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Total:

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Global Sum: S\$

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Surveyor:	1 20 20 20 20 20 20 20 20 20 20 20 20 20		
	Kalvin DOI: 19/06	1.1.	241.110
		Assg Date:	19/06/14
Pre-assig	n/CCU/FTE		
Insured V	ehicle No.: SKJ 6117A	Claim No. :	
-11			
Insured To			
		Make / Model :	
Excess Se	D.O.A: 07(06(14) P	lace of Accident :	
Is driver t	he owner? (YES / NO) Nature of Accident :		
If NO. D	river Name / Age :	I GIA DEDORT, VES / N/	O . TR CIA DEPORT. MES (N
); TP GIA REPORT: YES / N
	iver rei No. : (V/L; YES / NO Ir	nsured Liability:	% Final? Yes/No
SMB	<i>Ax</i> J →	_	
INSRS:	INSRS:	INSRS:	INSRS:
WSP: QW	NRT (WL) WSP:	WSP:	WSP:
Tel:	H Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:
Date/ Time			
	FOR CSO ONLY:	STAGE	DATE / PIC
	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Driver Name / Age :	Email AIG for	OI GIA:
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to O	I:
	MB 795J - X	Call OI:	
	SKJ 61179 -X	After call ltr to	OI:
		Type Report:	
		Prepare Invo	ice:
		Others:	on Check List: Handler Typis
		OI Apt Ltr:	on Check List: Handler Typis
		Authorisation	To Act:
		Release Vouch	
		Final Repair B	ill:
		Car Rental Inv	oice:
		LTA / GIA :	
		Medical Bill:	
		Approval Em	
		Approvarian	ail:
			akdown Form:



60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

SMB275J Reg. No

BUS/06/14/7013 Ref. No

01/01/1900 BUS-12M Vehicle Type Reg. Date

Make

MAN

Model

Sim Ah Lek MAN Name of Driver

07/06/2014 05:40:00 PM OTHERS Date / Time of Accident Type of Accident

11/06/2014 12:00:00 AM Accident Reported Date / Time :

China Tai Ping Surveyor is Required? Survey by

Vehicle is Towed Back?

S Replacement Vehicle issued? :

Towed Back Date/Time

Special Instruction to ARC, if any

Accident Repair Job Card No

rear door windscreen shattered, TP - SKJ6117A

Prepared Date

11/06/2014 03:21:55 PM

TYMIZ @ @ SMR

Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : 0

Repair Completed Date / Time :

Summary of Repair Estimates

Work Shop

Adjusted by Surveyor, if applicable 964.00 Quotation from ARC 1,446.00 Total Labout Charges

200.00

Total Spray Painting Charges : 372.00
Total Material Charges : 18,630.00

20,754.00 18,630.00 960.00 960.00 Other Charges TOTAL

 TOTAL
 :
 21,408.00
 20,754.00

 Lum Sum Total
 :
 0.00
 0.00

 No. of Repair Days
 :
 3.00
 2.00

 Prepared / Adjusted By
 :
 Tan Leong Kim
 kalvin

 Arc / Surveyor Sing Off Date
 :
 01/01/1900 12:00:00 AM
 19/06/2014 01

19/06/2014 01:31:15 PM

Prepared / Adjusted Date

Remarks

Prepared Date : 18/06/2014 01:48:48 PM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No : Invoice No : Quotation Date : Invoice Date :

Invoice Amount : Prepared Date :

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,446.00	964.00
Total Labour	1,446.00	964.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	372.00	200.00
Total Spray Painting & Panel Beating	372.00	200.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER	00:096	960.00
Total Other Costs	960.00	960.00

Part 4 - Spare Parts / Material Usage

(\$)
EXIT DOOR ASSY
MATERIALS
TOTAL MATERIALS(Discounted)

Added Spare Parts / Material Usage After Surveyor Signed off

Part Portion	n Part Name	Qţ,	List Price (\$)	Discount (%)	t Final Price (\$)	ARC Check	Surveyor Check	Check
	The same of the sa	-	0 ::					

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 witholding of material facts may allow insurance companies to repudiate policy ability
- 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.

Was driver an employee of the Insured's Company Yes

- 6. This report will be forwarded by the insurers of 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

	ACCIDENT STATEMENT
Date Of Report	11/06/2014 12:49
Date Of Accident	07/06/2014 17:40
Exact Location Of Accident	YISHUN AVE 5 BUS STOP 59119 (OPP BLK 701A)
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMB275J
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Vehicle Particulars	
Manufacturer	MAN
Model	BUS
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-11027592MFBP
Cover Note Number	
Driver	
Name of Driver	SIM AH LEK
NRIC No	S2711538A
Date Of Birth	10/06/1953
Occupation	Outdoor
Date Of Driving Pass	30/04/1996
Driving Experience	18 Years And 1 Month
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	
Postcode	

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 Opening Door of Vehicle

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

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

THERE WAS A PRIVATE VEHICLE SKJ6117A STATIONARY AT THE BUS STOP. MY BUS HAS TURNED OUT OF THE BUS STOP AT THE YELLOW BOX. OUT OF A SUDDEN, THE WIFE OF THE VEHICLE OWNER OPEN THE RIGHT HAND SIDE PASSENGER DOOR AND HIT MY REAR BUS DOOR, CAUSING THE DOOR WINDSCREEN TO SHATTERED. NO INJURY REPORTED.

Are accident photos available for attachment?

Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKJ6117A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

MR WONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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 Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
 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 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.

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Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

