

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 SIDE SWIPE

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) 20

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190422/2172

#### 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 XD6881D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

REF: NTUC NS/INC 190081445td302

REF: NTUC NS/INC 190081445td302

# 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: XD6881D

Policy No. 5086278252-02 (27/11/2018)

Claims No. MT/1045707-001

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. SMB227Z Yr Regn: 14/12/11

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

Truck / Trailer or

Make: Man A22 c.c. 1051.8

Colour: multi colour A/C: Insured / Std / NI / NA

Sp. Reading: 732647 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WMAA22ZZ(B7001201

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: 275/70R225

R: \_\_\_\_\_

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

TOYO / YOKO or Firex29

Front

Rear

R/Bal. 7 mm R/Bal. 7/7 mm

L/Bal. 7 mm L/Bal. 7/7 mm

D.O.A. 22/4/19 D.O.I. 3/5/19

Survey held at Sumt

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooflop or

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

Date / Time	Action / Instruction
	SMB 227Z - CC4 / 1900464 / Jhb 3 DOA - 10/03/2019
	XD 6881D - X
	Lump sum \$1100f (Red: 518; 32%)
	RECEIVED 29 MAY 2019

Date/Time. File Pass to?

☐ : Preli. Report

1) 29/15 Typist

☒ : Final Report

Date/Time. File Return to?

Days Of Repair: 1/2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + PS. SI

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: TP

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

1100f

160

160

eBaoTech

GeneralClaim

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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5086278252-02		SH CONSTRUCTION & BUILDING MATERIALS SUPPLIER PTE LTD	201412695E	GFT	Comprehensive	XD6881D	XD6881D	27/11/2018	

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	2292D
<b>Vehicle Details</b>	
Vehicle No.:	SMB227Z
Vehicle to be Exported:	No
Intended Deregistration Date:	22 May 2019
Vehicle Make:	MAN
Vehicle Model:	NL320F (A22)
Primary Colour:	Multi-Colour
Manufacturing Year:	2011
Engine No.:	50329355662938
Chassis No.:	WMAA22ZZ1B7001201
Maximum Power Output:	-
Open Market Value:	\$263,447.00
Original Registration Date:	14 Dec 2011
First Registration Date:	14 Dec 2011
Transfer Count:	0
Actual ARF Paid:	\$0.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Rebate Amount:	\$0.00
<b>Total Rebate Amount:</b>	<b>\$0.00</b>

The information contained herein is correct as at 22 May 2019

OK

## Denise Tay (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Thursday, 23 May 2019 1:41 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

**Samsia**  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://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](http://Income.com.sg/careers)**

**in** with you

**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Wednesday, 22 May 2019 5:02 PM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 22/5/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair ccst
1	MT/1042510-002	SMRT TAXIS	SHB 1291P	SHD 1458R	01/05/2019	4:00	6,928.20	1450.00
1	MT/1045707-001	SMRT BUSES	SMB 227Z	XD 6881D	22/4/2019	13:55	1618.00	1100

## 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	29/04/2019 14:02
Date Of Accident	22/04/2019 13:55
Exact Location Of Accident	JLN TOA PAYOH BEFORE BS60081
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB227Z
<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 SINGLE

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	MUHAMMAD HELMI BIN ALIM
NRIC No	S8623974D
Date Of Birth	20/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email 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 SIDE SWIPE

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) 20

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190422/2172

#### 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 XD6881D

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**

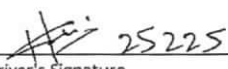
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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.



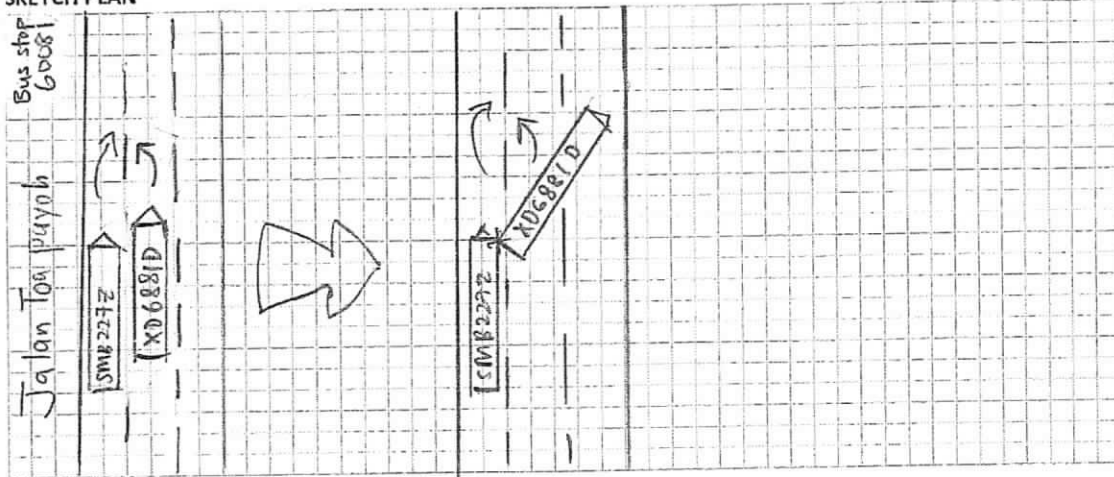
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 24 APR 2019

BS60081

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police 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.: 24 APR 2019



**SINGAPORE  
POLICE FORCE**



T/20190422/2172

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20190422/2172

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/04/2019 21:35		Vide Report No.:		Station Diary No.: 185	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HELMI BIN ALIM			Address: APT BLK 507 HOUGANG AVE 8 #06-654 SINGAPORE 530507		
ID Type / ID No.: NRIC NO / S8623974D			Contact No.: Home/Office: Mobile: 81380866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 20/08/1986	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/04/2019 13:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN-ISLAND EXPRESSWAY (JALAN TOA PAYOH) BENDEMEER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB227Z	Bus/Coach/Mi nibus					0



**SINGAPORE  
POLICE FORCE**



T/20190422/2172

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20190422/2172

CONTINUATION OF REPORT

**Brief Details.**

I am the mentioned person and is currently working as a Bus driver for SMRT.

On 22/04/2019 at about 0715hrs, I perform my duty as per normal driving my bus service number 857 bearing registration number SMB227Z and nothing is amiss.

On the same day at about 1345hrs, while travelling along Jalan Toa Payoh towards Bendemeer Road I noticed there was a lorry (Unknown registration number) was moving on my right. The said lorry then wanted to change lane to the right as it was a merging lane ahead. During that instance, the said lorry rear left portion got collided onto my bus right side mirror.

I then sounded my hon to alert the said lorry however the lorry fled from scene. There is a CCTV installed in my vehicle. I wish to state that none of my passengers were injured. In addition, I wish to state that my bus right side mirror cover was cracked.

I have not reported the matter to my company yet but have been informed on the matter. I am making this report for my company actions.



**SINGAPORE  
POLICE FORCE**



T/20190422/2172

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20190422/2172

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 SYED NAFIS BIN SYED HUSSAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SSI GOH GEOK LYE

Contact No: 65476148

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/04/2019 21:35

Classification Of Case:



## 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 : 03/05/2019

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.	\$265.00 132.5	
Total Labour	\$265.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

#### 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
6011409	BODY RH		MIRROR VIEW: FRONT R H, MAN A22 'C' SERIES	1.00	\$1,353.00	10.00	\$1,217.70	Replace	CRB
Total					\$1,353.00		\$1,217.70		

#### 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									

1618

Hwee Jie-LKK  
3/5/19  
L/S 0.5 days.  
es

9/5/19



## SMRT Accident Vehicle Repair Estimates

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

Date Generated : 03/05/2019

User ID : BoonChewTay

### Section A - Accident Details

Registration Number	SMB227Z
Case Reference Number	BUS/04/19/1064
Registration Date	14/12/2011
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Muhammad Helmi Bin Alim
Type of Accident	Side Swipe
Accident Date and Time	22/4/2019 1:54 PM
Accident Reported Date and Time	24/4/2019 4:42 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	SMB227Z - RIGHT SIDE MIRROR DAMAGED XD6881D - TP INSURED WITH NTUC - LEFT REAR PORTION DAMAGED
Prepared Date and Time	3/5/2019 9:18 AM
Chassis Number	WMAA22ZZ1B7001201
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	\$265.00	\$0.00
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$974.16	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$1,239.16</b>	<b>\$0.00</b>
<b>Lump Sum Total</b>	<b>\$1,250.00</b>	<b>\$0.00</b>
Number of Repair Days	1.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	03/05/2019 9:21 AM	
Signature	<input type="text"/>	<input type="text"/>
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

Denise

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 : 08/05/2019

User ID : CatherineLee

Section A - Accident Details	
Registration Number	SMB227Z
Case Reference Number	BUS/04/19/1064
Registration Date	14/12/2011
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Muhammad Helmi Bin Alim
Type of Accident	Side Swipe
Accident Date and Time	22/4/2019 1:54 PM
Accident Reported Date and Time	24/4/2019 4:42 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24101340
Special Instruction to ARC, if any	SMB227Z - RIGHT SIDE MIRROR DAMAGED XD6881D - TP INSURED WITH NTUC - LEFT REAR PORTION DAMAGED
Prepared Date and Time	3/5/2019 9:18 AM
Chassis Number	WMAA22ZZ1B7001201
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	\$265.00	\$132.50
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$974.16	\$974.16
Total Other Cost	\$0.00	(\$26.50)
TOTAL COST	\$1,239.16	\$1,080.16
Lump Sum Total	\$1,250.00	\$1,100.00
Number of Repair Days	1.0	0.5
Prepared / Adjusted By	Boon Chew Tay	Hwee jie
ARC / Surveyor Sign Off Date	03/05/2019 9:21 AM	03/05/2019 1:23 PM
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details			
Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

L/s \$1100/- 0.5 days





## 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 : 08/05/2019

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.	\$265.00	\$132.50
Total Labour	\$265.00	\$132.50

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

#### 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	(\$26.50)
Total Other Costs	\$0.00	(\$26.50)

#### Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6011409	BODY RH		MIRROR,VIEW:FRONT,R H,MAN A22 'C' SERIES	1.00	\$1,353.00	10.00	\$1,217.70	Replace	Replace
Total					\$1,353.00		\$1,217.70		

#### 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/INC19008142/Jtd3e2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Date: 30-05-2019	
189556			
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	XD 6881D	Veh. Inspected	SMB 227Z
Policy No.	5086278252-02	Coverage (\$)	0.00
Claim No.	MT/1045707-001	Excess (\$)	0.00
Assign From		Assign Date	03/05/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MAN A22	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	WMAA22ZZ1B7001201	Colour	MULTI COLOUR
Odometer	732647	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	22/04/2019	Inspection Date	03/05/2019
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. 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	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 227Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	CRACKED		
	MIRROR, VIEW: FRONT, RH, MAN A22 'C' SERIES		1,353.00	1,353.00
	LESS 10% DISCOUNT		-	-135.30
			1,353.00	1,217.70
	<b>LABOUR</b>			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		265.00	132.50
			265.00	132.50
<b>GRAND TOTAL</b>			<b>1,618.00</b>	<b>1,350.20</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,100.00</b>

Report Ref No. NS/INC19008142/Jtd3e2

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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