

Surveyor: NA2

REF:

INC

NS/INC18020205/NVbez

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: SJA 9012Z

Policy No. 5100785354 210518-280519

Claims No. MT/1017945-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 1 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: SMB 1449T Yr Regn: 7 AUG 2014

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

Truck / Trailer or _____

Make: MAN A22 C.C. 10,518

Colour MULTICOLOURED A/C: ☒ Insured / Std / NI / NA

Sp. Reading 386, 161 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA22226E7002168

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Mod: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 275/70 R22.5

R: 11

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

TOYO / YOKO or FOREZA

Front 7 mm Rear 6/6 mm

R/Bal. 7 mm L/Bal. 6/6 mm

L/Bal. 7 mm D.O.A. 30/10/18 U.O.I. 11/11/18

Survey held at SMART WOODLANDS

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

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

Date / Time Action / Instruction

SMB 1449T - x INC L/S

SJA 9012Z - NGA/INC1 5119833/Y Dat: 30/11/18

7/11/18 @ 145pm Catherine will email finalised

14/11/18 @ 1130am Catherine said vehicle has not send in for repair

4/1/19 @ 204pm Catherine will finalise asap

4/1/19 LS \$450 confirmed by email (Red 536, 541)

RECEIVED 07 JAN 2019

Date/Time, File Pass to? ☐ : Prelim Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 7/1 - typist

Report Format: TP

Lump Sum / I.B.I.: (\$ 450)

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____) S + RS. SI

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____)

TOTAL

160

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1017945-002	SMRT BUSES LTD	SMB 1449T	SJQ 9012Z	30/10/2018	\$ 976.00	\$ 450.00
2	MT/1025511-002	CITYCAB PTE LTD	SHA 9574B	SJD 3483E	27/12/2018	\$ 14,135.90	TOTAL LOSS
3	MT/1025992-002	COMFORT TRANSPORTATION PTE LTD	SHA 7523L	FBH 5360L	28/12/2018	\$ 1,785.68	\$ 750.00
4	MT/1025605-002	COMFORT TRANSPORTATION PTE LTD	SHD 4757H	GBG 9028B	28/12/2018	\$ 1,570.00	\$ 950.00

Claim received from LKK Auto

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/10/2018 13:35"/>
Vehicle No.(For Motor)	<input type="text" value="SJQ9012Z"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100785354		A.R.T OF TRANSPORT & SERVICES	53326247W	GPC	drivo CLASSIC	SJQ9012Z	SJQ9012Z	21/05/2018	28/05/2019

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 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. 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	01/11/2018 11:59
Date Of Accident	30/10/2018 11:00
Exact Location Of Accident	JLN BT MERAH – AFT BS10079 – BLK 201
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMB1449T
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	YAU MINDDIN BIN MUHAMAD
NRIC No	G2726561N
Date Of Birth	07/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
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)	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 service 961 and was travelling along the left most lane of Jalan Bukit Merah heading towards the Bukit Merah Interchange. As I approached the traffic light junction, a pte car (SJQ9012Z) that was from the middle lane, filtered left abruptly and cut into my lane. I stepped on the brakes to avoid collision but could not stop on time hence my bus right front portion collided onto the left rear portion of the pte car. No injuries reported. My bus sustained scratches right front portion while the pte car sustained scratches on the left rear portion.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9012Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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 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 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.
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 insurers who have insured vehicle(s) involved in this accident (all insureds) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers". The insurers' (lawyer's/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' (lawyer's/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 used 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, regulation, 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.



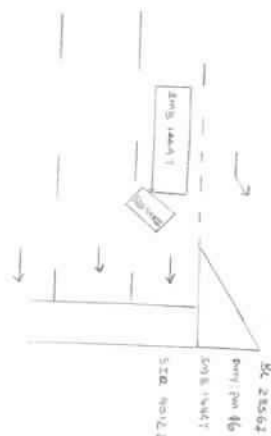
Driver's Signature
(if driver is not the policyholder)

Policyholder's Signature
Date & Time:

Reporting Centre Personnel's Signature
Name: BALOISH
NIC/FIN No.: S8340325Z



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KEEPER TO REPORT

[illegible]

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
NIC/ID No.: S8340325Z





SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd	
60 Woodlands Industrial Park E4, Singapore 757705	
FAX Number	: 63685592
Estimator Telephone Number	: 68662623
Accident Reporting Number	: 68662672



Date Generated : 01/11/2018

User ID : GohKK2

Section A - Accident Details

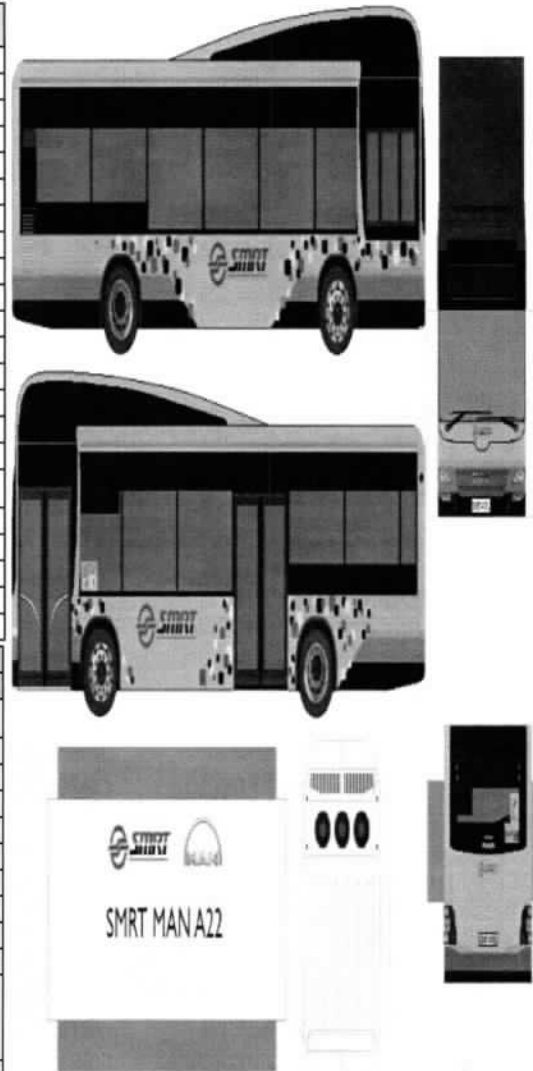
Registration Number	SMB1449T
Case Reference Number	BUS/10/18/7024
Registration Date	07/08/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Yau Minddin Bin Muhamad
Type of Accident	Side Swipe
Accident Date and Time	30/10/2018 11:04 PM
Accident Reported Date and Time	31/10/2018 10:07 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	
Special Instruction to ARC, if any	SMB1449T - RIGHT FRONT PORTION SJO9012Z (TP) - INSURED WITH NTUC
Prepared Date and Time	01/11/2018 11:40 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$530.00	\$0.00
Total Spray Cost	\$446.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$976.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	1-5	1
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	01/11/2018 11:46 AM	
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	





SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 01/11/2018

User ID : GohKK2

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$530.00	265 ✓
Total Labour	\$530.00	

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	\$446.00	324 ✓
Total Spray Painting & Panel Beating	\$446.00	

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

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

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
Total									

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

NR 2 LKK

1/11/18

LIS

1 Day

AFTER REPAIR PHOTOS


15/11/18

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:



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 04/01/2019

User ID : CatherineLee

Section A - Accident Details

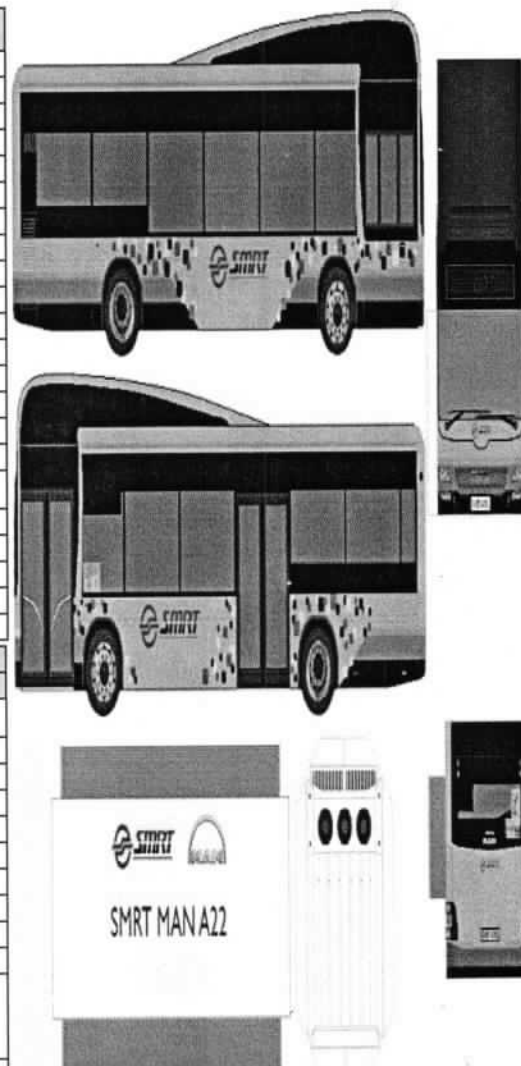
Registration Number	SMB1449T
Case Reference Number	BUS/10/18/7024
Registration Date	07/08/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Yau Minddin Bin Muhamad
Type of Accident	Side Swipe
Accident Date and Time	30/10/2018 11:04 PM
Accident Reported Date and Time	31/10/2018 10:07 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24098568
Special Instruction to ARC, if any	SMB1449T - RIGHT FRONT PORTION SJO9012Z (TP) - INSURED WITH NTUC
Prepared Date and Time	01/11/2018 11:40 AM
Chassis Number	WMAA22ZZ6E7002168
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$530.00	\$265.00
Total Spray Cost	\$446.00	\$324.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	(\$150.00)
TOTAL COST	\$976.00 976	\$439.00
Lump Sum Total	\$0.00	\$450.00
Number of Repair Days	1.5	1.0
Prepared / Adjusted By	Kok Khoon Goh	TAUFIKH
ARC / Surveyor Sign Off Date	01/11/2018 11:46 AM	01/11/2018 5:07 PM
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	



SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 3/2/12 Time 0945 Hrs
 Exact Location Of Accident * Junction of Sixth Ave & Holland Road

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * B2G 798 9 Road

Insured / Policyholder

Name of Registered Owner * Irene Chan Yoke Heng
 NRIC/FIN/Passport Number * S1459389F

Vehicle Particulars

Manufacturer Mercedes Benz

Model B200

Exact Purpose for which vehicle was being used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

If No, please state action to be taken

Vehicle Category

* Yes ☒ No ☐ Others ☐
 * Third Party Claim ☐ Reporting Only ☐
 * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company * Charis

Type of Coverage * Com

Fleet Policy Yes ☐ No ☒

Policy Number * 2100098816

Cover Note Number

Driver

Name of Driver * Yin Kum Choy

NRIC/FIN/Passport Number * S1289055I

Date of Birth * 21/4/58

Occupation *

Date of Driving Pass * 01/10/83

Gender * Male ☒ Female ☐

Mobile Number 98180398

Address 997 Bt. Timah Road #08-04
8589623

Email Address

Was driver an employee of the Insured's Company?

If no, Relationship of the Driver with the Insured

* Yes ☐ No ☒
 * Husband



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
80 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 04/01/2019

User ID : CatherineLee

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS	\$530.00	\$265.00
Total Labour	\$530.00	\$265.00

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	\$446.00	\$324.00
Total Spray Painting & Panel Beating	\$446.00	\$324.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Lump Sum Adjustment by Surveyor	\$0.00	(\$150.00)
Total Other Costs	\$0.00	(\$150.00)

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
Total									

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident *
Weather Conditions * Clear ☒ Raining ☐ Others
Road Surface * Dry ☒ Wet ☐ Others

Other Information

Was any body injured in the Accident? Yes ☐ No ☒
Was any other material or property damaged? Yes ☐ No ☒

Details of Injured Persons

Name *
Address
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes ☐ No ☐
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☐

Details of Police Action

Was the Accident reported to the Police? * Yes ☐ No ☐
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes ☐ No ☒
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * 816 4228 P
Vehicle Make / Model / Colour Mazda 3 Black
Detail Of Properties
Name of Driver * Tan Guok Choo
NRIC/Passport Number 51687166 D
Contact Number *
Email Address
Address 309 Clementi Ave 4 # 10-323.
Insurance Company Name S120309
Nature of Damage

Details Of Witness

Name
Phone Number
Email Address

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 4 January 2019 3:19 PM
To: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Buses)/AR(Buses))
Cc: Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC); AutoSvs-ARC (Bus); SUR; Naz (LKKAUTO)
Subject: RE: Finalisation - SMB1449T (BUS/10/18/7024) - NTUC

Dear Catherine,

WITHOUT PREJUDICE

Confirmed finalised amount \$450/- @ 1 working day under lump sum repair.

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)

From: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Buses)/AR(Buses))
<catherineleesc@smrt.com.sg>
Sent: Friday, 4 January 2019 2:56 PM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Cc: Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC) <YewChung@smrt.com.sg>; AutoSvs-ARC (Bus) <AutoSvs-ARCBus@smrt.com.sg>
Subject: Finalisation - SMB1449T (BUS/10/18/7024) - NTUC

Hi Taufikh,

Attached herewith our copy of the bus repair estimate for the case.
Our finalised amount is \$450/- @ 1 working day 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

...CLAIM SUBFOLDER...(Pending for Survey Report)**CLAIM SUBFOLDER TRACKING**

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	06 Feb 2012 09:44 Edit Reg		03 Feb 2012 00:00 Edit Adj Rpt	S\$6,215.19 Edit Estimates	S\$6,215.19 View Rpt		Pending for Survey Report Cancel Case

[Main](#)[Reference](#)[Claim Details](#)[Documents](#)[Show All](#)**CLAIM SUBFOLDER DETAILS****[Created by adjuster]**

Insured:	IRENE CHAN YOKE HENG , NRIC: S1459389F		
Vehicle Reg. No.:	SDG798Y	Date of Loss:	03/02/2012 00:00 - :59
Claim Type:	OD / 800549025	Policy/Cover Note No:	2100098816-03000 (Comprehensive) Coverage: 06/10/2011 - 05/10/2012
Repairer:	Cycle & Carriage Industries Pte Ltd (Pandan Loop) 188 Pandan Loop, 128378 West Coast - Tel:		
Handling Insurer:	Chartis Singapore Insurance Pte Ltd (SG) - Tel: 65-6419-3000 ... [Handled by Priscilla Sim - 6419 1755]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH] ... [Final Rpt due 15/02/2012]		
Driver/Custodian:	YIN KUM CHOY (53 / Male), NRIC: S1289055I		

ASSOCIATED MAIL RECEIVED[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Done?
----------	----------	------	------------	---------	---------	-------------	--------------	-------

No results.



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/INC18020205/Nvbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-01-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJQ 9012Z	Veh. Inspected	SMB 1449T	
Policy No.	5100785354	Coverage (\$)	0.00	
Claim No.	MT/1017945-002	Excess (\$)	0.00	
Assign From		Assign Date	01/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	MAN A22	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	WMAA22ZZ6E7002168	Colour	MULTI COLOUR	
Odometer	386161	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	7 mm	
L/H Front Tyre	275/70 R22.5	FIRENZA	7 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 PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/10/2018	Inspection Date	01/11/2018	
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:		1 Working Days		



National Assessment Centre Services

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 1449T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		530.00	265.00
			446.00	324.00
			976.00	589.00
	GRAND TOTAL		976.00	589.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				450.00

Report Ref No. NS/INC18020205/Nvbe2

MUHAMMAD NAZRIL BIN ABDULLAH

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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