

ASST. REC. BY: Stone

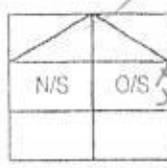
REF NS/INCI19012273/Eat32v

ASSIGNMENT

Page: _____ Date: _____
 Estimated Cost: _____
 OD: TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: PC1138A
 Policy No: _____
 Class No: MT/1053737-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SG 5756H Yr Regn: 6/6/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: MAN A9S cc: 10518
 Colour: Multi colour GREEN A/C: Insured / Std / NI / NA
 Sp. Reading: 3160 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WMAA9S22067207185
 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: 275/70R 225
 R: 4

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA PR. Sem. _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lum Cost: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date _____ Person Contacted: _____
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front SMRT Rear
 R/Bal. 6 mm R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. 2/7/19 D.O.I. 9/7/19
 Survey held at _____
 Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date	Time	Action / Instruction
		No policy found
		SG 5756H -
		PC1138A - CS3 / TSP (5018900) / Vbs 2-1
16/7/19		Final cost \$1800, 3 days cred \$1176, 40% JWA: 4/11/2015

RECEIVED 17 JUL 2019

Date/Time File Path: : Preli. Report
 : Final Report
 Days Of Repair: 3
 Resurvey No. of Trip: 1
 Add Fee: Site Insp (\$) S + RS \$
 Interview (\$) Photos
 Tech. Invs (\$) Other
 Weekend (\$)
 Report Format: TP
 Lump Sum / B.I. (\$) 1800
 Survey Fee: _____
 Transportation: _____
 TOTAL: _____

Shiau Chan (LKKAuto)

From: MTCL@income.com.sg
Sent: Wednesday, 17 July 2019 9:50 AM
To: Shiau Chan (LKKAuto)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah
Senior Admin Assistant
Motor Insurance
www.income.com.sg



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

in with you

From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 16 July 2019 3:03 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 16/07/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1053737-001	SMRT TAXIS PTE LTD	SG 5756H	PC 1138A

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

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

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	05/07/2019 11:20
Date Of Accident	02/07/2019 23:55
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI BEFORE ADAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5756H
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	MAN
Model	A95-10.5 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? YES

If No, Please state action to be taken

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-19093203MFBP
Cover Note Number	

Driver

Name of Driver	TAN LEE KIM
Passport No/FIN	F1193356N
Date Of Birth	26/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address NIL
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 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) 5

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

AS I WAS TRAVELLING ALONG THE PIE TOWARDS CHANGI BEFORE ADAM ROAD EXIT AT THE 4 LANE , SUDDENLY I FELT AN IMPACT ON MY RIGHT OF THE BUS. I ALIGHTED AND CHECKED, THERE WAS A PC1138A HAD HIT ONTO MY RIGHT PORTION OF MY BUS. THERE WAS NO INJURY.

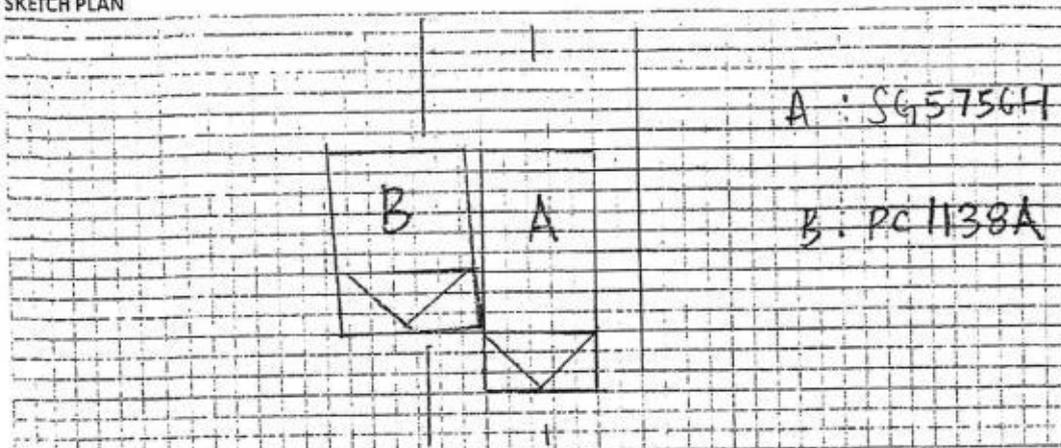
Attachment(s)

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 PC1138A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 Name of Driver CHUA HIAN SOON
 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large empty rectangular area with horizontal lines for describing the accident circumstances.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

IMPORTANT NOTICE

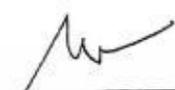
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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



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

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCR 119087465 Vehicle Registration No: S66756H
Name (as shown in NRIC) : SMART BUSES LTD NRIC/FIN/Passport No : 198202292D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 02-07-2019 Time of Accident : 23:55
Place of Accident : along PIE towards Changi before Adam Road
Insurance Company : MC First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The policy no should be D 19093203MFBP

Update Third party details & insurance company



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: ROSLISA
NRIC/FIN No.:
Date: 08-07-2019

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SG5756H		
Vehicle Type :	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1 :	Air-Conditioned		
Vehicle Scheme :	OmniBus (LTA-ARF exempted)		
Vehicle Make :	MAN		
Vehicle Model :	A95		
Chassis No. :	WMAA95ZZ0G7003185		
Propellant :	Diesel		
Engine No. :	50343150254320		
Engine Capacity :	10518 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	23100 kg		
Unladen Weight :	14900 kg		
Year Of Manufacture :	2015		
Original Registration Date :	06 Jun 2016		
Lifespan Expiry Date :	05 Jun 2033		
Road Tax Expiry Date :	05 Dec 2019		
Inspection Due Date :	05 Jun 2020		
Intended Transfer Date :	10 Jul 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(S\$)	(S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

Case Details

Case Reference Number : BUS/07/19/7007
 Type of Repair : Accident Repair
 Vehicle Registration Number : SG5756H

Company Type : SMRT Buses Ltd
 Estimation ID : EST-7611-ID
 Assigned By : Bus Claims Manager Team

Insurance Company Name : NTUC Income
 Insurance Co-operative Ltd
 Accident Date and Time : 02/07/2019 03:58 PM
 Vehicle Age(In Months) : 35

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	SMRT Recommendation							Surveyor Approval			Remarks		
			Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)		Repair/Replace	
Non-Standard	Main	GLASS		SIDE GLASS R9	1	748.00	748.00	10.00	673.20	Replace	1	0.00	Replace	✓ AR	
Standard	Main		4006314	SEALANT SIKAFLEX	6	37.00	222.00	0.00	222.00	Replace	6	222	Replace	✓ AR	
Standard	Main		4006315	ACTIVATOR	1	80.00	80.00	0.00	80.00	Replace	1	0.00	Replace	✓ AR	
Standard	Main	CONSUMABLE	4006313	PRIMER (SIKA 206 G+P)	1	80.00	80.00	0.00	80.00	Replace	1	0.00	Replace	✓ AR	
Standard	Main			STICKER SMRT	1	75.00	75.00	0.00	75.00	Replace	1	0.00	Replace	✓ AR	
Total Spare Part Cost									1,130.20			Surveyor Total	222.00		
Lump Sum Discount (%)									20.00			Lump Sum Dis (%)	20		
Final Spare Part Cost									864.00			Final Sur Total	177.60		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,325.00	795	✓
Total:			1,325.00	795.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	446.00	324	✓
Total:			446.00	324.00	

Other Cost Detail

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

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	864.00	177.60

Total Labour Cost	1,325.00	795.00
Total Spray Painting	446.00	324.00
Other	0.00	0.00
Overall Total	864.00	1,296.60
Lump Sum Repair Option		✓
Lump Sum Total	850.00	1,300.00
Surveyor Approved Amount		1,300.00
No of Repair Days*	4	3

Remarks

.

Surveyor Remarks

Surveyor Name

STEVE CHEN

Signature

[Handwritten mark]

[Handwritten signature: S Chen]
[Handwritten date: 11/7/19]

Save Clear

Survey Date

09/07/2019

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

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 : 12/07/2019

User ID : CatherineLee

Section A - Accident Details

Registration Number	SG5756H
Case Reference Number	BUS/07/19/7007
Registration Date	17/8/2016
Company Type	SMRT Buses Ltd
Make	MAN
Model	A95
Name of Driver	Tan Lee Kim
Type of Accident	Side Swipe
Accident Date and Time	2/7/2019 11:58 PM
Accident Reported Date and Time	3/7/2019 11:49 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24102341
Special Instruction to ARC, if any	SG5756H - RIGHT CENTER PORTION PC1138A (TP) - LEFT FRONT PORTION. INSURED WITH NTUC
Prepared Date and Time	9/7/2019 10:12 AM
Chassis Number	WMAA95ZZ0G7D03185
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$1,325.00	\$785.00 /
Total Spray Cost	\$446.00	\$324.00 /
Total Spare Part Cost	\$904.16	\$904.16 /
Total Other Cost	\$0.00	(\$223.80)
TOTAL COST	\$2,675.16	\$1,799.36
Lump Sum Total	\$2,700.00	\$1,800.00 /
Number of Repair Days	4.0	3.0
Prepared / Adjusted By	Kok Khoon Goh	STEVE CHEN
ARC / Surveyor Sign Off Date	09/07/2019 10:25 AM	09/07/2019 3:46 PM
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

29/7/19



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 : 12/07/2019

User ID : CatherineLee

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$1,325.00	\$795.00 /
Total Labour	\$1,325.00	\$795.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	\$446.00	\$324.00 /
Total Spray Painting & Panel Beating	\$446.00	\$324.00

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	(\$223.80)
Total Other Costs	\$0.00	(\$223.80)

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
	GLASS	G20.05.01.26	SIDE GLASS R9	1.00	\$748.00	10.00	\$673.20	Replace	Replace
4006314			SEALANT SIKAFLEX	6.00	\$37.00	0.00	\$222.00	Replace	Replace
4006315			ACTIVATOR	1.00	\$80.00	0.00	\$80.00	Replace	Replace
4006313	CONSUMABLE	SIKA® Primer-206 G+P	PRIMER (SIKA 206 G+P)	1.00	\$80.00	0.00	\$80.00	Replace	Replace
			STICKER SMRT	1.00	\$75.00	0.00	\$75.00	Replace	Replace
Total					\$1,020.00		\$1,130.20		

RR
- nrc
- nrc
- nrc
- nrc

2576

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/INC19012273/Eqf3s2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-07-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 1138A	Veh. Inspected	SG 5756H
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1053737-001	Excess (\$)	0.00
Assign From		Assign Date	09/07/2019

2. Vehicle Particulars & Condition

Make & Model	MAN A95	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WMAA95ZZ0G7003185	Colour	GREEN
Odometer	3160	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	CONTINENTAL	6 mm
L/H Front Tyre	275/70 R22.5	CONTINENTAL	6 mm
R/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm
L/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	02/07/2019	Inspection Date	09/07/2019
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:	3 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 5756H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	SIDE GLASS R9	BROKEN	748.00	748.00
	LESS 10% DISCOUNT		-	-74.80
			748.00	673.20
SPECIAL NETT ITEMS				
6	SEALANT SIKAFLEX @ \$37.00 (SN)	NECESSARY	222.00	222.00
1	ACTIVATOR (SN)	NECESSARY	80.00	80.00
1	PRIMER (SIKA 206 G+P) (SN)	NECESSARY	80.00	80.00
1	STICKER SMRT (SN)	NECESSARY	75.00	75.00
			457.00	457.00
LABOUR				
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		1,325.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		446.00	324.00
			1,771.00	1,119.00
GRAND TOTAL			2,976.00	2,249.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,800.00

Report Ref No. NS/INC19012273/Eqf3s2

CHEN TSUE YEE
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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