

ASS. REC. BY: Taufiq

REF:

IN (

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident 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: SR56497L Yr Regn: 2014 IN-01

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

Truck / Trailer or

Make: Mercedes Benz Citaro c.c. 6574

Colour: Green A/C: Insured / Std / NI / NA

Sp. Reading: 372922 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WER 62 808 323 125479

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R 22.5

R: ~ ~ (D)

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. _____ D.O.I. 8/9/20

Survey held at Layang Bus Rept

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

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

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS \$ _____
Photos _____
Others _____

Rep. Format: _____

Lump Sum / L.B.I. C: _____

Date: 07th Sept 2020

Quotation No.: Q20-OPS-1426

NTUC Income Insurance Co-operative Ltd
73 Bras Basah Road
#05-01 NTUC Trade Union House
Singapore 189556

by email: MTSurvey@income.com.sg

Attention: Motor Claims Department

Dear Sir/ Mdm

Quotation: Accident Repair for SBS6497L

We are pleased to submit herein, our quotation for your consideration.

S/N	Description	UOM	Unit Price	Total Price
1	Supply skilled labour with sealant material to - replace Exit door No. 3 glass - replace Exit door No. 4 glass Supply skilled labour to - Exit door body frame - Exit door No.3 rubber assembly - Exit door No.4 rubber assembly	2 days	\$880.00	\$1,760.00 X
2	Supply skilled painter & paint material to spraypaint - front LHS wheelarc panel - front LHS bodypanel - rear LHS wheelarc panel - rear LHS 2 nd last bodypanel - rear LHS last bodypanel - rear LHS bumper - LHS lower skirting (front>> rear)	8 Items (3 days)	\$500.00	\$4,000.00 2500
3	Supply skilled electrician to replace - 4x marker lamp	1 days	\$500.00	\$500.00 100
4	Door glass No. 3	1 pc	\$1,744.47	\$1,744.47 X
5	Door glass No. 4	1 pc	\$1,744.47	\$1,744.47 X
6	Door frame	1 pc	\$1,802.02	\$1,802.02 X
7	Door Seal	1 pc	\$534.73	\$534.73 X
8	No.3 Door Rubber "C"	1 pc	\$793.78	\$793.78 X
9	No.3 Door Rubber "I"	1 pc	\$1,426.59	\$1,426.59 X
10	No.4 Door Rubber "C"	1 pc	\$793.78	\$793.78 X

LexBuild International Pte. Ltd.

11 Tuas Bay Close, #04-01/02 West Star,
Singapore 636996
Tel (65) 6456 3533, Fax: (65) 6456 3353
Website: www.LexBuild.com, Email: operations@LexBuild.com



ROC / CR / GST Reg No 200004370R

S/N	Description	UOM	Unit Price	Total Price
11	No.4 Door Rubber "T"	1 pc	\$1,426.59	\$1,426.59 X
12	Marker Lamp	4 7 pcs	\$145.20	\$726.00 <i>cm ✓</i>
13	Tree nail (2 pcs / marker lamp)	8 10 pcs	\$4.36	\$43.60 <i>REC ✓</i>
14	Sticker for SG<3Bus & Go-Ahead Singapore	2 pcs	\$50.00	\$100.00 <i>80</i>
Sub - Total				\$ 17,396.03
7% GST				\$ 1,217.72
Total				\$ 18,613.75

Terms and Conditions:

Payment Terms : COD

Quotation Validity: 30 days

Lead Time : 6 working days

Price quoted subject to 7% GST



Tien Yong Shun
Assist Ops Manager

*Taufik 97495749 / 67418437
- WP - 8/9/20.*

P/P Resurvey after repair.

*3 days
taufik@lkbands.com*

Approval by _____

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:

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	01/09/2020 13:10
Date Of Accident	29/08/2020 09:40
Exact Location Of Accident	UPP S'GOON RD X JLN RENGKAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6497L
Insured/Policyholder	
Name Of Registered Owner	GO AHEAD SINGAPORE PTE LTD
Co Reg No	2XXXXX900C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63847169
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CITARO O530-6.4 L AT TURBO ABS (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL PURPOSE
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19094111MFBP
Cover Note Number	
Driver	
Name of Driver	DAI YONG
Work Permit No	GXXXX420T
Date Of Birth	27/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/09/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83227897
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address 482 PASIR RIS DR 4
 #11-381
 Postcode 510482
 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) 11

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

WHILST TRAVELLING ON THE EXTREME LEFT LANE OF A 3-LANE RD TOWARDS B/S 63049 • GLAD TIDINGS CH ALONG UPP S'GOON RD, A GREY TOYOTA CAMRY 2.0 AUTO DASHED OUT OF THE PARALLEL PARKING LOT WITHOUT CHECKING WHERE THE TOYOTA'S FRONT RIGHT FENDER COLLIDED ON TO THE MIDDLE PANEL OF MY BUS

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: DIFFERENT FORMAT
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SFK6500E
 Vehicle Make/Model/Colour GREY TOYOTA CAMRY 2.0 AUTO
 Details Of Properties FRONT RIGHT FENDER
 Vehicle Category PRIVATE CAR
 Name of Driver LEE ENG HAM
 NRIC/Passport Number
 Contact Number 96281373
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

