

ASS. REC. BY: Sun Pin.

REF:

NTUC NS/INC20001287 / Qvd352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/DWS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHC 6035A

Policy No. _____

Claims No. MT/1079740-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMB 1598X Yr Regn: 13/01/2015

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

Truck / Trailer or

Make: MAN NL320F (A22) c.c. 10518Colour: Multicolour A/C: Insured / Std / NI / NASp. Reading: 386521 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA222Z4F7002574

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 215 / 70 R22.5R: 215 / 70 R22.5

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

TOYO / YOKO or

Front Rear

R/Bal. 5 mm R/Bal. 5/5 mmL/Bal. 5 mm L/Bal. 5/5 mmD.O.A. 12/01/2020 D.O.I. 20/01/2020Survey held at SMRT.

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

rear O/S

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

Date / Time Action / Instruction

No policy found

SMB 1598X - NS/INC19008989 / Qvd352

D.O.A. 13/01/2015

SHC 6035A - CC3/A14/3000868 / Hlsb3002

D.O.A. 10/01/2013

RECEIVED 12 FEB 2020

11/2/20 Confirm with Catherine

Finalize \$3,700 @ 2 days (L/S) (Ref 1988.50, 3590)

Date/Time, File Pass to? ☐ : Prell. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 12/2 - typist

Report Form: TPLump Sum / L.B. / 3700/-Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 12 February 2020 3:03 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created

With Regards

Veron Chen (LKKAUTO)

Samsia
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: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, 12 February 2020 9:24 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 |
|------|------------------|---------------------------------|----------------------|----------------|
| 1 | MT/1079740-002 | SMRT BUSES LTD | SMB 1598X | SHC 6035A |

| D.O.A | Time of Accident | Estimate | Tentative repair cost |
|-----------|------------------|-----------|-----------------------|
| 12/1/2020 | 10:15 | \$5688.50 | \$3700.00 |

Sent: Wednesday, 12 February 2020 9:24 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Best Regards,

Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd

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

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.

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recipient(s)
delete all copies

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 | 18/01/2020 11:41 |
| Date Of Accident | 12/01/2020 10:15 |
| Exact Location Of Accident | BS:42119-UPP BUKIT TIMAH ROAD-SOUTHAVEN II |
| 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 | 1XXXXX292D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-80000000 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MAN |
| Model | MAN NL320F (A22) |
| 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-19093203MFBP |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | XIAO LONG |
| Passport No/FIN | GXXXX432R |
| Date Of Birth | 02/02/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/11/2018 |
| Driving Experience | 1 YEAR AND 1 MONTH |
| 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) 10

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

When my bus SMB1598X was stationary at Upp Bt Timah Rd (BS:42119, Southhaven II), a Silvercab taxi (SHC6035A) had hit onto the right rear body portion of bus. No injuries reported. Damages: Bus - Right rear body dented and right rear signal light cover broken. Silvercab Taxi damage- Left front fender dented and 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 SHC6035A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver ONG THIAM HOCK
 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

SMB1598X

Part 10

Bus/01/20/5027

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:

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



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

SKETCH PLAN

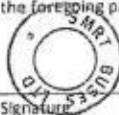


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a small tab at the top center, suggesting it might be part of a binder. The paper appears slightly aged or off-white.

DECLARATION

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



Policyholder's Signature _____

Data & Time:

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

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

Date & Time:



Reporting Centre Personnel'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: | 292D |
| Vehicle Details | |
| Vehicle No.: | SMB1598X |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 21 Jan 2020 |
| Vehicle Make: | MAN |
| Vehicle Model: | NL 320F (A22) 11L AUTO ABS TURBO |
| Primary Colour: | Multicolor |
| 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 21 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 : 20/01/2020

User ID : KimBock

Section A - Accident Details

| | |
|------------------------------------|--|
| Registration Number | SMB1598X |
| Case Reference Number | BUS/01/20/5027 |
| Registration Date | 1/13/2015 |
| Company Type | SMRT Buses Ltd |
| Make | MAN |
| Model | A22 |
| Name of Driver | Xiao Long |
| Type of Accident | Side Swipe |
| Accident Date and Time | 1/12/2020 10:15 AM |
| Accident Reported Date and Time | 1/12/2020 1:45 PM |
| Is Surveyor Required? | No |
| Survey by | |
| Vehicle is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24105396 |
| Special Instruction to ARC, if any | SMB1598X-RIGHT REAR PORTION SHC6035A (TP) INSURED WITH NTUC |
| Prepared Date and Time | 1/20/2020 2:12 PM |
| Chassis Number | WMAA22Z24F7002574 |
| 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 | \$538.00 | \$0.00 |
| Total Spare Part Cost | \$2,373.35 | \$0.00 |
| Total Other Cost | \$0.00 | \$0.00 |
| TOTAL COST | \$4,501.35 | \$0.00 |
| Lump Sum Total | \$0.00 | \$0.00 |
| Number of Repair Days | 3.0 | |
| Prepared / Adjusted By | Kim Bock Sim | |
| ARC / Surveyor Sign Off Date | | |
| Signature | x | x |
| Remarks | | |

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--|----------------|--|
| Quotation Number | | Invoice Number | |
| Quotation Date | | Invoice Date | |
| Invoice Amount | | Prepared Date | |



SMRT Accident Vehicle Repair Estimates

| |
|---|
| SMRT Automotive Services Pte Ltd |
| 60 Woodlands Industrial Park E4, Singapore 757705 |
| FAX Number : 63685592 |
| Estimator Telephone Number : 68662623 |
| Accident Reporting Number : 68662672 |


Date Generated : 10/02/2020

User ID : CatherineLee

Section A - Accident Details

| | |
|------------------------------------|--|
| Registration Number | SMB1598X |
| Case Reference Number | BUS/01/20/5027 |
| Registration Date | 13/1/2015 |
| Company Type | SMRT Buses Ltd |
| Make | MAN |
| Model | A22 |
| Name of Driver | Xiao Long |
| Type of Accident | Side Swipe |
| Accident Date and Time | 12/1/2020 10:15 AM |
| Accident Reported Date and Time | 12/1/2020 1:45 PM |
| Is Surveyor Required? | Yes |
| Survey by | |
| Vehicle is Towed Back? | No |
| Towed Back Date and Time | |
| Replacement Vehicle issued? | No |
| Job Card Number | 24105396 |
| Special Instruction to ARC, if any | SMB1598X-RIGHT REAR PORTION SHC8035A (TP) INSURED WITH NTUC |
| Prepared Date and Time | 20/1/2020 2:12 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 | \$1,590.00 | \$1,060.00 |
| Total Spray Cost | \$708.00 | \$538.00 |
| Total Spare Part Cost | \$2,441.16 | \$2,441.16 |
| Total Other Cost | \$0.00 | (\$319.60) |
| TOTAL COST | \$4,739.16 | \$3,719.56 |
| Lump Sum Total | \$0.00 | \$3,700.00 |
| Number of Repair Days | 3.0 | 2.0 |
| Prepared / Adjusted By | Kim Bock Sim | Sun Pin (LKK) |
| ARC / Surveyor Sign Off Date | 20/01/2020 2:22 PM | 20/01/2020 5:19 PM |
| Signature | x |  |
| Remarks | | |

Section C - Quotation and Accident Invoice Details

| | | | |
|------------------|--|----------------|--|
| Quotation Number | | Invoice Number | |
| Quotation Date | | Invoice Date | |
| Invoice Amount | | Prepared Date | |



SMRT Accident Vehicle Repair Estimates

| |
|---|
| SMRT Automotive Services Pte Ltd |
| 60 Woodlands Industrial Park E4, Singapore 757705 |
| FAX Number : 63685592 |
| Estimator Telephone Number : 68662623 |
| Accident Reporting Number : 68662672 |

Date Generated : 10/02/2020

User ID : CatherineLee

Section D - Details of Repair Estimates

Part 1 - Labour Works

| Job Scope | Quotation from AR | Adjusted by Surveyor, if applicable |
|---|-------------------|-------------------------------------|
| TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. | \$1,590.00 | \$1,060.00 |
| Total Labour | \$1,590.00 | \$1,060.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------------|--------------------|-------------------------------------|
| TO PUTTY & RESPRAY | \$708.00 | \$538.00 |
| Total Spray Painting & Panel Beating | \$708.00 | \$538.00 |

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 | (\$319.60) |
| Total Other Costs | \$0.00 | (\$319.60) |

Part 4 - Spare Parts / Material Usage

| Part Number | Portion | Stock Number | Part Name | Quantity | List Price (\$) | Discount (%) | Final Price (\$) | Estimator Approved | Surveyor Approved |
|-------------|---------|---------------|---|----------|-----------------|--------------|------------------|--------------------|-------------------|
| 6010299 | VE | 88-25320-6008 | LAMP,INDICATOR,LED (MAN BUS) | 1.00 | \$1,274.10 | 10.00 | \$1,146.69 | Replace | Replace <i>ru</i> |
| 6010298 | VE | 88-25225-6039 | LAMP,STOP,LED (MAN BUS) | 1.00 | \$1,141.70 | 10.00 | \$1,027.53 | Replace | Replace <i>ca</i> |
| 6010062 | Body | F01001-CW273 | COVER,REAR TAIL LAMP,RH,FOR MAN A22 BUS | 1.00 | \$874.70 | 10.00 | \$787.23 | Replace | Replace <i>ru</i> |
| Total | | | | | \$3,390.50 | | \$3,051.45 | | |

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 | | | | | | | | | |

5688.50%

$$P = 3,051.45$$

$$L = 1,548$$

$$4,649.45$$

$$- 20\%$$

$$3,719.56$$

$$LIS = \$ 3,700$$

2 days

Oi Sun Pin (LKK Auto)

From: Oi Sun Pin (LKK Auto)
Sent: Tuesday, 11 February, 2020 9:54 AM
To: 'Catherine Lee Sau Chan (Auto Svcs/ARC/ARC/Buses)'
Subject: RE: Finalisation - SMB1598X (BUS/01/20/5027) - NTUC

Hi Catherine.

Confirm the finalize amount \$3,700. Repair day 2 days under lump sum repair.

Thank you.

Best Regards,

Oi Sun Pin | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: Sunpin@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/ARC/Buses) [<mailto:catherineleesc@smrt.com.sg>]
Sent: Tuesday, 11 February, 2020 8:32 AM
To: Oi Sun Pin (LKK Auto); SUR; Admin A
Cc: Koo Yew Chung (Auto Svcs/ARC/ARC); AutoSvs-ARC (Bus)
Subject: Finalisation - SMB1598X (BUS/01/20/5027) - NTUC

Hi Sun Pin,

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

Our finalised amount is \$3,700/- @ 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






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/INC20001287/Qvd3s2 | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 13-02-2020 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHC 6035A | Veh. Inspected | SMB 1598X | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | MT/1079740-002 | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 20/01/2020 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | MAN NL 320F (A22) | c.c | 10518 | |
| Engine No. | HIDDEN | Year of Reg. | 2015 | |
| Chassis No. | WMAA22ZZ4F7002574 | Colour | MULTI-COLOUR | |
| Odometer | 386821 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 275/70 R22.5 | BRIDGESTONE | 5 mm | |
| L/H Front Tyre | 275/70 R22.5 | BRIDGESTONE | 5 mm | |
| R/H Rear Tyre | 275/70 R22.5 (D) | BRIDGESTONE | 5/5 mm | |
| L/H Rear Tyre | 275/70 R22.5 (D) | BRIDGESTONE | 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 | 12/01/2020 | Inspection Date | 20/01/2020 | |
| 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. SMB 1598X

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|-----------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | LAMP, INDICATOR: LED (MSN BUS) | CRUSHED | 1,274.10 | 1,274.10 |
| 1 | LAMP, STOP: LED (MAN BUS) | CRACKED | 1,141.70 | 1,141.70 |
| 1 | COVER: REAR TAIL LAMP, RH, FOR MAN A22 BUS | CRUSHED | 974.70 | 974.70 |
| | LESS 10% DISCOUNT | | - | -339.05 |
| | | | 3,390.50 | 3,051.45 |
| LABOUR | | | | |
| | TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. | | 1,590.00 | 1,060.00 |
| | TO PUTTY & RESPRAY. | | 708.00 | 538.00 |
| | | | 2,298.00 | 1,598.00 |
| GRAND TOTAL | | | 5,688.50 | 4,649.45 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 3,700.00 |

Report Ref No. NS/INC20001287/Qvd3s2

OI SUN PIN

Asst. 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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