



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. : IV180400245
Date : 16.04.2018
Vehicle No. : SMB8039Y
Your Ref No. : BUS/02/18/7006
Our Ref No. : 24094871
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Parts					
TRIM,WHEELARCH:FOR MB OC500 LE BUS	1.00	\$ 124.20	(100.00)	\$ 124.20	\$ 0.00
Sub-Total					\$ 0.00
Labour					
TO REPAIR LH REAR PORTION	1.00	\$1060.00	0.00	\$ 0.00	\$ 1060.00
Others					
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	1.00	\$ 728.00	(0.00)	\$ 0.00	\$ 728.00

GRAND TOTAL \$ 1,788.00

Remark :

Make/Model : MAN A24
Accident Date : 05.02.2018

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

Enquire Transaction History

Transaction History Details

Log Date/Time:	05 Feb 2018 / 15:32:01		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SJC8146B		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20180205153201904271

Search Date / Time: 05 Feb 2018 00:50:00

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](#)

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 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	05/02/2018 15:25
Date Of Accident	05/02/2018 00:50
Exact Location Of Accident	WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB8039Y
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81111111

Vehicle Particulars

Manufacturer	MAN
Model	17M
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-II027592MFBP
Cover Note Number	

Driver

Name of Driver	WANG XIAO MING
Passport No/FIN	G2006475M
Date Of Birth	21/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NA
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report: T20180205/2095

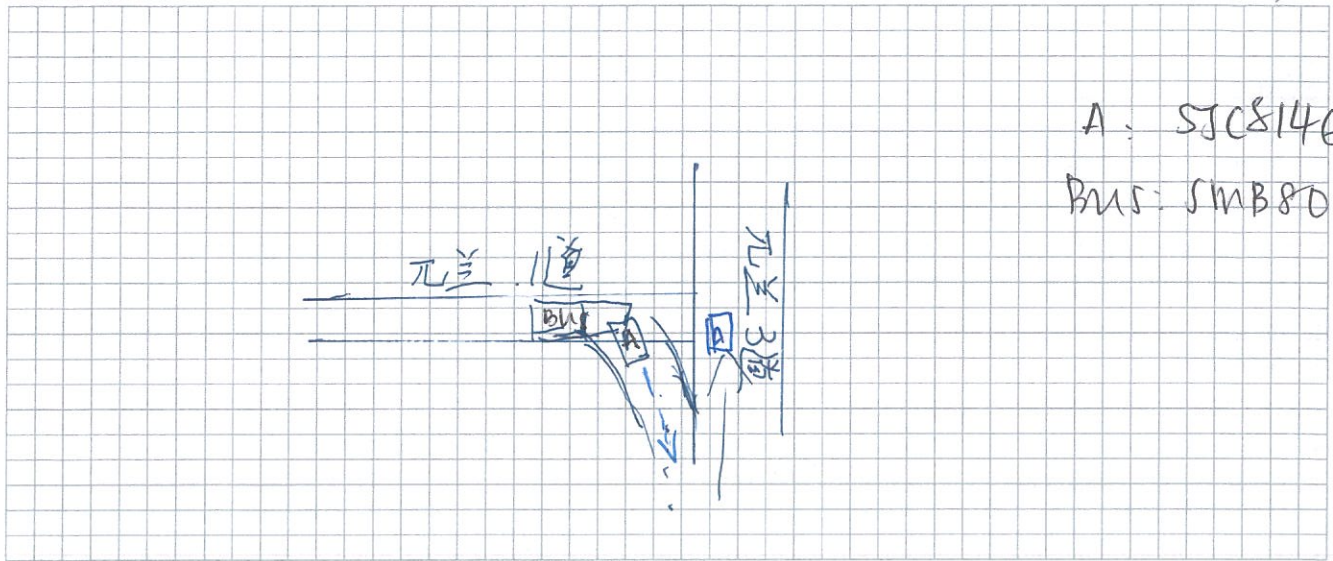
Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PEND DOWNLOADING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC8146B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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



Policyholder's Signature
Date & Time:

王小明

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

Signature

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

SKETCH PLAN

IMPORTANT NOTICE

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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 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 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:

王小明

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

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



SINGAPORE POLICE FORCE



T/20180205/2095

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180205/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 14:46		Vide Report No.:		Station Diary No.: 124	
Informant's Particulars					
Name of Informant: WANG XIAO MING			Address: C/O APT BLK B 2 Woodlands Sector 2 #01-01 Westlite Dormitory SINGAPORE 737723		
ID Type / ID No.: FIN NO / G2006475M			Contact No.: Home/Office: Mobile: 84394618		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 21/08/1981	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:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2018 00:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 1 WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC8146B	Car	MITSUBISHI		Grey	Slightly Damaged	0
SMB8039Y	Bus/Coach/Mi nibus	MAN		Multi-Colored	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180205/2095

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Report No. T/20180205/2095

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Brief Details.

On 05/02/2018 at about 0050hrs, while I was driving my SMRT bus SMB8039Y along Woodlands Ave 1 at the junction of Woodlands Ave 3 at the speed of not more than 30km/h, suddenly I felt an impact on my bus. I then stopped my bus and alighted and spoke to a male Indian who is the driver of vehicle SJC8146B, Grey Mitsubitshi. The vehicle's front right hit onto my rear left side of my SMRT bus and there are scratches on the rear left side of my bus. No one was injured during the accident. I realised the driver is reeked of alcohol and while I was contacting SMRT POCC, the driver went back to his vehicle and reversed and left the location. I then quickly took a photo of his vehicle registration plate number. I have informed my SMRT POCC and was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20180205/2095

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20180205/2095

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:

J /

Staff Sgt SAW HUI YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

SN 130

Authentication Stamp

NP 168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

05/02/2018 14:46

Classification Of Case:

