



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. : IV180600310
Date : 18.06.2018
Vehicle No. : SMB1568H
Your Ref No. : BUS/05/17/7027
Our Ref No. : 24095881
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Labour					
TO REPAIR LH FRONT PORTION	1.00	\$ 530.00	0.00	\$ 0.00	\$ 530.00
Others					
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	1.00	\$ 400.00	0.00	\$ 0.00	\$ 400.00
GRAND TOTAL					\$ 930.00

Remark :

Make/Model : MAN A22
Accident Date : 20.05.2017

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	23/05/2017 14:20
Date Of Accident	20/05/2017 11:45
Exact Location Of Accident	YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1568H
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

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-17087563MFBP

Cover Note Number

Driver

Name of Driver NG KHENG KEE

NRIC No S1252063H

Date Of Birth 02/10/1957

Occupation OUTDOOR

Date Of Driving Pass 09/03/1981

Driving Experience 36 YEARS AND 2 MONTHS

Gender MALE

Mobile Number

Fax Number

Contact Number

EEmail 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 SIDE SWIPE- SAME DIRECTION
 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
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 30

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT.

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: PENDING FOR UPLOADING
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB7765A
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 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



SINGAPORE POLICE FORCE



T/20170521/2061

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20170521/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2017 14:13		Vide Report No.:		Station Diary No.: 65	
Informant's Particulars					
Name of Informant: NG KHENG KEE			Address: APT BLK 919 HOUGANG AVE.4 #12-459 SINGAPORE 530919		
ID Type / ID No.: NRIC NO / S1252063H			Contact No.: Home/Office: Mobile: 98985905		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 02/10/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUS CAPTAIN			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/05/2017 11:45	Type of Location: Straight Road
Location: Along Road 1 YISHUN CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHB7765A	Car				Slightly Damaged	0
SMB1568H	Bus/Coach/Mi nibus				Slightly Damaged	30

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20170521/2061

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20170521/2061

CONTINUATION OF REPORT

Driver			
Name	NG KHENG KEE	ID No.	S1252063H
Related Vehicle	SMB1568H (Bus/Coach/Minibus)	Contact No.	98985905
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/05/2017 at about 1145hrs, I was travelling along Yishun Central in my vehicle SMB1568H ferrying about 30 passengers.

About reaching the bus stop along Yishun central just outside the interchange, a taxi SHB7765A suddenly cut into my lane resulting in an accident. I was travelling straight on the right lane as the left lane was jammed. The said taxi suddenly cut out from the left lane and I could not brake in time as it was too sudden but tried to turn my vehicle to my right to avoid but collided into the rear right side.

I wished to state that one of my female passenger was injured due to the accident and was conveyed to the hospital.

I am lodging this report for company and record purposes.



**SINGAPORE
POLICE FORCE**



T/20170521/2061

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20170521/2061

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 /
Sgt CHUA YONG JIE, JEREMY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:
21/05/2017 14:13

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature

Singapore Police Force

SKETCH PLAN

Bus/or/17/7027

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





