

Surveyor:

Rane

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLX 5295P

Policy No. 5090231874-01 060418

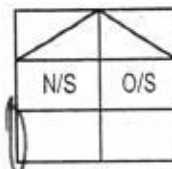
Claims No. MT/0989824-003

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: T1B1129P Yr Regn: 2000 / OK

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

Truck / Trailer or

Make: MERCEDES Benz 04054A c.c. 11967

Colour: MINT A/C: Insured / Std / NI / NA

Sp. Reading: 651874 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB 35721121097220

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: 225/70R 22.5

R: _____

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

TOYO / YOKO or

FIRENZA

Front

Rear

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 08/04/18 D.O.I. 11/04/18

Survey held at SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S RAMP

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	T1B 1129P - 003 / CTR17006910 / Kyb3g2
	SLX 5295P - x
	06A: 060418
25/4/18	LS \$ 2150 confirmed by email (Reel 3685.86, 639)
	RECEIVED 27 APR 2018

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

27/4 - typist

Days Of Repair: 3

Resurvey No. of Trip: -

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

160

Report Format: TP

Lump Sum / I.B.I: (\$ 2150/2)




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/INC18006825/R1vb				
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.	SLX 5295P	Veh. Inspected	TIB 1129P	
Policy No.	5090231874-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	11/04/2018	
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	08/04/2018	Inspection Date	11/04/2018	
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.				

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0991115-002	Comfort Transportation	SHD 7101E	SIG 8197H	18/4/2018
2	MT/0989824-003	SMRT BUSES LTD	TIB 1129P	SLX 5295P	8/4/2018
3	MT/0990969-002	Comfort Transportation	SHC 2905R	GBC 7253B	18/4/2018

eBaoTech

General Claim

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"/>	5090231874-01	JIN & WEI ENTERPRISES	52998339K	GFT	Third Party	SLX5295P	SLX5295P	06/04/2018	

Veron Chen (LKKAUTO)

From: Rasul (LKKAUTO)
Sent: Wednesday, 25 April 2018 9:13 AM
To: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR)
Cc: Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC); AutoSvs-ARC (Bus); Veron Chen (LKKAUTO)
Subject: RE: Finalisation - TIB1129P (BUS/04/18/7015) - IDAC

Hi Catherine,

Finalised amount confirmed
Kindly forward the resurvey after repair photos

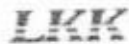
Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

From: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR) [<mailto:catherineleesc@smrt.com.sg>]
Sent: Wednesday, 18 April, 2018 5:10 PM
To: Rasul (LKKAUTO); Veron Chen (LKKAUTO)
Cc: Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC); AutoSvs-ARC (Bus)
Subject: Finalisation - TIB1129P (BUS/04/18/7015) - IDAC

Hi Rasul,

Attached herewith our copy of the bus repair estimate for the case.
Our finalised amount is \$2,150.00/- @ 3 working days under lump sum repair.

Please confirm the COR by return email ASAP.

Thank you

Best Regards
Catherine Lee
SMRT Automotive Services Pte Ltd
(Accident Repair Centre)
DID: 6866 2669 Fax: 6368 5592
catherineleesc@smrt.com.sg



Moving People, Enhancing Lives

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	11/04/2018 09:41
Date Of Accident	08/04/2018 19:45
Exact Location Of Accident	WOODLANDS CTR ROAD JUNCTION WITH EXIT OF TAXI STAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	TIB1129P
Insured/Policyholder	
Name Of Registered Owner	SMRTBUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

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	DII027952MFBP
Cover Note Number	

Driver

Name of Driver	EYOK KOK HONG
Passport No/FIN	F7582231Q
Date Of Birth	18/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 6 ANG MO KIO STREET 62

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 11

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 DRIVING MY BUS ALONG THE LEFTMOST LANE OF WOODLANDS CTR ROAD TOWARDS WOODLANDS AVE 1. AFTER BUS STOP OF WOODLANDS TRAIN CHECKPOINT AND IN THE MIDST OF DRIVING PASSED THE EXIT OF THE TAXI PICK UP/DROP OFF POINT ON MY LEFT. FROM THE LEFT VIEW MIRROR, I SAW SLX5295P FAILED TO STOP AT THE STOP LINE AND CONTINUED TO TURN LEFT INTO THE MAJOR ROAD. AS A RESULT, THE FRONT RIGHT PORTION OF THE CAR KNOCKED ONTO THE LEFT REAR PORTION OF MY BUS. THERE WERE ABOUT 10 PASSENGERS ON BOARD MY BUS AND 3 PASSENGERS ON BOARD THE CAR. WE EXCHANGED PARTICULARS AND SUBSEQUENTLY LEFT THE ACCIDENT SCENE. NO ONE WAS HURT IN THIS ACCIDENT. 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 SLX5295P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
Name of Driver ABDUL RASHID
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.:
--	---	--

10/4/2018 10.4.2018

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Q1A report

DECLARATION

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



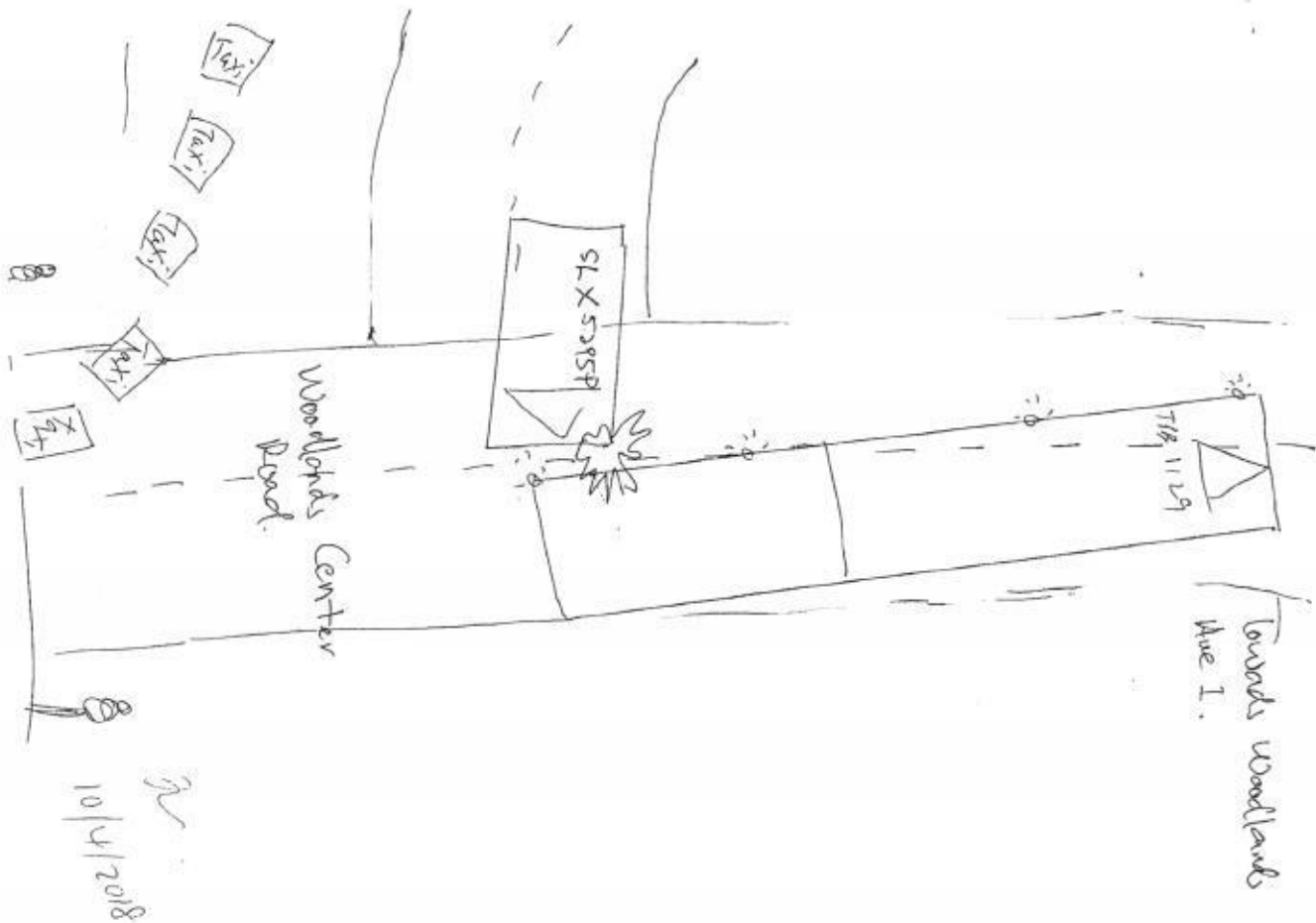
Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NIC/FIN No.:

22 10/4/2018

10-4-2018



Enquire Transfer Fee

Vehicle Details

Vehicle No.: TIB1129P
 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: O405G AUTO
 Chassis No.: WEB35721121097220
 Propellant: Diesel
 Engine No.: 44798020080148
 Engine Capacity: 11967 cc
 Maximum Power Output: -
 Maximum Laden Weight: 24000 kg
 Unladen Weight: 15990 kg
 Year Of Manufacture: 2000
 Original Registration Date: 30 Dec 2000
 Lifespan Expiry Date: 29 Dec 2018
 Road Tax Expiry Date: 29 Jun 2018
 Inspection Due Date: 29 Jun 2018
 Intended Transfer Date: 16 Apr 2018
 CO2 Emission: -
 CO Emission: -
 HC Emission: -
 NOx Emission: -
 PM Emission: -

The current road tax expiry is 29 Jun 2018. You may renew the road tax from 30 Mar 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 29 Jun 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.

Amount Payable (From 30 Jun 2018 to 29 Dec 2018)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			1,148.00
Nett Road Tax Amount (After Offsetting Over Payment):	1,148.00	-	1,173.00
Total Amount Payable:			

You may print this page for reference.

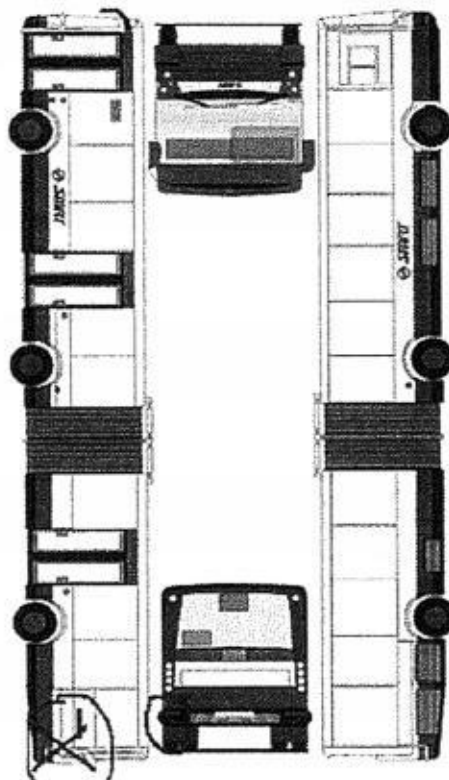
OK

Print

SMRT Accident Vehicle Repair Estimates

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

Reg. No : TIB1129P
 Ref. No : BUS/04/18/7015
 Reg. Date : 30/12/2000
 Vehicle Type : BUS -17M
 Make : MB0405G 17M (MERCEDES)
 Model : MERCEDES 0405G
 Name of Driver : Eyok Kok Hong
 Type of Accident : HEAD TO SIDE
 Date / Time of Accident : 08/04/2018 07:45:00 PM
 Accident Reported Date / Time : 10/04/2018 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 : 000024095500
 Special Instruction to ARC, if any :
 Left rear portion scratch & bumper damaged
 TP: SLX5295P (NTUC)
 Prepared Date : 11/04/2018 09:24:43 AM



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

Chassis No : WEB35721121097220

Mileage :

0

Work Shop : Internal

Repair Completed Date / Time :

01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 1,590.00	1,325.00
Total Spray Painting Charges	: 616.00	500.00
Total Material Charges	: 675.10	675.10
Other Charges	: 0.00	-350.00
TOTAL	: 2,881.10	2,150.10
Lum Sum Total	: 2,900.00	2,150.00
No. of Repair Days	: 4.00	3.00
Prepared / Adjusted By	:	Rasul - LKK
Arc / Surveyor Sign Off Date	: 11/04/2018 02:52:12 PM	11/04/2018 02:54:33 PM

5835.86



Prepared / Adjusted Date :

Remarks :

Prepared Date : 11/04/2018 11:47:51 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 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	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	-350.00
Total Other Costs	0.00	-350.00

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
4009851011	REAR	6008172	REAR BUMPER LH	1	591.56	10.00	532.40	Replace	Replace <i>CR</i>	No
4009851010	REAR	6008173	REAR BUMPER CENTER	1	1,041.83	100.00	0.00	Repair	Repair <i>R</i>	No
4809851016	BODY	6009123	RH WHEEL ARCH FLAP	1	229.09	10.00	206.18	Replace	Replace <i>CR</i>	No
	COMMON	6008186	SIDE FLAP L=956	1	515.85	100.00	0.00	Repair	Repair <i>R</i>	No
	COMMON	6008187	SIDE FLAP L=1437	1	1,059.53	100.00	0.00	Repair	Repair <i>R</i>	No
	COMMON	5	REFLECTOR STICKER REAR BUMPER CENTER	0	75.00	0.00	0.00	Replace	Not given <i>x1</i>	No
4109859004		6008212	HINGE RUBBER SIDE FLAP	6	19.50 <i>17</i>	10.00	105.30	Replace	Replace <i>CR</i>	No
TOTAL MATERIALS							843.89	843.88		
TOTAL MATERIALS(Discounted)							675.10	675.10		

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									

843.88
 1825.00

 2668.88
 20%
 2135.10
 45-2150

 3 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18006825/R1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-05-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLX 5295P	Veh. Inspected	TIB 1129P
Policy No.	5090231874-01	Coverage (\$)	0.00
Claim No.	MT/0989824-003	Excess (\$)	0.00
Assign From		Assign Date	11/04/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ O4O5G A	c.c	11967
Engine No.	HIDDEN	Year of Reg.	2000
Chassis No.	WEB35721121097220	Colour	MULTI
Odometer	651874	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	8 mm
L/H Front Tyre	275/70 R22.5	FIRENZA	8 mm
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8 mm
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	08/04/2018	Inspection Date	11/04/2018
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:	3 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. TIB 1129P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER LH	CRACKED	591.56	591.56
1	RH WHEEL ARCH FLAP	CRACKED	229.09	229.09
6	HINGE RUBBER SIDE FLAP @\$19.50	DISTORTED	117.00	117.00
	LESS 10% DISCOUNT		-	-93.77
			937.65	843.88
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER CENTER (SN)	TO REPAIR SEE LABOUR	1,041.83	-
1	SIDE FLAP L=956 (SN)	TO REPAIR SEE LABOUR	515.85	-
1	SIDE FLAP L=1437 (SN)	TO REPAIR SEE LABOUR	1,059.53	-
1	REFLECTOR STICKER REAR BUMPER CENTER (SN)	NOT NECESSARY	75.00	-
			2,692.21	-
<u>LABOUR</u>				
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.INCLUSIVE OF THE REPAIR OF REAR BUMPER CENTER,SIDE FLAP L=956 AND SIDE FLAP L=1437.		1,590.00	1,325.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		616.00	500.00
			2,206.00	1,825.00
GRAND TOTAL			5,835.86	2,668.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,150.00

Report Ref No. NS/INC18006825/R1vbn2

MOHAMMED RASUL BIN MOHD YUNUS

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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