal. **6** mm L/Bal. **5/6** mm  
 D.O.A. **5/3/18** D.O.I. **10/4/18**  
 Survey held at **Smag**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**Frt 9/5**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<b>2018 9/12</b>	<b>CC3 / MTL 2003939 / Rlyln</b>
<b>YJ 9444U</b>	<b>X</b>

**Lump Sum 1050, 0.5 days (Red: 1172.50, 52%)**

RECEIVED 2 SEP 2018

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) **24/4 Typist**  
 Date/Time, File Return to?

Days Of Repair: **0.5**  
 Resurvey No. of Trip: **1**

Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech. Invs (\$)  
 : Weekend (\$)

Survey Fee:	
Transportation:	
) \$ + RS: \$	
) Photos	
) Others	
TOTAL	<b>160</b>

Report Format: **-TP**  
 Lump Sum / I.B.I: (\$ **1050**)



# 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/INC18006823/Stb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 13-04-2018
	Code: INC4



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YJ 9444U	Veh. Inspected	SMB 91Y
Policy No.	5059395457-04	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	10/04/2018

### 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

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### 5. General Information

Accident Date	05/03/2018	Inspection Date	10/04/2018
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.
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## Enquire Transfer Fee

Vehicle Details			
Vehicle No.:	SMB91Y		
Vehicle Type:	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1:	Air-Conditioned		
Vehicle Scheme:	OmniBus (SMRT Non ARF-exempted)		
Vehicle Make:	MERCEDES BENZ		
Vehicle Model:	OC500LE1830H		
Chassis No.:	WEB63442021000221		
Propellant:	Diesel		
Engine No.:	45796600168787		
Engine Capacity:	11967 cc		
Maximum Power Output:	-		
Maximum Laden Weight:	17800 kg		
Unladen Weight:	11860 kg		
Year Of Manufacture:	2009		
Original Registration Date:	17 Jul 2009		
Lifespan Expiry Date:	16 Jul 2026		
Road Tax Expiry Date:	16 Jul 2018		
Inspection Due Date:	16 Jul 2018		
Intended Transfer Date:	24 Apr 2018		
CO2 Emission:	-		
CO Emission:	-		
HC Emission:	-		
NOx Emission:	-		
PM Emission:	-		
The current road tax expiry is 16 Jul 2018. You may renew the road tax from 17 Apr 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 16 Jul 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
<b>Amount Payable (From 17 Jul 2018 to 16 Jan 2019)</b>			
	<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
Transfer Fee:	25.00	-	25.00
<b>Sub Total:</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment):	850.00	-	850.00
<b>Total Amount Payable:</b>			<b>875.00</b>
<b>Amount Payable (From 17 Jul 2018 to 16 Jul 2019)</b>			
	<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
Transfer Fee:	25.00	-	25.00
<b>Sub Total:</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment):	1,700.00	-	1,700.00
<b>Total Amount Payable:</b>			<b>1,725.00</b>

You may print this page for reference.

OK

Print

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 type="checkbox"/>	5059395457-04	NEW CHING KEE	S0738728H	GCV	Third Party	YJ9444U	YJ9444U	23/02/2017	14/08/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0951347-002	SMRT BUSES	SMB 271U	SJE 725Y	29/6/2017
2	MT/0969349-002	SMRT BUSES	SMB 1340Y	SJJ 4627U	12/11/2017
3	MT/0985034-002	SMRT BUSES	SMB 91Y	YJ 944U	5/3/2018

## 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	06/03/2018 16:15
Date Of Accident	05/03/2018 16:30
Exact Location Of Accident	JUNCTION OF CHOA CHU KANG AVE 1 AND CHOA CHU KANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB91Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	
<b>Driver</b>	
Name of Driver	AZIAN SHAH BIN BASIR
NRIC No	G2751372M
Date Of Birth	22/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2015
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
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 traffic light junction of Choa Chu Kang Ave 1 and Choa Chu Kang Way waiting for the traffic light to turn green. A lorry YJ9444U that on the right lane drove too close to my bus thus side swipe the bus right side view mirror. 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 YJ9444U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver NEW CHING KEE  
 NRIC/Passport Number  
 Contact Number 96395239  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**SKETCH PLAN**

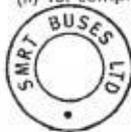
Bus / 03 / 18 / 5008

**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:

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

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



### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

2292D

#### Vehicle Details

Vehicle No.:

SMB91Y

Vehicle to be Exported:

No

Intended De-registration Date:

12 Apr 2018

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

OC500LE1830H

Primary Colour:

Black

Manufacturing Year:

2009

Engine No.:

45796600168787

Chassis No.:

WEB63442021000221

Maximum Power Output:

-

Open Market Value:

\$329,402.00

Original Registration Date:

17 Jul 2009

First Registration Date:

17 Jul 2009

Transfer Count:

0

Actual ARF Paid:

\$16,471.00

#### 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**

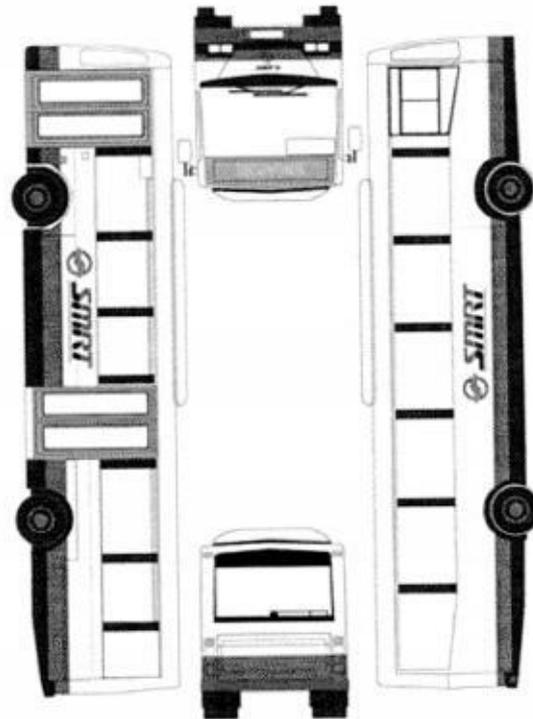
The information contained herein is correct as at 12 Apr 2018

OK

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB91Y  
 Ref. No : BUS/03/18/5008  
 Reg. Date : 12/03/2018  
 Vehicle Type : BUS -12M  
 Make : MBOC500 (MERCEDES)  
 Model : MERCEDES MBOC500  
 Name of Driver : Azlan Shah Bin Basir  
 Type of Accident : SIDE SWIPE  
 Date / Time of Accident : 05/03/2018 04:30:00 PM  
 Accident Reported Date / Time : 06/03/2018 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 :



SMB91Y - RIGHT VIEW MIRROR SLANTED AND MIRROR SCRATCHED  
 YJ9444U (TP) - INSURED WITH NTUC.

Prepared Date : 12/03/2018 02:13:23 PM

*Sebastian:  
 10/4/18.  
 - Lump Sum Repair  
 - Photo After Paint*

**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:

**Section D - Details of Repair Estimates**

**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL FRONT VIEW MIRROR RH	1,060.00	0.00 265
<b>Total Labour</b>	<b>1,060.00</b>	<b>0.00</b>

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
<b>Total Spray Painting &amp; Panel Beating</b>		

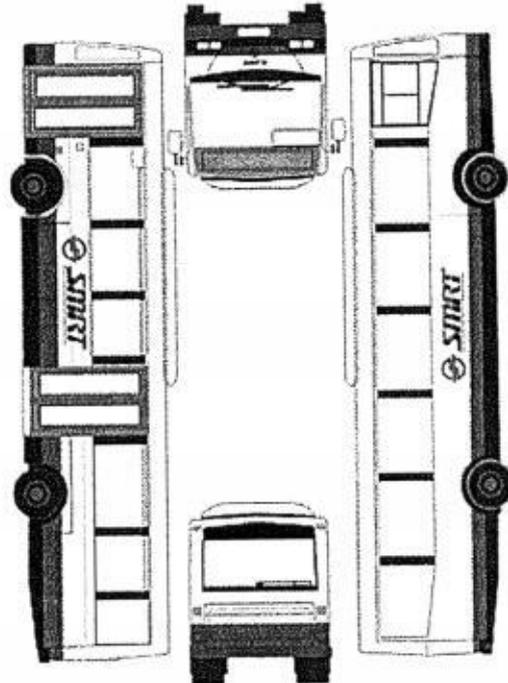
**Part 3 - Other Costs - Accident and Accident Repair Related Expenses**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
<b>Total Other Costs</b>		

## SMRT Accident Vehicle Repair Estimates

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

Reg. No : SMB91Y  
Ref. No : BUS/03/18/5008  
Reg. Date : 17/07/2009  
Vehicle Type : BUS -12M  
Make : MBOC500 (MERCEDES)  
Model : MERCEDES MBOC500  
Name of Driver : Azlan Shah Bin Basir  
Type of Accident : SIDE SWIPE  
Date / Time of Accident : 05/03/2018 04:30:00 PM  
Accident Reported Date / Time : 06/03/2018 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 : 000024095469  
Special Instruction to ARC,if any :



SMB91Y - RIGHT VIEW MIRROR SLANTED AND MIRROR SCRATCHED  
YJ9444U (TP) - INSURED WITH NTUC.

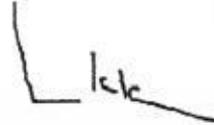
Prepared Date : 12/03/2018 02:13:23 PM

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

Chassis No : Mileage : 0  
Work Shop : Repair Completed Date / Time : 01/01/2000

**Summary of Repair Estimates**

	<b>Quotation from ARC</b>	<b>Adjusted by Surveyor, if applicable</b>
Total Labour Charges	: 1,060.00	265.00
Total Spray Painting Charges	: 0.00	0.00
Total Material Charges	: 837.00	837.00
Other Charges	: 0.00	-50.00
<b>TOTAL</b>	<b>: 1,897.00</b>	<b>1,052.00</b>
<b>Lum Sum Total</b>	<b>: 1,900.00</b>	<b>1,050.00</b>
No. of Repair Days	: 2.00	0.00 0.5
Prepared / Adjusted By	:	Sebastian Yeang
Arc / Surveyor Sign Off Date	: 09/04/2018 04:46:48 PM	10/04/2018 04:44:25 PM



Prepared / Adjusted Date :  
Remarks :

Prepared Date : 09/04/2018 04:46:48 PM

**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 REMOVE & INSTALL FRONT VIEW MIRROR RH	1,060.00	265.00
<b>Total Labour</b>	<b>1,060.00</b>	<b>265.00</b>

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
<b>Total Spray Painting &amp; Panel Beating</b>		

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	-50.00
<b>Total Other Costs</b>	<b>0.00</b>	<b>-50.00</b>

**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
314/143-690		6012673	VIEW MIRROR RH (NEW)	1	1,162.50	10.00	1,046.25	Replace	Replace	No <i>DN</i>
<b>TOTAL MATERIALS</b>							<b>1,046.25</b>	<b>1,046.25</b>		
<b>TOTAL MATERIALS(Discounted)</b>							<b>837.00</b>	<b>837.00</b>		

**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
<b>TOTAL SUPPLEMENTARY MATERIALS</b>									

$$\begin{array}{r}
 + 1046.25 \\
 265.00 \\
 \hline
 1311.25 \\
 - 70\% \\
 \hline
 1049
 \end{array}$$

*Sebastian*  
*23/4/18*

*4/5 = \$1050*



# 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/INC18006823/Stbn2
73 BRAS BASAH ROAD		
#05-01 NTUC TRADE UNION HOUSESINGAPORE	Date: 02-05-2018	
189556	Code: INC4	

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YJ 9444U	Veh. Inspected	SMB 91Y
Policy No.	5059395457-04	Coverage (\$)	0.00
Claim No.	MT/0985034-002	Excess (\$)	0.00
Assign From		Assign Date	10/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ OC500LE1830H	c.c	11967
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	WEB63442021000221	Colour	GREEN
Odometer	-	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 FRONT O/S PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	05/03/2018	Inspection Date	10/04/2018
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: **0.500 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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 91Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	VIEW MIRROR RH (NEW)	DAMAGED	1,162.50	1,162.50
	LESS 10% DISCOUNT		-	-116.25
			1,162.50	1,046.25
	<b><u>LABOUR</u></b>			
	TO REMOVE & INSTALL FRONT VIEW MIRROR RH.		1,060.00	265.00
			1,060.00	265.00
	<b>GRAND TOTAL</b>		<b>2,222.50</b>	<b>1,311.25</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,050.00</b>

Report Ref No. NS/INC18006823/Stbn2

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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