

## Hsiao Tong (LKKAuto)

**From:** Karen Chan Siau Chin (StridesASvcs/Ins & Claims/Bus)  
<SiauChin.Chan@stridespremier.com.sg>  
**Sent:** Monday, 12 August 2024 5:21 PM  
**To:** Claims Dept of CTI  
**Cc:** Tan Wei Teck (StridesASvcs/Ins & Claims/Bus); Chong Fei Yuan (Strides Automotive Services Pte Ltd); Balqish Binte Abdul Halil (StridesASvcs/Ins & Claims/Bus)  
**Subject:** OUR REF:BUS/07/24/5015(CHINATAIPING)- ACCIDENT ON 06.07.2024 INVOLVING SG5874A AND SLZ4581J ALONG Junction of Bukit Batok West Ave 5 and Bukit Batok West Ave 2  
**Attachments:** BUS INVOICE.pdf; GEARS.pdf; BUS SAS.pdf

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WITHOUT PREJUDICE

Dear Sirs,

We claim on behalf of SMRT Buses Ltd, owner of the vehicle registration number SG5874A. Your client's negligent driving has caused the above accident. As a result, my client has suffered the following losses:

Cost of Repair	\$ 14,606.00
Loss of Use	\$ 2,100.00 (6 days x \$350.00/day)
Gears	\$ 2.18
<b>Total</b>	<b>\$16,708.18</b>

We enclose the following documents,

- 1) Repair invoice
- 2) GIA Report
- 3) Gears Search

We look forward to your confirmation to settle our claims within 15 days from the date of this email. Payment by cheque shall be crossed and made payable to SMRT Buses Ltd.

Best Regards,  
Karen Chan  
Claims Department  
Tel: 6556 3523

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recipient, please do not disclose, disseminate, circulate, copy or use any of the information contained in this email. Please notify us immediately and delete the email and destroy any printed copy.

Customer Code: 3000066

SMRT BUSES LTD

Block Unit

209 KRANJI ROAD  
SINGAPORE 739484

## Tax Invoice

GST Reg No. : M200951557  
CRN : 199004280Z  
Invoice No. : IV240800072  
Date : 08.08.2024  
Vehicle No. : SG5874A  
Your Ref No. : BUS/07/24/5015  
Our Ref No. : 24121807  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 13,400.00

TOTAL BEFORE GST	\$	13,400.00
ADD GST @ 09 %	\$	1,206.00
GRAND TOTAL	\$	14,606.00

Remark :

Make/Model : MAN A95  
Accident Date : 06.07.2024

### Payment Instructions

By Cheque: Crossed and made payable to "Strides Premier Automotive Services Pte. Ltd." with invoice no. indicated on the reverse side. No receipt will be issued unless requested.

### By Bank Transfer:

Account Name : Strides Premier Automotive Services Pte. Ltd.  
Bank Name : DBS Bank Ltd - SGD  
Bank Account No.: 018-008617-4  
Swift Code : DBSSSGSG

*Garvin Rozario*

Garvin Rozario (Aug 11, 2024 14:25 GMT+8)

Authorised Signature

for Strides Premier Automotive Services Pte. Ltd.


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLZ4581J

Date of Accident

06/07/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... China Taiping Insurance (Sing...

Period of Insurance ..... 03/05/2024 - 02/05/2025

Requested By ..... BALQISH BINTE ABDUL HALIL (...)

Requested Date ..... 08/07/2024 16:32

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

## 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 .....	09/07/2024 12:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	06/07/2024 23:00 (SGT)
Exact Location of Accident .....	303 Bukit Batok Street 31, Singapore 650303
Additional Location Information .....	Junction of Bukit Batok West Ave 5 and Bukit Batok West Ave 2 after BS: 40371 (opp Blk465A)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SG5874A
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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 .....	Ng363f
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 .....	10518

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	

#### DRIVER

Name of Driver .....	CHOW NYUK FATT
NRIC No .....	SXXXXX282F
Date Of Birth .....	

Occupation .....	Outdoor
Driving Pass Date .....	[REDACTED]
Driving experience .....	28 YEARS AND 9 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
Address complement .....	SINGAPORE
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 .....	Collision - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Report No. T/20240707/2015

On 06/07/2024 at about 2300hrs, I was driving my SMRT Bus Service No 991, license plate number bearing SG5874A along Bukit Batok West Ave 5 towards Bukit Batok Road. My bus was on lane 2/3. I stopped my bus before the red traffic light. While waiting for the traffic to turn green light, I felt an impact at the rear of my bus. I alighted the bus to make a checked. I saw the car bearing SLZ4581J had collided at the rear of my bus. I knocked on the car's window but the driver and the passenger did not respond to me. None of my passengers were injured. As such, I reported to my SMRT BOCC who assisted me to call for police. The police arrived and interviewed me. I was issued with a case card and advised to lodge a police report. The bus was installed with in-car camera.

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLZ4581J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	UNKNOWN CHINESE
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	UNKNOWN CHINESE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	24
Injuries Sustained .....	Sustained right ankle swollen
Injured person in which vehicle? .....	SLZ4581J
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	UNKNOWN CHINESE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	24
Injuries Sustained .....	Right side of the chest and rib cage in pain and cuts on his forehead
Injured person in which vehicle? .....	SLZ4581J
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

Bur107/24/5015

70141-565874A-

**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 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.



*[Signature]*

8.7.2024

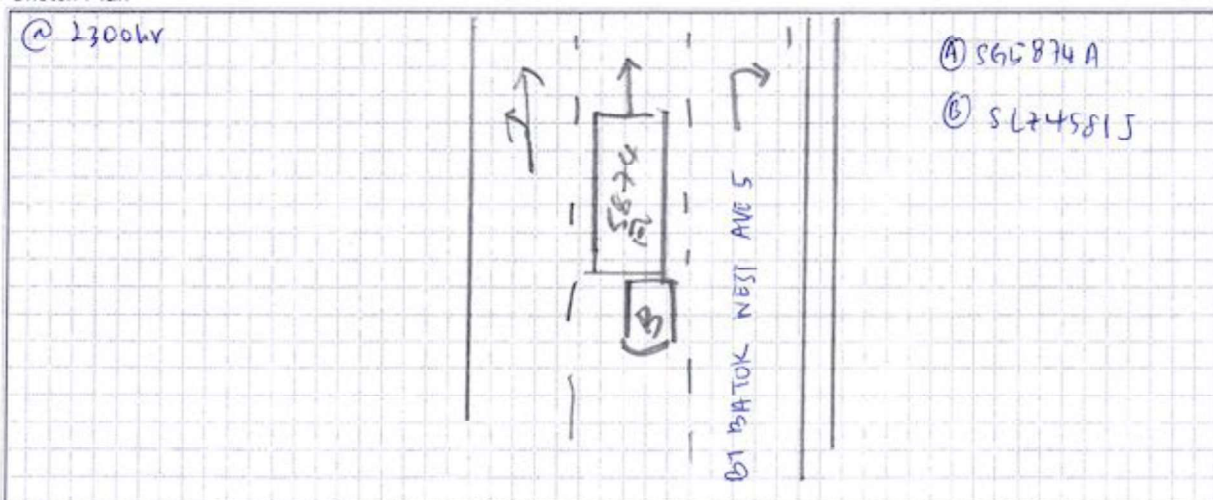


Policyholder's Signature / Date & Time

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

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

**Sketch Plan**





Describe Circumstance of the Accident

TP: Tan You Jia

[REDACTED]

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]* 8.7.2024

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



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