

Signature Steve

REF: NTUC

NS/INC20000632 / EVD352

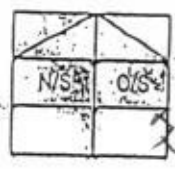
res photos

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP WS TP-RES OD-RES EVA INV MY
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SLE 7840 C
Policy No. _____
Claims No. MT/1083001-001
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 / PP. 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 5449U Yr Regn: 5/4/17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Volvo B9TL c.c. 9364
Colour: Multicolour AC: Insured / Std / NI / NA
Sp. Reading: 145433 T/Radio: Insured / Std / NI / NA
Eng/No: _____
ChNo: RV.354P9204A181649
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD / RIM or
Tyre Size: F: 275/70R22.5
R: (O)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Firm 29
Front _____ Rear _____
R/Bal. 5 mm R/Bal. 5/5 mm
L/Bal. 5 mm L/Bal. 5/5 mm
D.O.A. 27/8/19 D.O.I. 9/11/20
Survey held at SMRT
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear RH
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SG 5449U - x</u>
	<u>SLE 7840 C - CS/EG3 16016579 / Dyby 2</u>
	<u>No policy found</u>
<u>5/2/20</u>	<u>Finalize \$982, 2 days (calm)</u>
	<u>(Red 1400, 5970)</u>

RECEIVED 06 FEB 2020

Date/Time, File Pass to? ☐ : Proll. Report
☐ : Final Report

Days Of Repair: 2
Resurvey No. of Trip: 1

Survey Fee:

Transportation:
S + RS, SI
Riggle
Others

2) 6/2 - typist

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

TOTAL

Report Format: TP
Lump Sum / I.B.I: (\$) 962/2

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 5 February 2020 11:19 AM
To: Veron Chen (LKKAUTO)
Subject: RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Please refer below

Best regards

Diana Tay
Senior Admin Assistant
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: Wednesday, 5 February 2020 10:01 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1083001-001	SMRT BUSES LTD	SG 5449U	SLE 7840

D.O.A	Time of Accident	Estimate	Tentative repair cost
27/8/2019	17:00	\$2362.00	\$962.00

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.

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	28/08/2019 15:50
Date Of Accident	27/08/2019 17:00
Exact Location Of Accident	JUNCTION OF ORCHARD TURN & ORCHARD BOULEVARD (AFT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5449U
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	1XXXXX292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	VOLVO
Model	VOLVO B9TL DD

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-19093203MFBR
Cover Note Number	

Driver

Name of Driver	TAN MING SING
NRIC No	SXXXX534I
Date Of Birth	17/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1993
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address • NO ADDRESS

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) 45

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

On 27/08/2019 at around 1700hrs, while my bus SG5449U was turning right from Orchard Turn into Orchard Boulevard (after BS09023- Opp Orchard Stn/ION), my bus right rear portion was hit by a private car (SLE7840C) left front portion. No injury reported. I continue revenue service after exchanging particulars with the 3rd party driver. Bus right rear body scratches. Private car left front body scratches. That's all.

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 SLE7840C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEE YUN CHAO DANIEL

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver) •

IMPORTANT NOTICE

SKETCH PLAN

SG 50497 U
PART - 45
E06/08/17/COSS

1. Please report **exactly** the details of the accident to speed up the claims process.
2. This form must be completed by the **Poleholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurers to compare to immediate policy liability.
4. The sign and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any data reporting may be referred to the police for investigation.**
6. The report will be forwarded by the insurers of 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 afterwards.
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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurers' Lawyer/Law Firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes) 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me relating about delivery of the same as well as on the external cover of electronic mail packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurers who have insured vehicles involved in this accident and the Insurers' Lawyer/Law Firm, 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/are disclosed by any of the insurers and/or GIA to their third party service providers or agents/including their Lawyer/Law Firm, which may be sent 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 collected under (c) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulation, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time



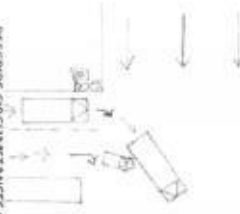
Insurer's Signature
(It does not need to be the driver's)
Date & Time

[Signature]

Reporting Centre/Insurer's Signature
Name: *Lin Seng Kee*
NRIC/ID No: *779206150*



SKETCH PLAN



Section of Orchard Turn & Orchard Boulevard.
(after E.S. 6622 - opp Orchard Station).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION OF U.S.

We declare that the foregoing particulars are true in every respect.



Probe/Probe's Signature
Date: 8/1/2000

Driver's Signature
(if different from the policyholder)
Date & Time

2008-08-28

Department of Chemistry, University of Illinois,
Urbana, Illinois 61801



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	292D

Vehicle Details

Vehicle No.:	SG5449U
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jan 2020
Vehicle Make:	VOLVO
Vehicle Model:	B9TL 9.4L AUTO TURBO ABS
Primary Colour:	Multicolor
Manufacturing Year:	2016
Engine No.:	D9195699
Chassis No.:	YV3S4P920HA181649
Maximum Power Output:	-
Open Market Value:	\$505,887.00
Original Registration Date:	05 Apr 2017
First Registration Date:	05 Apr 2017
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 10 Jan 2020

OK



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 : 09/01/2020

User ID : KimBock

Section A - Accident Details

Registration Number	SG5449U
Case Reference Number	BUS/08/19/5053
Registration Date	4/5/2017
Company Type	SMRT Buses Ltd
Make	VOLVO B9TL DD
Model	VOLVO
Name of Driver	TAN MING SING
Type of Accident	Side Swipe
Accident Date and Time	8/27/2019 5:00 PM
Accident Reported Date and Time	8/27/2019 6:45 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	SG5449U-RIGHT REAR PORTION SLE7840C (TP) INSURED WITH NTUC
Prepared Date and Time	1/9/2020 11:49 AM
Chassis Number	YV354P920HA181649
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	\$1,590.00	\$0.00
Total Spray Cost	\$772.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$2,362.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	09/01/2020 11:54 AM	
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

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


10/1/2020

STEVE (LKK)

WHL PM

9/1/20, 2:00pm

2 days

P/P

My AC sy



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63885592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 04/02/2020

User ID : CatherineLee

Section A - Accident Details

Registration Number	SG5449U
Case Reference Number	BUS/08/19/5053
Registration Date	5/4/2017
Company Type	SMRT Buses Ltd
Make	VOLVO B9TL DD
Model	VOLVO
Name of Driver	TAN MING SING
Type of Accident	Side Swipe
Accident Date and Time	27/8/2019 5:00 PM
Accident Reported Date and Time	27/8/2019 6:45 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	24105245
Special Instruction to ARC, if any	SG5449U-RIGHT REAR PORTION SLE7840C (TP) INSURED WITH NTUC
Prepared Date and Time	9/1/2020 11:49 AM
Chassis Number	YV3S4P920HA181649
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	\$1,590.00	\$530.00
Total Spray Cost	\$772.00	\$432.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$2,362.00 <i>2362</i>	\$962.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Kim Boek Sim	STEVE CHEN
ARC / Surveyor Sign Off Date	09/01/2020 11:54 AM	10/01/2020 11:31 AM
Signature	*	<i>Steve</i>
Remarks		P/P

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 : 04/02/2020

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 REAR PORTION RH	\$1,590.00	\$530.00 ✓
Total Labour	\$1,590.00	\$530.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO PUTTY & RESPRAY	\$772.00	\$432.00 ✓
Total Spray Painting & Panel Beating	\$772.00	\$432.00

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									

2362#




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/INC20000632/Evd3s2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 06-02-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLE 7840C	Veh. Inspected	SG 5449U
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1083001-001	Excess (\$)	0.00
Assign From		Assign Date	09/01/2020
2. Vehicle Particulars & Condition			
Make & Model	VOLVO B9TL	c.c	9364
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	YV3S4P920HA181649	Colour	GREEN
Odometer	145433	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	FIRENZA	5 mm
L/H Front Tyre	275/70 R22.5	FIRENZA	5 mm
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	5/5 mm
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	5/5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/08/2019	Inspection Date	09/01/2020
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 5449U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPAIR REAR PORTION RH.		1,590.00	530.00
	TO PUTTY & RESPRAY.		772.00	432.00
			2,362.00	962.00
	GRAND TOTAL		2,362.00	962.00
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			962.00

Report Ref No. NS/INC20000632/Evd3s2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.