

REF:

NTUC NS/IN/19008989/3.0352

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: SHD 1393T 65563521 - Audrey

Policy No. _____

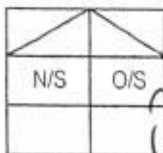
Claims No. MT/1048975-001

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 1598 X Yr Regn: 13 Jan 2015

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

Truck / Trailer or

Make: Man A22 c.c 10518

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

Sp. Reading: 329705 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA22224F7002574

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70 R22.5

R: _____

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

TOYO / YOKO or

Firenze

Front

Rear

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

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

D.O.A. 13/4/19 D.O.I. 21/5/19

Survey held at Smt

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

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

Date / Time Action / Instruction

no Policy found.

SMB 1598 X

SHD 1393T - NS/IN/17012242/mig h 322

P.O.A - 20/06/2017

13/6/19 Confirmed L/S \$1000/- 2 days of repair (Red 938, H&M)

RECEIVED 14 JUN 2019

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2) 14/5 - typist

Report Format: TP

Lump Sum / L.B. (\$) 1000/2

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

) \$ + PS. SI

) Photos

) Others

TOTAL

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Friday, 14 June 2019 12:46 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Dear Sir/Mdm

We have registered the claim

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1048975-001	SMRT BUSES LTD	SMB 1598X	SHD 1393T

D.O.A	Time of Accident	Estimate	Tentative repair cost
13/4/2019	14:35	\$1,938.00	\$1,000.00

Josephine Cheah
Snr Administrator, 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

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Friday, 14 June 2019 9:32 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1		SMRT BUSES LTD	SMB 1598X	SHD 1393T

D.O.A	Time of Accident	Estimate	Tentative repair cost
-------	------------------	----------	-----------------------

13/4/2019	14:35	\$1,938.00	\$1,000.00
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Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Tuesday, 11 June 2019 3:09 PM
To: Goh Wee Dek
Cc: SUR
Subject: RE: SMB1598X SMRT BUS DOA 13.04.19

Dear Mr Goh,

We are unable to provide the documents as per requested.

Kindly get approval from NTUC before we can release the documents.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Goh Wee Dek <weedek.goh@premiertaxi.com>
Sent: Monday, 10 June 2019 9:36 AM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Subject: SMB1598X SMRT BUS DOA 13.04.19

Dear Veron

We spoke last weeks on this case.

Can let us have the TP(SMRT) report and as well the estimate?

We need to engage our driver to file report, as our driver still insist TP(SMRT) wanted to private settle and have not go for claim.

Regards

Goh Wee Dek
Assistant Claims Manager
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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Veron Chen (LKKAUTO)

From: Goh Wee Dek <weedek.goh@premiertaxi.com>
Sent: Monday, 10 June 2019 9:36 AM
To: Veron Chen (LKKAUTO)
Subject: SMB1598X SMRT BUS DOA 13.04.19

Dear Veron

We spoke last weeks on this case.

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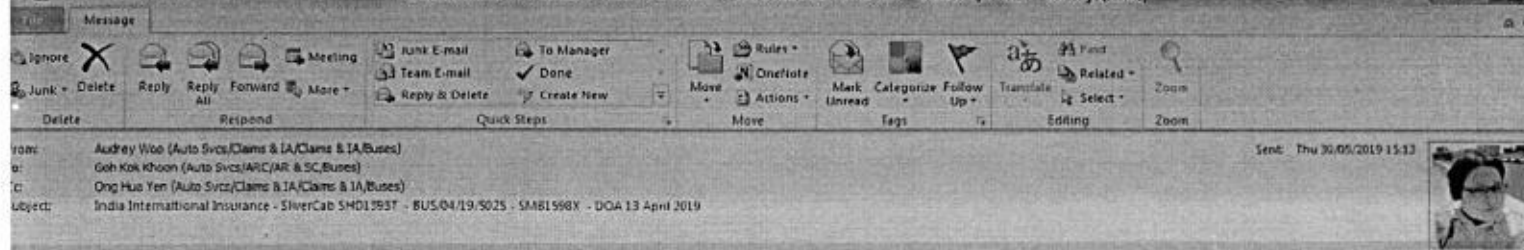
Regards

Goh Wee Dek
Assistant Claims Manager
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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 Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION



Message 20190413_154030.jpg (4 MB) 20190413_144024.jpg (4 MB) 20190413_144154.jpg (4 MB)

BUS/04/19/5025

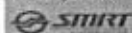
Hi Goh,

Understand from Huayen that you are checking on this case. There is no LTA search done on this case, as LTA searches will not be done once 3rd party is identified as Taxi, regardless of taxi company, to save costs.

3rd party did not report accident in this case as well. (Below email trail refer)

3rd party happened to be a silver cab SHD1393T, and should be under India International Insurance.

Audrey Woo | DID : 6556 3521 | FAX : 6481 9221 | Email : audrey@smrt.com.sg | Claims Department | 6 Ang Mo Kio Street 62 Singapore 569140



From: Jaime Tay (mailto:jaimetay@smfintcapital.com.sg)

Sent: Thursday, 30 May, 2019 2:57 PM

To: Audrey Woo (Auto Svcs/Claims & IA/Claims & IA/Buses)

Subject: RE: Request for 3rd party GIA report - SHD1393T - BUS/04/19/5025

Audrey Woo (Auto Svcs/Claims & IA/Claims & IA/Buses)

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	15/04/2019 17:36
Date Of Accident	13/04/2019 14:35
Exact Location Of Accident	CANTONMENT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1598X
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	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	VIJIAN DEVARAJU
Passport No/FIN	G7056627W
Date Of Birth	16/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2016
Driving Experience	2 YEARS AND 11 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 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) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

MY BUS WAS TURNING RIGHT FROM KEPPEL ROAD INTO CANTONMENT LINK ON THE SECOND LANE. AS THERE WAS ROADWORKS ON THE RIGHT LANE OF CANTONMENT LINK, A SILVER CAB ON THE RIGHT LANE ENCRACHED INTO MY LANE AND COLLIDED ONTO THE RIGHT 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 SHD1393T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Premier Taxi

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:

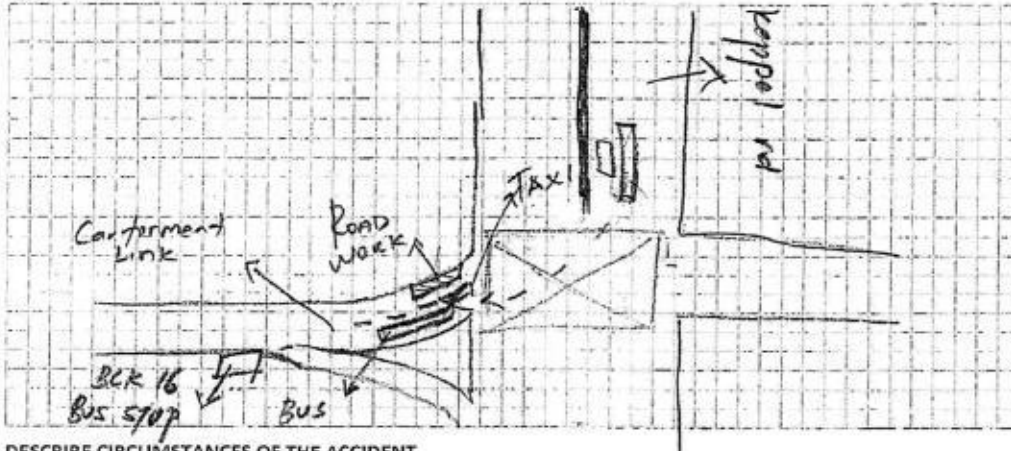
Ujan 22957

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 15 APR 2019

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:

GUATEMALA SketchPlanForm 1/3

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

Reporting Officer's Signature
Name:
NRIC/FIN No.:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	2292D

Vehicle Details

Vehicle No.:	SMB1598X
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2019
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multi-Colour
Manufacturing Year:	2014
Engine No.:	50339480253946
Chassis No.:	WMAA22ZZ4F7002574
Maximum Power Output:	-
Open Market Value:	\$248,623.00
Original Registration Date:	13 Jan 2015
First Registration Date:	13 Jan 2015
Transfer Count:	0
Actual ARF Paid:	\$0.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-

PARF Rebate Amount:	\$0.00
---------------------	--------

Intended COE Rebate Details

COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 31 May 2019

OK





SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685582
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 21/05/2019

User ID : JeongCH

Section A - Accident Details	
Registration Number	SMB1596X
Case Reference Number	BUS/04/19/5025
Registration Date	1/13/2015
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Vijan Devaraju
Type of Accident	Side Swipe
Accident Date and Time	4/13/2019 2:37 PM
Accident Reported Date and Time	4/13/2019 5:15 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24101387
Special Instruction to ARC if any	SMB1596X - RIGHT REAR PORTION DAMAGED SHD1393T - TP SILVER CAB INSURED WITH NTUC - LEFT FRONT PORTION DAMAGED
Prepared Date and Time	5/6/2019 3:49 PM
Chassis Number	WMAA22Z4F7002574
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	\$530.00
Total Spray Cost	\$878.00	\$708.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,938.00	\$1,238.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Kim Bock Sim	Hwee Jie
ARC / Surveyor Sign Off Date	09/05/2019 4:27 PM	14/05/2019 3:54 PM
Signature		
Remarks	L/S REPAIR, AFTER PAINT PHOTO	

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





SMRT Accident Vehicle Repair Breakdown

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 : 12/06/2019

User ID : CatherineLee

Section A - Accident Details	
Registration Number	SMB1598X
Case Reference Number	BUS/04/19/5025
Registration Date	13/1/2015
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Vijian Devaraju
Type of Accident	Side Swipe
Accident Date and Time	13/4/2019 2:37 PM
Accident Reported Date and Time	13/4/2019 5:15 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24101387
Special Instruction to ARC, if any	SMB1598X - RIGHT REAR PORTION DAMAGED SHD1393T - TP SILVER CAB INSURED WITH NTUC - LEFT FRONT PORTION DAMAGED
Prepared Date and Time	6/5/2019 3:49 PM
Chassis Number	WMAA22ZZ4F7002574
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	\$530.00
Total Spray Cost	\$878.00	\$708.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	(\$247.60)
TOTAL COST	\$1,938.00	\$990.40
Lump Sum Total	\$0.00	\$1,000.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Kim Bock Sim	Hwee Jie
Arc / Surveyor Sign Off Date	09/05/2019 4:27 PM	14/05/2019 3:54 PM
Signature		
Remarks		L/S REPAIR. AFTER PAINT PHOTO

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



SMRT Accident Vehicle Repair Breakdown

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 : 12/06/2019

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 RH PORTION REAR	\$1,060.00	\$530.00
Total Labour	1,060.00	\$530.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO PUTTY & RESPRAY	\$878.00	\$708.00
Total Spray Painting & Panel Beating	878.00	\$708.00

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	(\$247.60)
Total Other Costs	0.00	(\$247.60)

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	Estimator Approved	Surveyor Approved
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Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	ARC Check	Surveyor Check
-------------	---------	--------------	-----------	----------	-----------	----------------

1438

Veron Chen (LKKAUTO)

From: Hwee Jie (LKK Auto)
Sent: Thursday, 13 June 2019 4:27 PM
To: Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses)
Cc: Veron Chen (LKKAUTO)
Subject: RE: Finalisation - SMB1598X (BUS/04/19/5025) - NTUC

Hi,

Finalized L/S \$1,000/- 2days of repair.

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: Wednesday, 12 June, 2019 3:41 PM
To: Hwee Jie (LKK Auto); SUR; Admin A
Cc: Koo Yew Chung (Auto Svcs/ARC/AR & SC); AutoSvs-ARC (Bus)
Subject: Finalisation - SMB1598X (BUS/04/19/5025) - NTUC

Hi Hwee Jie,

Attached herewith our copy of the bus repair estimate for the case.
Our finalised amount is \$1,000/- @ 2 working days under lump sum 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



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/INC19008989/Jvd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-07-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1393T	Veh. Inspected	SMB 1598X
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1048975-001	Excess (\$)	0.00
Assign From		Assign Date	21/05/2019

2. Vehicle Particulars & Condition

Make & Model	MAN A22	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WMAA22ZZ4F7002574	Colour	MULTI-COLOUR
Odometer	329705	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 O/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	13/04/2019	Inspection Date	21/05/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 1598X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPAIR RH PORTION REAR.		1,060.00	530.00
	TO PUTTY & RESPRAY.		878.00	708.00
			1,938.00	1,238.00
	GRAND TOTAL		1,938.00	1,238.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,000.00

Report Ref No. NS/INC19008989/Jvd3s2

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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