

REF:

NS/TNC18009446 / Srbn2

## ASSIGNMENT

From:

Date:

Veh No:

SMB 16375

Yr Regn:

17/12/2015

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

MAN NL320F

CC 10578

at Workshop m/s

Colour:

Multi Colour

A/C: Insured / Std / NI / NA

of

Sp. Reading:

221103

T/Radio: Insured / Std / NI / NA

Insured:

XD 4312T

Eng/No:

Policy No:

5098513548

DI032018 - 28022019

C/No:

WMAH22 E E 71-7002634

Claims No:

MT 10944491 - 002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

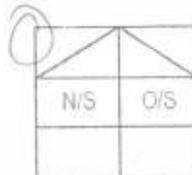
Tyre Size:

F: 275/70R22.5

R:

"

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



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

TOYO / YOKO or

Continental

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6 mm

R/Bal.

6/6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6 mm

L/Bal.

6/6

mm

Est. Repairs:

days

Res:

Yes or No

D.O.A.

14/5/18

D.O.I.

21/5/18

Lump Sum:

%

3 Val:

Yes or No

Survey held at

SMART

CA / REV / REP. / 24 HRS

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

Frt N/S

Date:

Person Contacted:

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

SMB 16375 - X

XD 4312T - NA / ALH 11008325/S2

DUA: DI032011

Confirm 2/5 @ 1600, 0.5 day  
Red: \$833, 341.

RECEIVED 01 JUN 2018

Date/Time, File Pass to?

: Prel. Report

Days Of Repair:

0.5

1) typist

: Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee:

Site Insp (\$)

) S-PS \$

Interview (\$)

) Photos

Tech. Invz (\$)

) Other

Weekend (\$)

Report Format:

- TP

Lump Sum / L/S: (\$

1600

TOTAL

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/INC18009446/Srb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-05-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |            |                |            |
|--------------|------------|----------------|------------|
| Insured Veh. | XD 4312T   | Veh. Inspected | SMB 1637S  |
| Policy No.   | 5098523548 | Coverage (\$)  | 0.00       |
| Claim No.    |            | Excess (\$)    | 0.00       |
| Assign From  |            | Assign Date    | 21/05/2018 |

## 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  | 14/05/2018   | Inspection Date | 21/05/2018 |
| Survey held at | SMRT AUTOMOTIVE SERVICES PTE LTD<br>60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705 |                 |            |

## 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

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 | Time of Accident | Estimate     | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|--------------|-----------------------|
| 1    | MT/0994491-002   | SMRT TAXIS PTE LTD              | SM8 1637S            | XD 4312T           | 14/05/2018       | 14:55            | \$ 2,433.00  | \$ 1,600.00           |
| 2    | MT/0993285-003   | SMRT TAXIS PTE LTD              | SHF 44Y              | FBI 9539S          | 05/05/2018       | 18:50            | \$ 13,642.74 | \$ 6,688.36           |

Claim received from LKK Auto

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"/> | 5098523548 | YUN ONN COMPANY (PRIVATE) LIMITED | 196600371M        | GCV     | Third Party, Fire & Theft | XD4312T     | XD4312T        | 01/03/2018    | 28/02/2019  |

## 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             | 15/05/2018 11:35 |
| Date Of Accident           | 14/05/2018 14:55 |
| Exact Location Of Accident | BULIM AVENUE     |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SMB1637S        |
| <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-81111111 |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | MAN         |
| Model  | 12M         |
| Exact Purpose for which vehicle was being used at time of accident           | OFF SERVICE |
| 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-II027592MFBP                 |
| Cover Note Number         |                                |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | DESMOND LIM YANG CHENG |
| NRIC No              | S7435535H              |
| Date Of Birth        | 13/10/1974             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 25/11/2016             |
| Driving Experience   | 1 YEAR AND 5 MONTHS    |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-80000000   |
| Fax Number           |                        |
| Contact Number       |                        |
| E-Mail Address       | NOEMAIL                |

Address NA  
 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 1  
 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) 1

**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 DRIVING OFF SERVICE BUS ON MIDDLE LANE ALONG BULIM AVENUE TOWARDS CCKI. MY BUS WAS AT THE ESTIMATED SPEED OF 40KM/H. A TRAILER TRUCK WAS ON THE EXTREME LEFT LANE. A FOREIGN OBJECT SUDDENLY FLEW FROM THE LEFT TO RIGHT ACROSS MY FRONT VIEW. I WAS SHOCKED AND PROCEEDED TO STOP ON THE EXTREME RIGHT LANE NEXT TO THE DIVIDER. AFTER STOPPING, I REALISED MY BUS LEFT SIDE MIRROR WAS DISLODGED. I ALIGHTED TO CHECK ON MY BUS AND THERE WAS NO OTHER VISIBLE DAMAGE. I WALKED OVER TO EXCHANGE PARTICULARS WITH THE TRUCK DRIVER AND THERE WAS NO VISIBLE DAMAGE ON THE TRUCK. NO INJURY WAS REPORTED.

**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: PEND DOWNLOADING  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number XD4312T  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 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 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.



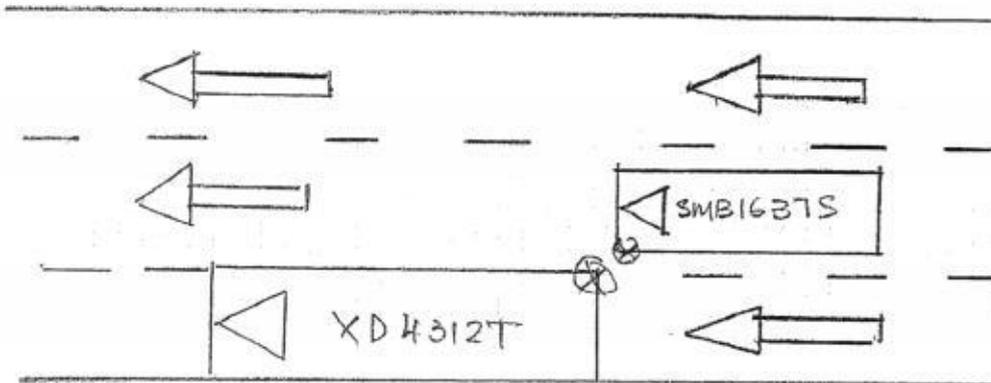
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

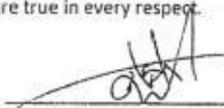
refer to report.

DECLARATION

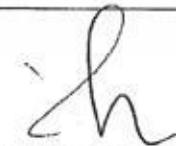
I/We declare the foregoing particulars are true in every respect.

  
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.:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

|                |         |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID:      | 2292D   |

**Vehicle Details**

|                                |                                  |
|--------------------------------|----------------------------------|
| Vehicle No.:                   | SMB1637S                         |
| Vehicle to be Exported:        | No                               |
| Intended De-registration Date: | 22 May 2018                      |
| Vehicle Make:                  | MAN                              |
| Vehicle Model:                 | NL 320F (A22) 11L AUTO ABS TURBO |
| Primary Colour:                | Multi-Colour                     |
| Manufacturing Year:            | 2014                             |
| Engine No.:                    | 50339672083964                   |
| Chassis No.:                   | WMAA22ZZ7F7002634                |
| Maximum Power Output:          | -                                |
| Open Market Value:             | \$248,442.00                     |
| Original Registration Date:    | 17 Feb 2015                      |
| First Registration Date:       | 17 Feb 2015                      |
| Transfer Count:                | 0                                |
| Actual ARF Paid:               | \$0.00                           |

**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        |
| <b>Total Rebate Amount:</b> | <b>\$0.00</b> |

The information contained herein is correct as at 22 May 2018

OK

**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         | : 530.00                 | 0.00                                |
| Total Spray Painting Charges | : 0.00                   | 0.00                                |
| Total Material Charges       | : 1,712.97               | 1,712.97                            |
| Other Charges                | : 0.00                   | 0.00                                |
| <b>TOTAL</b>                 | <b>: 2,242.97</b>        | <b>0.00</b>                         |
| <b>Lum Sum Total</b>         | <b>: 0.00</b>            | <b>0.00</b>                         |
| No. of Repair Days           | : 1.00                   | 0.00                                |
| Prepared / Adjusted By       | : Sim Kim Bock           | 0.5 days                            |
| Arc / Surveyor Sing Off Date | : 16/05/2018 04:43:18 PM | 01/01/1900 12:00:00 AM              |



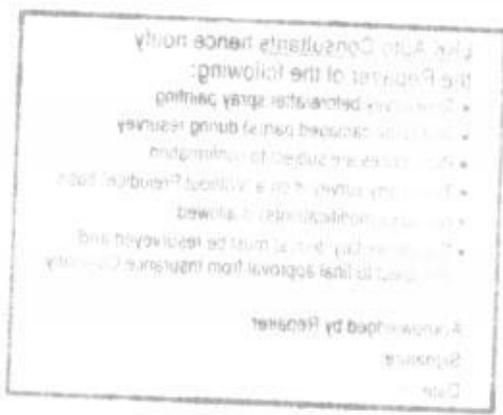
Prepared / Adjusted Date :

Remarks :

Prepared Date : 16/05/2018 04:43:18 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 & REFIX FRONT LHS VIEW MIRROR | 530.00             | 0.00 <i>205</i>                     |
| <b>Total Labour</b>                     | <b>530.00</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> |                    |                                     |



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 appl</b> |
|------------------------------|---------------------------|--------------------------------------|
| Total Labour Charges         | : 530.00                  | 265.00                               |
| Total Spray Painting Charges | : 0.00                    | 0.00                                 |
| Total Material Charges       | : 1,370.38                | 1,370.38                             |
| Other Charges                | : 0.00                    | -50.00                               |
| <b>TOTAL</b>                 | <b>: 1,900.38</b>         | <b>1,585.38</b>                      |
| <b>Lump Sum Total</b>        | <b>: 1,900.00</b>         | <b>1,600.00</b>                      |
| No. of Repair Days           | : 1.00                    | 0.50                                 |
| Prepared / Adjusted By       | : Sim Kim Bock            | Sebastian marked on 21.05.18         |
| Arc / Surveyor Sign Off Date | : 16/05/2018 04:43:18 PM  | 24/05/2018 12:17:00 PM               |



Prepared / Adjusted Date :

Remarks :

Prepared Date : 16/05/2018 04:43:18 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 : |

**Part 1 - Labour Works**

| Job Scope                               | Quotation from ARC | Adjusted by Surveyor |
|---|--------------------|----------------------|
| TO REMOVE & REFIX FRONT LHS VIEW MIRROR | 530.00             | 265.00               |
| <b>Total Labour</b>                     | <b>530.00</b>      | <b>265.00</b>        |

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

| Job Scope                                       | Quotation from ARC | Adjusted by Surveyor |
|---|--------------------|----------------------|
| <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 |
|---------------------------------|--------------------|----------------------|
| 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 (\$) | AMC Requisition | Survey Applied | Attached |
|-----------------------------|---------|----------|----------------------|-----|-----------------|--------------|------------------|-----------------|----------------|----------|
| 4001M01-ACCE466             | LEFT    | 6010159  | FRONT VIEW MIRROR LH | 1   | 1,903.30        | 10.00        | 1,712.97         |                 | Replc          | / DMG    |
| TOTAL MATERIALS             |         |          |                      |     |                 |              |                  | 1,712.97        | 1,712.97       |          |
| TOTAL MATERIALS(Discounted) |         |          |                      |     |                 |              |                  | 1,540.67        | 1,540.67       |          |

Added Spare Parts / Material Usage After Surveyor Signed off

| Part Number                   | Portion | Part Name | Qty | List Price (\$) | Discount (%) | Final Price (\$) | AMC Requisition | Survey Check |  |
|-------------------------------|---------|-----------|-----|-----------------|--------------|------------------|-----------------|--------------|--|
| TOTAL SUPPLEMENTARY MATERIALS |         |           |     |                 |              |                  |                 |              |  |

1712.97  
 + 265.00  
 -----  
 1977.97  
 - 20%  
 -----  
 1582.57

Sebastian  
 28/5/18

U/S : \$ 1600

2433.30



# 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/INC18009446/Srbn2   |  |                    |   |
| 73 BRAS BASAH ROAD<br>#05-01 NTUC TRADE UNION HOUSESINGAPORE<br>189556   |  | Date: 05-06-2018   |  |
|  |  | Code: INC4         |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>  |  |                    |   |
| Insured Veh.   | XD 4312T   | Veh. Inspected     | SMB 1637S   |
| Policy No.   | 5098523548   | Coverage (\$)      | 0.00  |
| Claim No.  | MT/0994491-002   | Excess (\$)        | 0.00  |
| Assign From  |  | Assign Date        | 21/05/2018  |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |                    |   |
| Make & Model   | MAN NL 320F  | c.c                | 10518   |
| Engine No.   | HIDDEN   | Year of Reg.       | 2015  |
| Chassis No.  | WMAA22ZZ7F7002634  | Colour             | MULTI   |
| Odometer   | 221103   | Steering           | IN ORDER  |
| Brakes   | IN ORDER   | Modification       | NIL   |
| General  | FAIR   |                    |   |
| <b>3. Conditions of Tyres</b>  |  |                    |   |
|  | Size   | Make               | Balance   |
| R/H Front Tyre   | 275/70 R22.5   | CONTINENTAL        | 6 mm  |
| L/H Front Tyre   | 275/70 R22.5   | CONTINENTAL        | 6 mm  |
| R/H Rear Tyre  | 275/70 R22.5 (D)   | CONTINENTAL        | 6/6 mm  |
| L/H Rear Tyre  | 275/70 R22.5 (D)   | CONTINENTAL        | 6/6 mm  |
| <b>4. Description of Damages</b>   |  |                    |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.<br>DAMAGES SEE DETAILS.  |  |                    |   |
| <b>5. General Information</b>  |  |                    |   |
| Accident Date  | 14/05/2018   | Inspection Date    | 21/05/2018  |
| Survey held at   | SMRT AUTOMOTIVE SERVICES PTE LTD<br>60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705 |                    |   |
| <b>5a. Remarks</b>   |  |                    |   |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                    |   |
| <b>5b. Estimate Days of Repair</b>   |  |                    |   |
| 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 1637S

| Qty | Description of Parts  | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|-----------|---------------------------|-------------------|
| 1   | <b>REPLACEMENT OF PARTS</b>   | DAMAGED   |                           |                   |
|     | FRONT VIEW MIRROR LH  |           | 1,903.30                  | 1,903.30          |
|     | LESS 10% DISCOUNT   |           | -                         | -190.33           |
|     |   |           | 1,903.30                  | 1,712.97          |
|     | <b>LABOUR</b>   |           |                           |                   |
|     | TO REMOVE & REFIX FRONT LHS VIEW MIRROR.  | 530.00    | 265.00                    |                   |
|     |   | 530.00    | 265.00                    |                   |
|     | <b>GRAND TOTAL</b>  |           | <b>2,433.30</b>           | <b>1,977.97</b>   |
|     | <b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b> |           |                           | <b>1,600.00</b>   |

Report Ref No. NS/INC18009446/Srbn2

YEANG WAI KEEN  
Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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