

REF: Hwee Jie

REF:

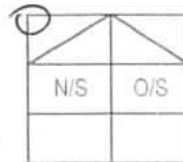
NC/INC19000494 / Jyber

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: SGB 6581E
 Policy No: 5090865138-01 190518 - 180519
 Claims No: MT/1015867-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMB 224 Yr Regn: 30 Oct 2008
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes OC 500 C.C. 11967
 Colour: multi colour A/C: Insured / Std / NI / NA
 Sp. Reading: 791996 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WEB63442021000080
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 275/70 R22.5
 R: _____ (D)
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Fireenza
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 12/10/18 D.O.I. 8/1/19
 Survey held at Smart
 Des. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SMB 224 - C03 / MSB 19000494 / Jyber</u>
	<u>SGB 6581E - C03 / ALH 18013329 / Gqber</u>
	<u>DAF: 28-11-2018</u>
	<u>DAF: 17/01/2017</u>

31/1/19 (confirmed L/S \$500/- with 1 day of repair.
 Cred B 476, 49%)

RECEIVED 31 JAN 2019

Date/Time, File Pass to? ☐ : Preli. Report
 11/31/19 thwiser ☐ : Final Report
 Date/Time, File Return to? _____

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee

Transportation

160 \$ + RS \$

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format :

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

TP

500

160

160

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
1	MT/1015867-002	SMRT TAXIS PTE LTD	SMB 22Y	SGG 6581E	12/10/2018	13:30	\$ 976.00

eBaoTech

Hello, NAC_PAYA_UBI_800601

General Claim

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/10/2018 11:56"/>
Vehicle No.(For Motor)	<input type="text" value="SGG6581E"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090865138-01		MATRIX ENTERTAINMENT ENTERPRISE	53136231X	GPC	Third Party	SGG6581E	SGG6581E	19/05/2018	18/05/2019

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 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	15/10/2018 09:36
Date Of Accident	12/10/2018 13:30
Exact Location Of Accident	CHOA CHU KANG AVE 4 - BEF BS 44539 (LOT 1)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMB22Y
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	MERCEDES-BENZ
Model	OC500LE1830H-12.0 D (A)
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	LEE KAM MENG
NRIC No	F7328575P
Date Of Birth	23/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail 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)	20

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

Accident Description WHILE TRAVELLING STRAIGHT ON MIDDLE LANE HEADING TOWARDS BUS STOP 44539, A PTE CAR THAT WAS TRAVELLING ON THE LEFT MOST LANE SUDDENLY SWERVE RIGHT AND GRAZED THE FRONT LEFT PORTION OF MY BUS. THE PTE CAR WAS TRYING TO OVERTAKE ANOTHER PTE CAR AHEAD THAT WAS ENTERING LOT ONE PICK UP POINT.

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	SGG6581E
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 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 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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: BALQISH
NIC/FIN No.: S83403252

SKETCH PLAN

⑧ smelly

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

[illegible]

DECLARATION

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

Policyholder's Signat
Date & Time:



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

NAME Mary

Reporting Centre Personnel's Signature
Name: BALQISH
NIC/PTN No.: S8340325Z





Case Details

Case Reference Number :

BUS/10/18/5016

Type of Repair : Accident Repair

Vehicle Registration Number : SMB22Y

Company Type : SMRT Buses Ltd

Estimation ID : EST-5260-ID

Assigned By : Audrey Woo Yee
Shin

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 12/10/2018 05:30 AM

Vehicle Age(In Months) : 120

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	SMRT Recommendation							Surveyor Approval			
			Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace
Total Spare Part Cost							0.00		Surveyor Total	0.00			
Lump Sum Discount (%)							0.00		Lump Sum Dis (%)	20			
Final Spare Part Cost							0.00		Final Sur Total	0.00			

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR LH FRONT PORTION	530.00	265	
Total:		530.00	265.00	

Spray Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO PUTTY & RESPRAY	446.00	354	
Total:		446.00	354.00	

Other Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:		0.00	0.00	

Summary

Estimator Assesment(\$)

Surveyor Assesment(\$)

Total Spare Part Detail

0.00

0.00

Total Labour Cost

530.00

265.00

Total Spray Painting

446.00

354.00

Other

0.00

0.00

Overall Total

976.00

619.00

Lump Sum Repair Option

☒☒

Lump Sum Total

1,000.00

600.00

Surveyor Approved Amount

600.00

No of Repair Days*

2

1

Remarks

-

L/S repair, photo after paint

Surveyor Name

Hwee jie

Signature


9/1/19

Save

Clear

Survey Date

08/01/2019

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

Shiau Chan

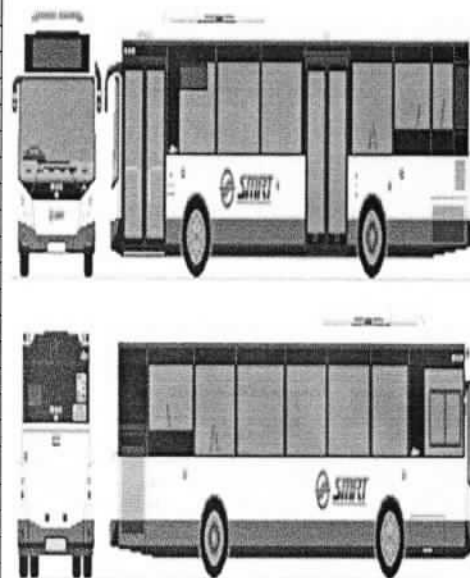
SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 29/01/2019

User ID : CatherineLee

Section A - Accident Details

Registration Number	SMB22Y
Case Reference Number	BUS/10/18/5016
Registration Date	30/10/2008
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	OC500
Name of Driver	Lee Kam Meng
Type of Accident	Side Swipe
Accident Date and Time	12/10/2018 1:30 PM
Accident Reported Date and Time	12/10/2018 2:45 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	24099592
Special Instruction to ARC, if any	SMB22Y - LEFT FRONT PORTION SGG6581E (TP) - INSURED WITH NTUC
Prepared Date and Time	8/1/2019 12:11 PM
Chassis Number	WEB63442021000080
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	\$354.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	(\$123.80)
TOTAL COST	\$976.00	\$495.20
Lump Sum Total	\$0.00	\$500.00
Number of Repair Days	2.0	1.0
Prepared / Adjusted By	Jeong Choon Hwee	Hwee jie
ARC / Surveyor Sign Off Date	08/01/2019 12:14 PM	08/01/2019 3:46 PM
Signature		
Remarks		US repair. photo after paint

Finalized - Hwee Jie

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 : 29/01/2019

User ID : CatherineLee

Section D - Details of Repair Estimates									
Part 1 - Labour Works									
Job Scope		Quotation from AR				Adjusted by Surveyor, if applicable			
TO REPAIR LH FRONT PORTION		\$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			
TO PUTTY & RESPRAY		\$446.00				\$354.00			
Total Spray Painting & Panel Beating		\$446.00				\$354.00			
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				(\$123.80)			
Total Other Costs		\$0.00				(\$123.80)			
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									

\$265
+ \$354

\$619
- 20%

\$495.2
L/s Total - \$500 / 1 day.

996



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/INC19000494/Jqbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-02-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGG 6581E	Veh. Inspected	SMB 22Y	
Policy No.	5090865138-01	Coverage (\$)	0.00	
Claim No.	MT/1015867-002	Excess (\$)	0.00	
Assign From		Assign Date	08/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ OC500LE1830H	c.c	11967	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	WEB63442021000080	Colour	MULTI COLOUR	
Odometer	791996	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
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	7/7 mm	
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	7/7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/10/2018	Inspection Date	08/01/2019	
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

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. SMB 22Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPAIR LH FRONT PORTION.		530.00	265.00
	TO PUTTY & RESPRAY.		446.00	354.00
			976.00	619.00
GRAND TOTAL			976.00	619.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			500.00
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Report Ref No. NS/INC19000494/Jqbe2

ONG HWEE JIE

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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