



AR REGISTERED
SMRT AUTOMOTIVE SERVICES PTE LTD
6 Ang Mo Kio Street 62
Singapore 569140
Tel : 65 6866 2652
Fax : 65 6368 7421
www.smrt.com.sg

NTUC INCOME INSURANCE CO-OP LTD
75 BRAS BASAH ROAD
NTUC INCOME CENTRE
SINGAPORE 189557

Attn : Motor Claims : Eric Tang

Date : 27 March 2018
SMRT: BUS/12/17/1020/AW
NTUC : MT/CA/TP/003/0984824-001/ET/VU

Dear Sirs,

ACCIDENT INVOLVING DOUBLE DECKER BUS SMB3529H AND FV3043U ON 11 DEC 2017 ALONG JUNCTION OF GAMBAS AVE AND SEMBAWANG ROAD.

We claim on behalf of **SMRT BUSES LTD**, owner/hirer of the vehicle Reg. No.: **SMB3529H**. Your driver's negligent driving has caused the above accident. As a result, my client has suffered the following losses:-

1. Cost of Repair	:	\$ 2,550.00
2. Loss of Use	:	\$ 875.00
3. Loss of Rental for days @ S\$ /day	:	
4. Loss of Income for days @ S\$ /day	:	
5. Police Report/ SAS Report/ LTA Search Fee	:	\$ 5.00
6. Survey Fee	:	
7. Others	:	
Total Claims :		\$ 3,430.00

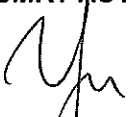
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We enclose the following documents :

<input checked="" type="checkbox"/> Repair Invoice	<input type="checkbox"/> Letter of Authorisation
<input type="checkbox"/> Survey Report	<input checked="" type="checkbox"/> LTA Search result
<input checked="" type="checkbox"/> Photographs _____ pcs	<input type="checkbox"/> Others :
<input type="checkbox"/> Investigation results	1. _____
<input type="checkbox"/> Proof of Loss of Use/Rental/Income	2. _____
<input checked="" type="checkbox"/> Police / SAS report of _____	3. _____

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

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD


AUDREY WOO
For Manager, Claims
Claims Department



Customer Code: 3000066

SMRT BUSES LTD

Block Unit
STREET 62
6 ANG MO KIO
SINGAPORE 569140



SMRT Automotive Services Pte Ltd
251 North Bridge Road Singapore 179102
Tel: 65 63311000 Fax: 65 63340247

Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV180300047
Date : 02.03.2018
Vehicle No. : SMB3529H
Your Ref No. : BUS/12/17/1020
Our Ref No. : 24093922
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 2,550.00

TOTAL	\$	2,750.00
LUMP SUM ADJUSTMENT BY		
SURVEYOR	-\$	200.00
GRAND TOTAL	\$	2,550.00

Remark :

Make/Model : ENVIRO 500
Accident Date : 11.12.2017

N.B. Payment by cheque should be crossed and
made payable to 'SMRT Automotive Services Pte Ltd'.
No receipt will be issued unless requested.

Authorised Signature
for SMRT Automotive Services Pte Ltd

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 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.**
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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/12/2017 10:15
Date Of Accident	11/12/2017 16:15
Exact Location Of Accident	JUNCTION OF GAMBAS AVE ADN SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3529H
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
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-17087563MFBP
Cover Note Number	

Driver

Name of Driver	HOA XIAOFENG
NRIC No	G2498865T
Date Of Birth	24/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
 Foreign Vehicle Registration Number JRB4076 (MOTORCYCLE)
 Was any body injured in the Accident? YES
 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) 21

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] SEMBAWANG N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

POLICE REPORT NO : T/20171212/2059

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FV3043U
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver MUHAMAD FADHIL ELFIZAN BIN MOHAMAD
 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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JRB4076
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver CHRISTOPHER THAM KHAI LEEN
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

DETAILS OF INJURED PERSON 1

Name MUHAMAD FADHIL ELFIZAN BIN MOHAMAD
Approximate Age
Injuries Sustain MULTIPLE ABRASION
Injured person in which vehicle? FV3043U
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

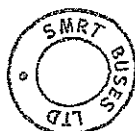
Name CHRISTOPHER THAM KHAI LEEN
Approximate Age
Injuries Sustain MULTIPLE ABRASION AND SWELLON ANKLE
Injured person in which vehicle? JRB4076
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

BUS/12/17/1020

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 Services 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 lodging 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 as 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.

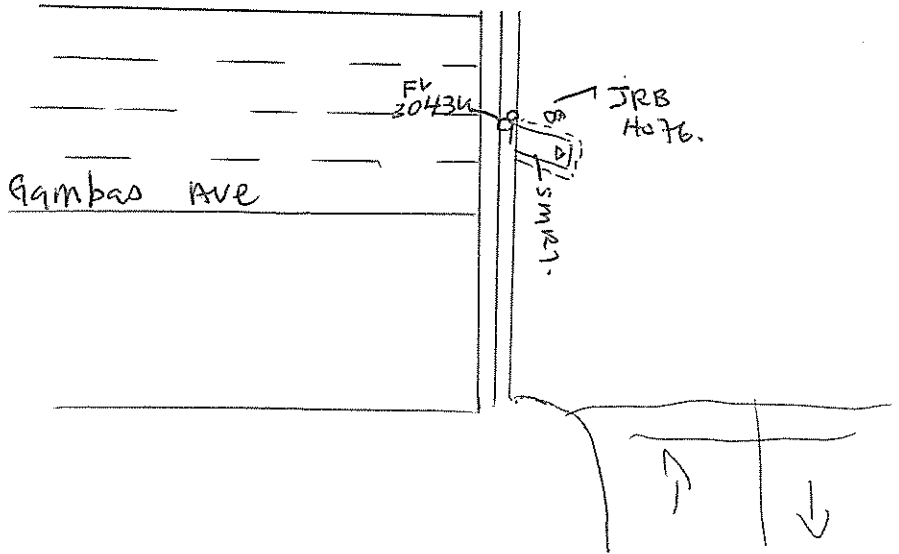


Policyholder's Signature
Date & Time:

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

Sembawang Rd.

police report: T/2017/212/2059

DECLARATION

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



Policyholder's Signature
Date & Time:

郭晓峰

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

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

SKETCH PLAN

BUS/12/17/1020

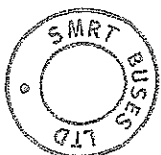
IMPORTANT NOTICE

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 Bus 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 if needed.

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 purposes 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:

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

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



**SINGAPORE
POLICE FORCE**



T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No. T/20171212/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 11:51		Vide Report No.:		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: HAO XIAOFENG			Address: C/O 2 Woodlands Sector 2 #01-01 SINGAPORE		
ID Type / ID No.: FIN NO / G2498865T			Contact No.: Home/Office: Mobile: 85236526		
Nationality: CHINESE			Email:		
Sex: Male	Age: 42	Date of Birth: 24/11/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2017 16:15	Type of Location:
Location: Along Road 1 SEMBAWANG ROAD GAMBAS AVENUE Junction of Sembawang Road and Gambas Avenue				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV3043U	Motorcycle				Seriously Damaged	0
JRB4076	Motorcycle				Slightly Damaged	0
SMB3529H	Bus/Coach/Mi nibus				Slightly Damaged	20

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



**SINGAPORE
POLICE FORCE**



T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20171212/2059

CONTINUATION OF REPORT

Rider			
Name	Muhamad Fadhil Elfizan Bin Mohamad Yazid	ID No.	S9706409A
Related Vehicle	FV3043U (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Rider			
Name	Christopher Tham Khai Leen	ID No.	G7808991T
Related Vehicle	JRB4076 (Motorcycle)	Contact No.	81272493
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,3C Date of Expiry: 29/09/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	HAO XIAOFENG	ID No.	G2498865T
Related Vehicle	SMB3529H (Bus/Coach/Minibus)	Contact No.	85236526
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: 31/08/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11.12.2017, at about 1615hrs, I was driving SMRT Service number 969 towards Yishun direction, when I was at junction of Sembawang Road and Gambas Avenue, I was about to turn right into Sembawang Road, the traffic light is green, my bus was the first vehicle in the second lane, turning right. While I was waiting to turn, I felt the bus wobbled and I heard a loud bang sound. I switch on hazard light and alight from the bus to make a check. I saw one motorcycle flat on the ground, and another motorcycle collided onto my bus. I saw a male subject lying down on the ground. Then I report the matter to SMRT control center. Subsequently, Traffic Police and Ambulance came to the scene and both riders were conveyed to hospital. I was advised by officer Sgt 2 T160249 Suhaillah to come Police Station to make a report.



**SINGAPORE
POLICE FORCE**



T/20171212/2059

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Report No. T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt WANG LIZHE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:
12/12/2017 11:51

Classification Of Case:

SN 085

Authentication Stamp
NP168





**SINGAPORE
POLICE FORCE**



T/20171212/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20171212/2059

CONTINUATION OF REPORT

Enquire Transaction History

Transaction History Details

Log Date/Time:	19 Dec 2017 / 17:53:38		
Asset Type:	Vehicle	Transaction Amount:	\$5.35
Asset ID:	FV3043U		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20171219175337984362

Search Date / Time: 11 Dec 2017 16:12:00
Insurance Company: NTUC INCOME INS CO-OP LTD
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)[Back to List](#)

