

REF: NTVC NS/INC19005778/3sd302

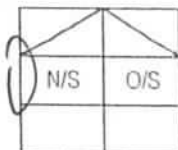
REF: NTVC NS/INC19005778/3sd302

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: _____
 Policy No: 5106195649 (11/12/2018-10/12/2019)
 Claims No: MT/1034441-002
 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: SG 5757E Yr Regn: 6 Jun 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Man A95 C.C. 10518
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 210484 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: WMAA95ZZXG7003209

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: 275/70R22.5
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Fireenza

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7/7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7/7</u> mm
D.O.A. <u>3/3/17</u>	D.O.I. <u>29/3/19</u>

Survey held at Smrt
 Des. of Damages: Frt / Rear / O/S N/S / U/C / Roof/ or

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

Date / Time	Action / Instruction
	SG 5757E - NS/INC17002941 / Klv bsk DOA - 02/04/2017
	SJA 4511S - X
26/4/19	Confirmed P/P \$976/ 2days
29/4/19	RE-Finalized L/s \$800/ 2days

RECEIVED 29 APR 2019

Date/Time: File Pass to? ☐ : Preli. Report

29/04/19

1) ☒ : Final Report

Typ. 34

Date/Time: File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

____ \$ + PS. ____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format:

Lump Sum / L.B.I: (\$ 800/- 4s

160

160

eBaoTech

General Claim

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="03/03/2019 13:39"/>
Vehicle No. (For Motor)	<input type="text" value="SJA4511S"/>	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 checked="" type="radio"/>	5106195649		KOH YIN NING	S76398238	GPC	drivo CLASSIC	SJA4511S	SJA4511S	11/12/2018	10/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1027118-003	SMRT TAXIS	SHB 1991C	GBG 9343R
2	MT/1036966-002	SMRT TAXIS	SHC 4154C	FBL 3526T
3	MT/1034441-002	SMRT BUS	SG5757E	SJA 4511S
4	MT/1041502-002	COMFORT TRANSPORTATION PTE LTD	SHC 3387D	PA 786X
5	MT/1040396-002	COMFORT TRANSPORTATION PTE LTD	SH7087L	SGR 5464J
6	MT/1041321-002	COMFORT TRANSPORTATION PTE LTD	SHC 3540C	SLC 6469J
7	MT/1041433-002	COMFORT TRANSPORTATION PTE LTD	SHD 4981B	SIU 9496P
8	MT/1041156-002	COMFORT TRANSPORTATION PTE LTD	SHB 4050Z	SLU 2212P
9	MT/1041766-002	COMFORT TRANSPORTATION PTE LTD	SH 9151X	XE 499J
10	MT/1041821-002	COMFORT TRANSPORTATION PTE LTD	SHC 3607U	SLT 2910M

Shirley Hiew (LKK Auto)

From: Hwee Jie (LKK Auto) <hweejie@lkkauto.com>
Sent: Monday, 29 April 2019 9:11 AM
To: Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses)
Cc: Shirley Hiew (LKK Auto)
Subject: RE: Finalisation - SG5757E (BUS/03/19/1010) - NTUC

Hi Catherine,

Re-finalized amount L/S \$800/- 2days.

Best Regards,
Hwee Jie | Assistant Automotive Assessor
LKK Auto Consultants
Phone: 9180 3151 | Email: Hweejie@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/ARC/AR & SC/Buses) [mailto:catherineleesc@smrt.com.sg]
Sent: Friday, 26 April, 2019 9:51 AM
To: Hwee Jie (LKK Auto)
Cc: Shirley Hiew (LKK Auto)
Subject: RE: Finalisation - SG5757E (BUS/03/19/1010) - NTUC

Hi Hwee Jie,

Please re-finalise.

Thank you

Best Regards
Catherine Lee
SMRT Automotive Services Pte Ltd
(Accident Repair Centre)
DID: 6866 2669 Fax: 6368 5592
catherineleesc@smrt.com.sg



From: Hwee Jie (LKK Auto) [mailto:hweejie@lkkauto.com]
Sent: 26 April 2019 09:20
To: Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses) <catherineleesc@smrt.com.sg>
Cc: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Subject: RE: Finalisation - SG5757E (BUS/03/19/1010) - NTUC

Hi Catherine,

Finalized P/P \$976/- 2days.

Best Regards,

Hwee Jie | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 9180 3151 | Email: Hweejie@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/ARC/AR & SC/Buses) [<mailto:catherineleesc@smrt.com.sg>]

Sent: Thursday, 25 April, 2019 9:23 AM

To: Hwee Jie (LKK Auto); SUR; Admin A

Cc: Koo Yew Chung (Auto Svcs/ARC/AR & SC); AutoSvs-ARC (Bus)

Subject: Finalisation - SG5757E (BUS/03/19/1010) - NTUC

Hi Hwee Jie,

Attached herewith our copy and your marked copy of the bus repair estimate for the case.

Our finalised amount is \$976.00 @ 2 working days under part by part repair. Attached after repair photos for your perusal.

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

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	05/03/2019 16:26
Date Of Accident	03/03/2019 19:25
Exact Location Of Accident	JUNCTION OF YISHUN CENTRAL 1 AND NORTH POINT DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SG5757E
Insured/Policyholder	
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	DOUBLE DECKER
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-II027592MFBP
Cover Note Number	
Driver	
Name of Driver	M P RKU S/O PADIYAH
NRIC No	S2722961A
Date Of Birth	08/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	6 ANG MO KIO ST 62
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	10

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

MY BUS WAS TRAVELLING ON THE RIGHT LANE OF YISHUN CENTRAL 1. THE LEFT LANE WAS CONGESTED WITH VEHICLES. SUDDENLY A PRIVATE CAR SJA4511S ENCROACHED INTO MY LANE AND COLLIDED ONTO THE LEFT REAR PORTION OF MY BUS. 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 DOWNLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA4511S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

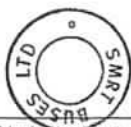
SKETCH PLAN

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:

[Signature]
7/11/16

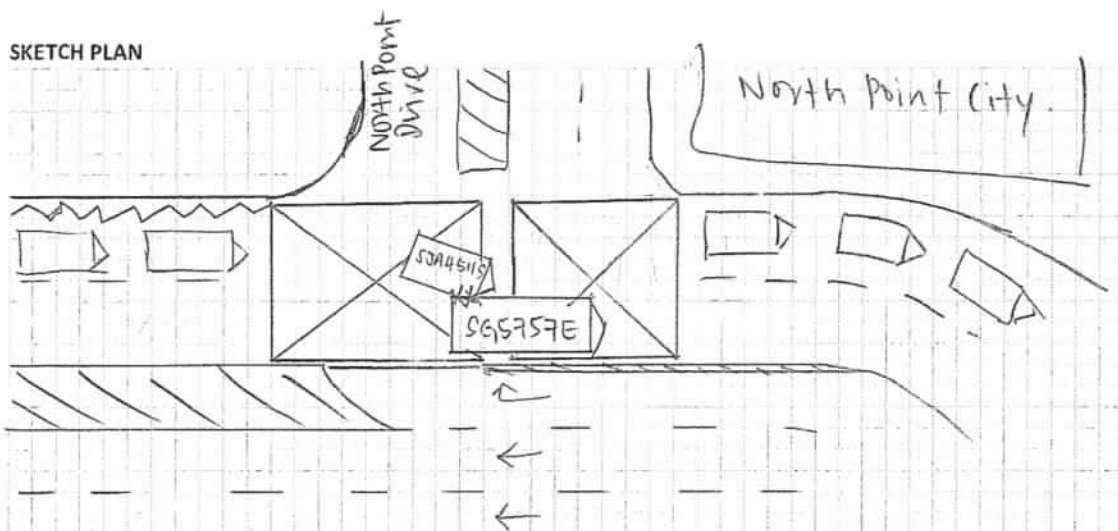
Driver's Signature
(If driver is not the policyholder)
Date & Time:



[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *04 MAR 2019*

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 Certificate Personnel's Signature
Name: _____
NRIC/FIN No.: _____




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 : 18/03/2019

User ID : BoonChewTay

Section A - Accident Details	
Registration Number	SG5757E
Case Reference Number	BUS/03/19/1010
Registration Date	17/8/2016
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN A95
Name of Driver	M P RKU A/L PADIYAH
Type of Accident	Side Swipe
Accident Date and Time	3/3/2019 7:25 PM
Accident Reported Date and Time	3/3/2019 10:45 PM
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	SG5757E - LEFT REAR PORTION DAMAGED SJA4511S - TP INSURED WITH NTUC - RIGHT FRONT PORTION DAMAGED
Prepared Date and Time	18/3/2019 3:53 PM
Chassis Number	WMAA95ZZXG7003209
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	\$1,060.00	\$0.00
Total Spray Cost	\$616.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,676.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	18/03/2019 3:57 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 : 68662672

Date Generated : 18/03/2019

User ID : BoonChewTay

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.				\$1,060.00				530		
Total Labour				\$1,060.00						
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				\$616.00				446		
Total Spray Painting & Panel Beating				\$616.00						
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										

1676

- 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:

Hwee Jie-LKK

29/3/19

4/5 2days

3/4/19



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/INC19005778/Jsd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 08-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJA 4511S	Veh. Inspected	SG 5757E
Policy No.	5106195649	Coverage (\$)	0.00
Claim No.	MT/1034441-002	Excess (\$)	0.00
Assign From		Assign Date	29/03/2019

2. Vehicle Particulars & Condition

Make & Model	MAN A95	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WMAA95ZZXG7003209	Colour	GREEN
Odometer	210484	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 N/S BODY.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/03/2019	Inspection Date	29/03/2019
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:	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. SG 5757E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		1,060.00	530.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		616.00	446.00
			1,676.00	976.00
	GRAND TOTAL		1,676.00	976.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			800.00

Report Ref No. NS/INC19005778/Jsd3e2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.