


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 : 09/10/2024

User ID : choonhwee03

Section A - Accident Details	
Registration Number	SMB1306Y
Case Reference Number	BUS/10/24/5007
Registration Date	1/29/2013
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN NL320F(A22)
Name of Driver	Wang ZhaoYun
Type of Accident	Side Swipe
Accident Date and Time	10/3/2024 10:43 AM
Accident Reported Date and Time	10/4/2024 4:21 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	Bus damage: Right view mirror dislodged TP: XD8188J - 3P insured with Lompac Insurance 04.10.2024 (KC) Pend Gears 04.10.2024 (KC)
Prepared Date and Time	10/7/2024 8:39 AM
Chassis Number	WMAA22ZZ0D7001726
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	\$265.00	\$0.00
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$896.33	\$0.00
Total Other Cost	\$200.00	\$0.00
TOTAL COST	\$1,361.33	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	1.0	
Prepared / Adjusted By	Kok Khoon Goh	
ARC / Surveyor Sign Off Date	07/10/2024 8:41 AM	
Signature		<input checked="" type="checkbox"/>
Remarks		

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

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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.	\$265.00	132.50
Total Labour	\$265.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	\$200.00	1100 / 100
Total Other Costs	\$200.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010161	BODY RH	4001M01-ACCE467	MIRROR,VIEW.FRONT,R H,FOR MAN	1.00	\$1,244.90	10.00	\$1,120.41	Replace	DP
Total					\$1,244.90		\$1,120.41		

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									

Stew (LKK)
10/10/24, 11.12am
m R
1 day
L/5

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 Actual 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 First Submission	04/10/2024 16:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 10:43 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TPE towards SLE before exit 13.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1306Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	MAN NL320F(A22)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	10815
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102273MFBP

DRIVER



Name of Driver	Wang ZhaoYun
Passport No/FIN	GXXXX636L
Date Of Birth	14/02/1985
Occupation	Outdoor
Driving Pass Date	08/04/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-BARC@smrt.com.sg
Address	60 WOODLANDS INDUSTRIAL PARK E4 757705
Address complement	-
Postcode	757705
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20241003/7076
 On the above mentioned time, date & place, I had a traffic accident which the lorry trailer behind me tried to overtake my bus and the left rear side of the said trailer hit my bus right side mirror.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8188J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.



4.10.2024

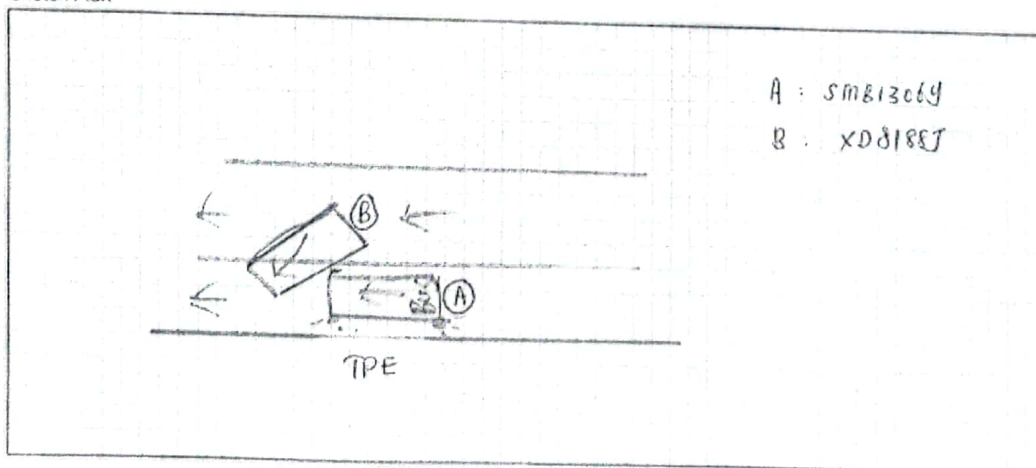


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC card)

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report No: T/20241003/7076

Declaration

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



Policyholder's Signature / Date & Time

12/ 4.10.2024

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



Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)



**SINGAPORE
POLICE FORCE**



T/20241003/7076

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20241003/7076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2024 17:09			Vide Report No.: F/20241003/0078		Station Diary No.:	
Informant's Particulars						
Name of Informant: WANG ZHAOYUN			Address: 407 FAJAR ROAD #9-321 SINGAPORE 670407			
ID Type / ID No.: FIN NO / G2423636L			Contact No.: Home/Office:		Mobile: 86722678	
Nationality: CHINESE			Email: ZHAOYUNW985@ICLOUD.COM			
Sex: Male	Age: 39	Date of Birth: 14/02/1985	Type of Informant: BUS DRIVER			
Race: Chinese			Language: English			
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2024 10:43	Type of Location: Straight Road
Location: TPE (SLE) 13KM				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD8188J	Lorry	ISUZU		Green		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241003/7076

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

Report No. T/20241003/7076

CONTINUATION OF REPORT

Driver		ID No.	
Name	Unknown Driver		NIL
Related Vehicle		Contact No.	
	NIL		NIL
Hospital/Clinic		Class of Driving Licence & Expiry Date	
	NIL		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
BUS DRIVER			
Name		ID No.	
	WANG ZHAOYUN		G2423636L
Related Vehicle		Contact No.	
	NIL		86722678
Hospital/Clinic		Class of Driving Licence & Expiry Date	
	NIL		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned time, date and place, i had an traffic accident, which the lorry trailer behind me tried to overtake me but the lorry trailer rear left side hit my right side mirror.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000



T/20241003/7076

3 of 3

Report No. T/20241003/7076

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
03/10/2024 17:09

Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 3
NP168