



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/INC18007756/Svb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 9874Y	Veh. Inspected	SG 1739J
Policy No.	5070729266-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	25/04/2018

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	17/04/2018	Inspection Date	25/04/2018
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.
--

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 30 May 2018 11:25 AM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

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



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, May 30, 2018 9:50 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0990907-002	SMRT BUSES LTD	SG 1739J	SJR 9874Y

D.O.A	Time of Accident	Estimate	Tentative repair cost
17/4/2018	17:55	\$3,253.00	\$2,790.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5070729266-02	MOHAMED FAHMI B MOHAMED	S6807145C	GPC	drive CLASSIC	SJR9874Y	SJR9874Y	27/07/2017	26/07/2018

Continue

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	18/04/2018 14:56
Date Of Accident	17/04/2018 17:55
Exact Location Of Accident	PIE TOWARDS TUAS SLIP ROAD TO BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1739J
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAN
Model	MAN A22
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-18090224MFBP
Cover Note Number	

Driver

Name of Driver	LIM SAU FAH
NRIC No	S7060520A
Date Of Birth	31/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1999
Driving Experience	18 YEARS AND 5 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? YES

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) 50

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

I WAS TRAVELLING ALONG THE BEND OF PIE HEADING TOWARDS TUAS SLIP ROAD TO BKE. MY BUS WAS WITHIN THE 3RD LANE. SUDDENLY A PTE CAR FROM THE MIDDLE LANE SPEEDED FROM BEHIND AND ENCROACHED INTO MY LANE THEN SIDE-SWIPE AT THE RIGHT FRONT PORTION MY BUS. I WISH TO STATE THAT I TRIED TO SWERVE A SLIGHT LEFT BUT THE PTE CAR ENCROACH CLOSER TO MY BUS. DUE TO THE IMPACT, THERE WAS A MALE MALAY PASSENGER IN HIS 20'S IN MY BUS, FELL FROM HIS SEAT. AS SOON AS I STOPPED MY BUS, I ASKED IF HE NEED MEDICAL ASSISTANCE. THE MALE PAX DECLINED AND SAID HE WAS FINE. I WENT DOWN TO GET THE DETAILS OF THE THIRD PARTY VEHICLE WHICH HAD STOP FURTHER AHEAD. WE EXCHANGED DETAILS AND TOOK PICTURES TO ACKNOWLEDGE THE DAMAGES. THERE WAS ANOTHER PRIVATE CAR WHO STOPPED BEHIND MY BUS AND HAD OFFERED TO BE THE WITNESS OF THE ACCIDENT. HE HAD GIVEN ME THE FOOTAGE OF THIS ACCIDENT RETRIEVED FROM HIS IN-CAR CAMERA. THERE WAS A PASSENGER IN MY BUS WHO IS WILLING TO BE A WITNESS OF THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING DOWNLOAD

Was there any audio recorded? NO

Details of Witness 1

Name KENNETH (PASSENGER)

Phone Number 96904962

Email Address

Details of Witness 2

Name UNKNOWN (PTE CAR)

Phone Number 81886866

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR9874Y
Vehicle Make/Model/Colour	HYUNDAI AVANTE/ NAVY BLUE
Details Of Properties	LEFT REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED FAHMI BIN MOHAMED
NRIC/Passport Number	S6807145C
Contact Number	97400046
Address	517 JELAPANG ROAD #03-185
Postcode	670517
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	UNKNOWN MALAY MALE
Approximate Age	20
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SG1739J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
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.
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:

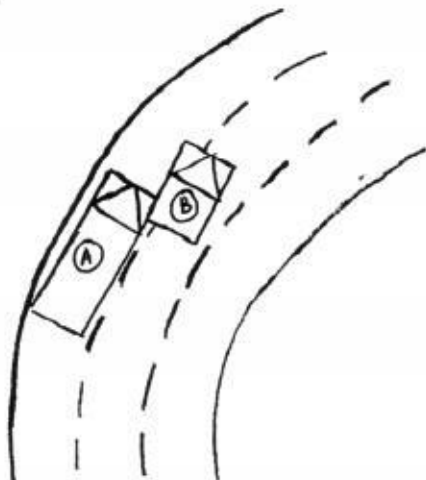
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: BALQISH
NRIC/FIN No.: S8340325Z

Sketch Plan Pg. 2

SKETCH PLAN



① SG1739J

⑤ SJR9874Y

LOCATION:

PIE TOWARDS THAC SLIP ROAD
TO BKE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

DECLARATION

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: BALQISH
NRIC/FIN No.: S8340325Z

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SG1739J
Vehicle Type:	H20 - Public Transport Bus/Coach/Minibus
Vehicle Attachment 1:	Air-Conditioned
Vehicle Scheme:	OmniBus (LTA-ARF exempted)
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Chassis No.:	WMAA22ZZ5F7002860
Propellant:	Diesel
Engine No.:	50340630734066
Engine Capacity:	10518 cc
Maximum Power Output:	-
Maximum Laden Weight:	18000 kg
Unladen Weight:	11280 kg
Year Of Manufacture:	2015
Original Registration Date:	01 Mar 2016
Lifespan Expiry Date:	28 Feb 2033
Road Tax Expiry Date:	31 Aug 2018
Inspection Due Date:	28 Feb 2019
Intended Transfer Date:	30 Apr 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for 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

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

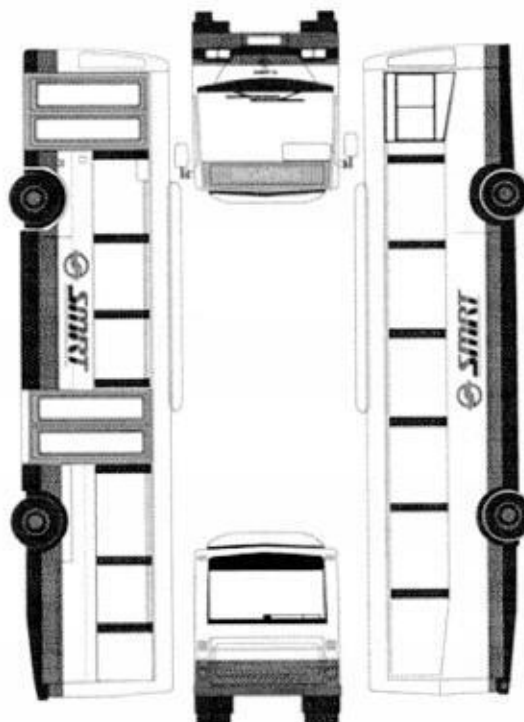
OK

Print

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SG1739J
 Ref. No : BUS/04/18/7031
 Reg. Date : 18/04/2018
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN
 Name of Driver : Lim Sau Fah
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 17/04/2018 05:55:00 PM
 Accident Reported Date / Time : 18/04/2018 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 :
 Special Instruction to ARC, if any :
 SG1739J - RIGHT FRONT PORTION
 SJR9874Y (TP) - INSURED WITH NTUC (IDAC).
 Prepared Date : 18/04/2018 03:20:27 PM



Sebastian.
 25/4/18.

Part by part repair
 Photo After Paint.


 23/5/18

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:

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

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	: 1,855.00	0.00
Total Spray Painting Charges	: 1,048.00	0.00
Total Material Charges	: 200.00	200.00
Other Charges	: 150.00	0.00
TOTAL	: 3,253.00	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 4.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 24/04/2018 06:27:25 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 24/04/2018 06:27:25 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 REPAIR RH FRONT PORTION	1,855.00	0.00 1570
Total Labour	1,855.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	1,048.00	0.00 850
Total Spray Painting & Panel Beating	1,048.00	0.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PIXEL STENCIL RHS FRT	150.00	0.00 / NEC
Total Other Costs	150.00	0.00

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
	COMMO N	4005299	SMRT STICKER(B)	1	200.00	0.00	200.00	Replace	Replace <input checked="" type="checkbox"/> NEC	No
TOTAL MATERIALS							200.00	200.00		
TOTAL MATERIALS(Discounted)							200.00	200.00		

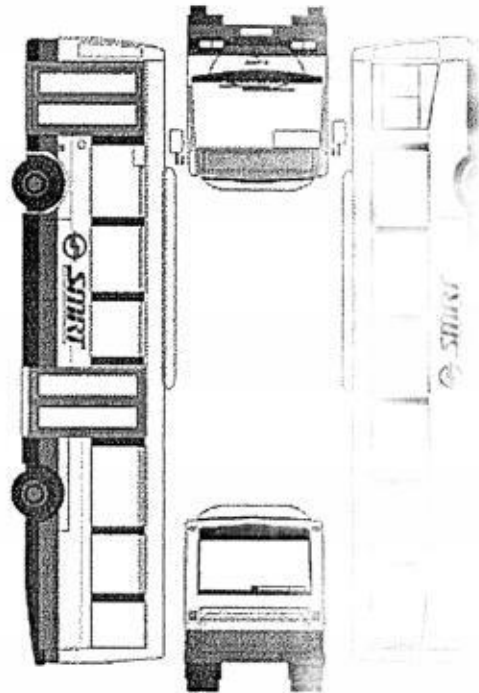
Added Spare Parts / Material Usage After Surveyor Signed off

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

SMRT Accident Vehicle Repair Estimates

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

Reg. No : SG1739J
 Ref. No : BUS/04/18/7031
 Reg. Date : 01/03/2016
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN
 Name of Driver : Lim Sau Fah
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 17/04/2018 05:55:00 PM
 Accident Reported Date / Time : 18/04/2018 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 : 000024095740
 Special Instruction to ARC, if any :
 SG1739J - RIGHT FRONT PORTION
 SJR9874Y (TP) - INSURED WITH NTUC (IDAC).
 Prepared Date : 18/04/2018 03:20:27 PM



Chassis No : WMAA22ZZ5F7002860

Mileage : 0

Work Shop :

Repair Completed Date / Time : 01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 1,855.00	1,590.00
Total Spray Painting Charges	: 1,048.00	850.00
Total Material Charges	: 200.00	200.00
Other Charges	: 150.00	150.00
TOTAL	: 3,253.00	2,790.00
Lump Sum Total	: 0.00	0.00
No. of Repair Days	: 4.00	3.00 /
Prepared / Adjusted By	:	SEBASTIAN-LKK
Arc / Surveyor Sign Off Date	: 24/04/2018 06:27:25 PM	20/05/2018 01:39:25 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 24/04/2018 06:27:25 PM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repairs

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
TO REPAIR RH FRONT PORTION	1,855.00	1,590.00
Total Labour	1,855.00	1,590.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	1,048.00	850.00
Total Spray Painting & Panel Beating	1,048.00	850.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if
PIXEL STENCIL RHS FRT	150.00	150.00
Total Other Costs	150.00	150.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Sub Appl	Notes
	COMMO	4005299	SMRT STICKER(B)	1	200.00	0.00	200.00	Replace	Rep	✓ NEC
TOTAL MATERIALS							200.00	200.00		
TOTAL MATERIALS(Discounted)							200.00	200.00		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Sub Appl
TOTAL SUPPLEMENTARY MATERIALS								

200
 1590
 850
 + 150

 2790

Sebastian
 28/5/18

3253



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/INC18007756/Svbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 9874Y	Veh. Inspected	SG 1739J
Policy No.	5070729266-02	Coverage (\$)	0.00
Claim No.	MT/0990907-002	Excess (\$)	0.00
Assign From		Assign Date	25/04/2018

2. Vehicle Particulars & Condition

Make & Model	MAN NL 320F	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WMAA22ZZ5F7002860	Colour	MULTI
Odometer	188399	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 O/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	17/04/2018	Inspection Date	25/04/2018
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
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National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 1739J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	SMRT STICKER (B)(SN)	NECESSARY	200.00	200.00
1	PIXEL STENCIL RHS FRT (SN)	NECESSARY	150.00	150.00
			350.00	350.00
LABOUR				
	TO REPAIR RH FRONT PORTION.		1,855.00	1,590.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		1,048.00	850.00
			2,903.00	2,440.00
GRAND TOTAL			3,253.00	2,790.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,790.00

Report Ref No. NS/INC18007756/Svbn2

YEANG WAI KEEN

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.