

Taufkh

REF:

NS/INC18021694/TIB 11/91H

ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

of

Insured: SJS 57720

Policy No: 5100926104 23092018

Claims No: MT/1021773-002

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 Report: 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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: TIB 11/91H Yr Regn: 2002 July

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

Truck / Trailer or

Make: Mercedes Benz 304056 11967

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

Sp. Reading: 110332 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WEB61232321098990

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5 R: 1 (D)

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A.

Rear

R/Bal. 8/8 mm

L/Bal. 8/8 mm

D.O.I. 29/11/18

Survey held at SMART WL

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

Frt O/S

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

Date / Time Action / Instruction

TIB 11/91H - NS/INC16005312/KillBn2
SJS 57720 - X

DA: 17032018

Confirm lump sum \$1000/- (Red: 853; 46%)

RECEIVED 31 JAN 2019

Date/Time, File Pass to?

31/1 Typist

Date/Time, File Return to?

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

F.S. + R.S. \$

F. Photos

F. Other

F. TOTAL

TOTAL

Report Format:

Lump Sum / L.B.I. \$ 1000

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

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 31 January 2019 9:44 AM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at income.com.sg/careers

in with you

'With effect from 1 Mar 2019, we will be discontinuing mailbox, mtreg@income.com.sg. Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 31 January 2019 9:37 AM
To: mtreg
Subject: REQUEST CLAIM NUMBER

TP Claims against NTUC Income: Follow-Through Survey

Date : 31/01/2019

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/1021773-002	SMRT BUSES LTD	TIB 1191H	SJS 5772D	28/11/2018	13:30	\$ 1,853.00	\$ 1,240.00

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="28/11/2018 15:10"/>
Vehicle No. (For Motor)	<input type="text" value="SJS5772D"/>	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"/>	5100926104		PASSION CARS RENTAL PTE LTD	201713226R	GFT	Third Party	SJS5772D	SJS5772D	23/05/2018	

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 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	29/11/2018 11:03
Date Of Accident	28/11/2018 13:30
Exact Location Of Accident	WOODLANDS ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	TIB1191H
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES 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	D18090224MFBP
Cover Note Number	

Driver

Name of Driver	ZHAO LILI
Passport No/FIN	G2289376P
Date Of Birth	27/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address * NIL
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
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) 28

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

While my bus started to turn right from Woodlands Street 41 to Woodlands Ave 1 (before BS: 46611 - Fuchun Sec Sch) after traffic light turned green, a private car travelling along Woodlands Ave 1 (towards Marsiling MRT) had hit its left side body onto the bus right front bumper. A Chinese male pax in his 20s complained of back pain but declined ambulance. No visible injury reported. No other injury reported.

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 Witness 1

Name KANTSI KUONG
Phone Number
Email Address

Details of Witness 2

Name AUSTIN GOH
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS5772D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

AUSTIN GOH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

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.

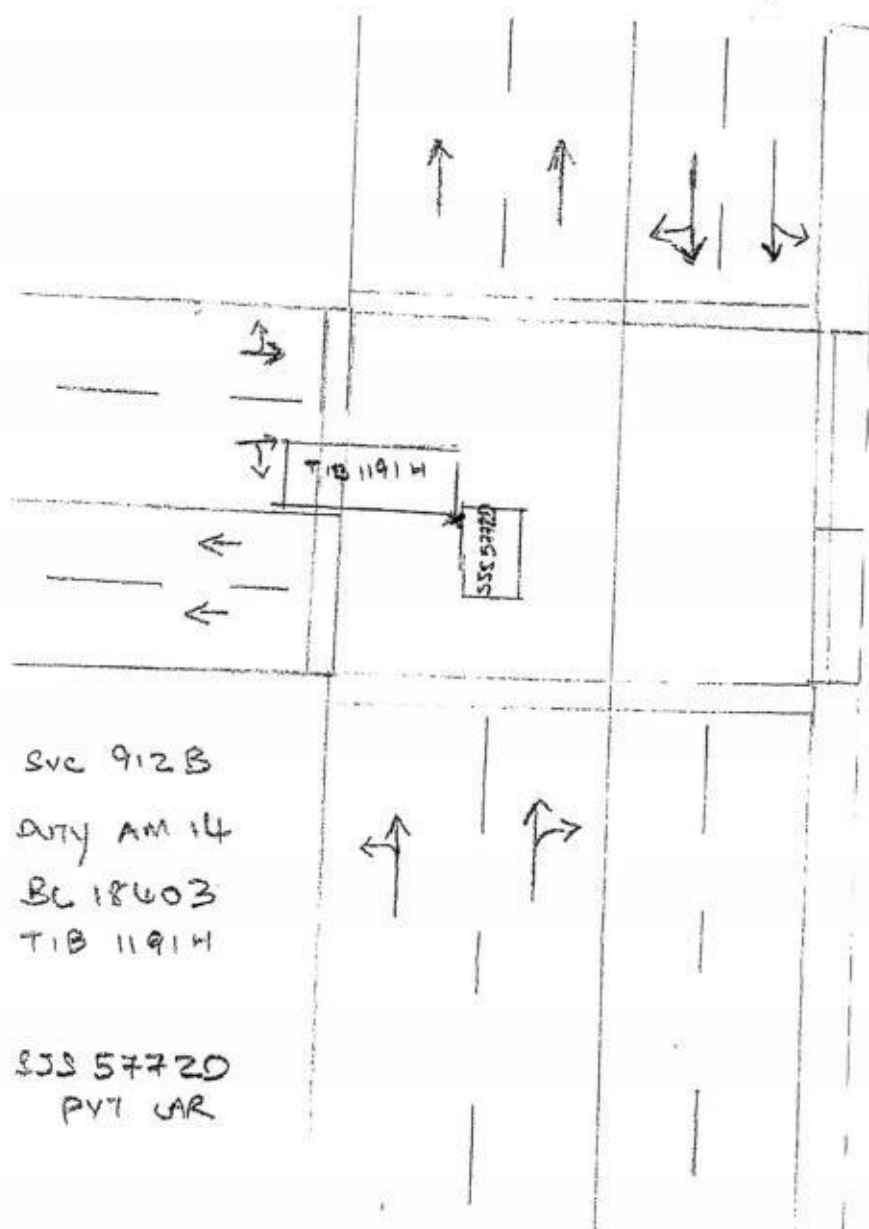


Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 3



SVC 912B
 DUTY AM 14
 BC 18603
 TIB 1191H

SSS 57720
 PVT CAR

[> Back to OneMotoring](#)**Enquire Transfer Fee**

Vehicle Details			
Vehicle No. :	TIB1191H		
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. :	WEB61232321098990		
Propellant :	Diesel		
Engine No. :	44797710078193		
Engine Capacity :	11967 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	24000 kg		
Unladen Weight :	15440 kg		
Year Of Manufacture :	2000		
Original Registration Date :	05 Jul 2002		
Lifespan Expiry Date :	04 Jul 2019		
Road Tax Expiry Date :	04 Jul 2019		
Inspection Due Date :	04 Jul 2019		
Intended Transfer Date :	31 Jan 2019		
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

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 : 29/11/2018

User ID : GohKK2

Section A - Accident Details

Registration Number	TIB1191H
Case Reference Number	BUS/11/16/7031
Registration Date	05/07/2002
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MERCEDES 0405G
Name of Driver	Zhao Lili
Type of Accident	Head To Side
Accident Date and Time	28/11/2018 1:47 PM
Accident Reported Date and Time	28/11/2018 5:45 PM
Is Surveyor Required?	Yes
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	TIB1191H- front right portion damaged SJS5772D(TP) LEFT SIDE PORTION DAMAGED
Prepared Date and Time	29/11/2018 3:28 PM
Chassis Number	WEB01232321098990
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	\$1,325.00	\$0.00
Total Spray Cost	\$528.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,853.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	2.5	
Prepared / Adjusted By	Kok Khoo Goh	Naz
ARC / Surveyor Sign Off Date	29/11/2018 3:31 PM	
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 : 68862672

Date Generated : 29/11/2018

User ID : GohKK2

Section A - Accident Details	
Registration Number	T1B1191H
Case Reference Number	BUS11/1B/7031
Registration Date	05/07/2002
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MERCEDES 04390
Name of Driver	Zhao Lili
Type of Accident	Head To Side
Accident Date and Time	28/11/2018 1:47 PM
Accident Reported Date and Time	28/11/2018 5:45 PM
Is Surveyor Required?	Yes
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	T1B1191H- front right portion damaged SJS5772D(TP) LEFT SIDE PORTION DAMAGED
Prepared Date and Time	28/11/2018 3:28 PM
Chassis Number	WEB61232321088990
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	\$1,325.00	\$0.00
Total Spray Cost	\$528.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,853.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	2.5	
Prepared / Adjusted By	Kok Khion Goh	Naz
ARC / Surveyor Sign Off Date	28/11/2018 3:31 PM	
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 : 83685562
Estimator Telephone Number : 68902523
Accident Reporting Number : 68652672

Date Generated : 29/11/2018

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.		\$1,325.00				795			
Total Labour		\$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		\$528.00				446			
Total Spray Painting & Panel Beating		\$528.00							
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									

1853

Tanpin 97195+49
wp
21/11/18 05:58pm.
Zaleys.
sure auto.com.



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 : 68662572



Date Generated : 08/01/2019

User ID : CatherineLee

Section A - Accident Details

Registration Number	TIB1191H
Case Reference Number	BUS/11/18/7031
Registration Date	05/07/2002
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MERCEDES 0405G
Name of Driver	Zhao Lili
Type of Accident	Head To Side
Accident Date and Time	28/11/2018 1:47 PM
Accident Reported Date and Time	28/11/2018 5:45 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	24069029
Special Instruction to ARC, if any	TIB1191H- front right portion damaged SJS5772D(TP) LEFT SIDE PORTION DAMAGED
Prepared Date and Time	29/11/2018 3:28 PM
Chassis Number	WEB61232321098990
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	\$1,325.00	\$795.00
Total Spray Cost	\$528.00	\$446.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	(\$250.00)
TOTAL COST	\$1,853.00	\$991.00
Lump Sum Total	\$0.00	\$1,000.00
Number of Repair Days	2.5	2.0
Prepared / Adjusted By	Kok Khoon Goh	Taufik
ARC / Surveyor Sign Off Date	29/11/2018 3:31 PM	30/11/2018 7:36 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 : 08/01/2019

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.	\$1,325.00	\$795.00
Total Labour	\$1,325.00	\$795.00

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	\$528.00	\$446.00
Total Spray Painting & Panel Beating	\$528.00	\$446.00

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	(\$250.00)
Total Other Costs	\$0.00	(\$250.00)

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									



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/INC18021694/T1tbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 31-01-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJS 5772D	Veh. Inspected	TIB 1191H
Policy No.	5100926104	Coverage (\$)	0.00
Claim No.	MT/1021773-002	Excess (\$)	0.00
Assign From		Assign Date	29/11/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ O4O5G	c.c	11967
Engine No.	HIDDEN	Year of Reg.	2002
Chassis No.	WEB61232321098990	Colour	MULTI
Odometer	110332	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	GOODYEAR	8 mm
L/H Front Tyre	275/70 R22.5	GOODYEAR	8 mm
R/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	8/8 mm
L/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	8/8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	28/11/2018	Inspection Date	29/11/2018
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:	2 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 1191H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		1,325.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		528.00	446.00
			1,853.00	1,241.00
	GRAND TOTAL		1,853.00	1,241.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,000.00

Report Ref No. NS/INC18021694/T1tbs2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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