

Surm: N/A2

NS/INC18016478 / Nslor2

From:

SG 57734

Yr Regn: 29 JUN 11

Estimated Cost:

Vehicle Type: (Bus) Van / Lorry / Taxi / Prime Mover /

OD / TP / VS / TP RES / OD RES / TMA / TP / INV

Trailer or

To Inspect Vehicle No:

MAN A95

c.c 10,518

at Workshop no:

GREEN

A/C: Insured / Std / NI / I

of

160, 889

T/Radio: Insured / Std / NI / I

Insured:

SJX 82353

Policy No:

5084738166-01 05-10-17

c/no.

WMAA9522967003248

Claims No:

MT/1009890-002

Light Poor / Burnt

Sum Insured:

Engine Dammed / Leaked / Burnt or

(Client's Name)

Engine Dammed / Leaked / Burnt or

Make of

Nil / S/Rim / STD/Rim or

(Policy No. Blank)

275/70 R225

11

Remarks: If vehicle had commenced fire

GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

FIRE EN2A

Bal. or Motor No:

Rear

IDAC Approval No:

Can be repaired or not

6 mm

R/Bal. 5/5 m

GIA / Insurance

Can be repaired or not

6 mm

L/Bal. 5/5 m

Est. Repair

3

days

Y or No

21/9/18

D.O.I. 5/9/18

Lum Sum:

SMRT WOODLAND

CA / Insurance

Roof / Rev / POIS / N/S / UIC / Rooftop or

015 REAR

Date:

Frame / Body Structure affected due to collision

Date / Time

31 5134 -X

SJX 82353 - 08/INC11009390 / KAm

NTMC PIP

DA: 11-05-2011

26/4/19 FINALIZED PART BY PART REPAIR \$2383.23 / 3 DAYS
(\$435.00 Red - 15%)

RECEIVED 30 APR 2019

29/4/2019

Date/Time:

30/04/19

1)

Typist

Date/Time:

2)

Report

Lump Sum

2,383.23 p/p

Survey Fee:

160

Transportation:

S + RS \$

Photos

Others

TOTAL

160



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18016478/Nsb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-09-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJX 8235S	Veh. Inspected	SG 5773H
Policy No.	5084738166-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/09/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	02/09/2018	Inspection Date	05/09/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/09/2018 16:33"/>
Vehicle No.(For Motor)	<input type="text" value="SJX8235S"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084738166-01		B.E. AUTOMOTIVE PTE. LTD.	201620974E	GFT	drivo PREMIUM	SJX8235S	SJX8235S	05/10/2017	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1009890-002	SMRT BUSES	SG 5773H	SJX 8235S	2/9/2018
2	MT/1040324-002	COMFORT TRANSPORTATION PTE LTD	SHD 7103A	SHB 8868E	13/4/2019
3	MT/1040700-002	COMFORT TRANSPORTATION PTE LTD	SHA 1271C	FBD 4873B	14/4/2019
4	MT/1040463-002	COMFORT TRANSPORTATION PTE LTD	SHD 4354L	SJX 3780S	16/4/2019
5	MT/1041520-002	COMFORT TRANSPORTATION PTE LTD	SHD 3193R	SJP 4115Z	23/4/2019
6	MT/1040848-002	CITYCAB	SHC 968Y	SJV 7501R	17/4/2019
7	MT/1041199-002	COMFORT TRANSPORTATION PTE LTD	SHA 5630Z	SJP 9605T	18/4/2019

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	03/09/2018 11:28
Date Of Accident	02/09/2018 07:20
Exact Location Of Accident	CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5773H
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	DOUBLE DECKER
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	SHI ZHENGYONG
Passport No/FIN	G2181861K
Date Of Birth	30/01/1975
Occupation	INDOOR
Date Of Driving Pass	04/02/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
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 - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG THE CENTER LANE OF CHOA CHU KANG ROAD. SUDDENLY I FELT AN IMPACT ON THE REAR. THE PRIVATE CAR TRAVELLING BEHIND MY BUS HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY BUS WHILE FILTERING AND STOPPED ON THE RIGHT LANE. NO INJURY WAS REPORTED.

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 DOWNLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX8235S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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.
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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:

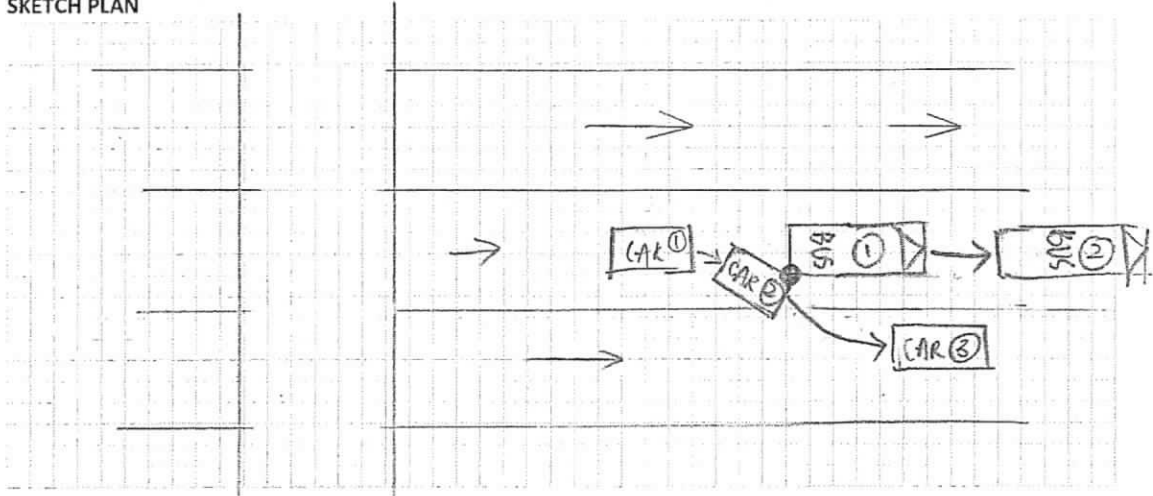
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Refer to report.

DECLARATION

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

Policyholder's Signature
Date & Time:

SMRT BUSES

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

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



SMRT Accident Bus Repair Estimate

Section A - To be completed by Claims Advisor/, KJ/AMK Duty Officer

Reg. No. : TIB/SMB/SG 5773H Ref. No. BUS/BPS 9 / 18 / 5003

Make / Model : MAN A95 Reg. Date : 18/08/2016

Name of Driver : _____

Date/Time of Accident : _____

Surveyer is Required ? YES / NO

If Yes, VICOM / LKK / UAS / AIS / Others NTUC

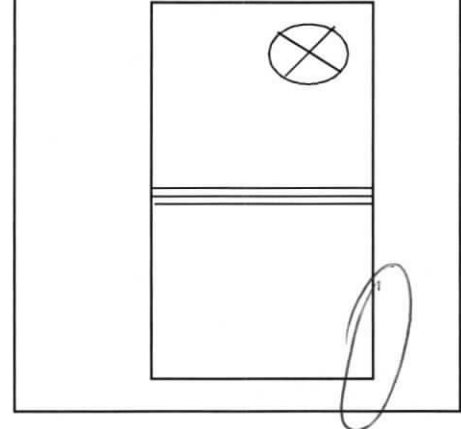
Bus is Towed Back ? YES / NO

Accident reporting date : _____

Type of Accident : Skid / Head-Rear / Head-On / Side Swipe / Others

Special Instruction to ARC, if any : _____

The damages on the Buses are as indicated in the following diagram :



Signed : _____ Date : _____

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

Accident Repair Job Card No : _____ Chassis No : _____

Mileage : _____ Date Prepared : _____

Summary of Repair Estimates Repair Completed : _____

Quotation from ARC

Adjusted by Surveyor, if applicable

Total Labour Charges : \$ 1325.00

\$ _____

Total Spray Painting Charges : \$ 616.00

\$ _____

Total Material Charges : \$ _____

\$ _____

Other Charges : \$ _____

\$ _____

TOTAL : \$ _____

\$ _____ ()

Lump Sum Repair, if any : \$ _____

No. of Repair Days : [4] days

[3] days

Signature : Prepared by: _____

Adjusted by: _____

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

QN No. _____ Invoice No. _____ Invoice Date _____

Signed : _____ Date : _____

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS	\$ 1325.00	\$1,060
Total Labour	\$ 1325.00	\$

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	\$ 616.00	\$446
Total Spray Painting & Panel Beating	\$ 616.00	\$

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs	\$	\$



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672



Date Generated : 24/04/2019

User ID : CatherineLee

Section A - Accident Details

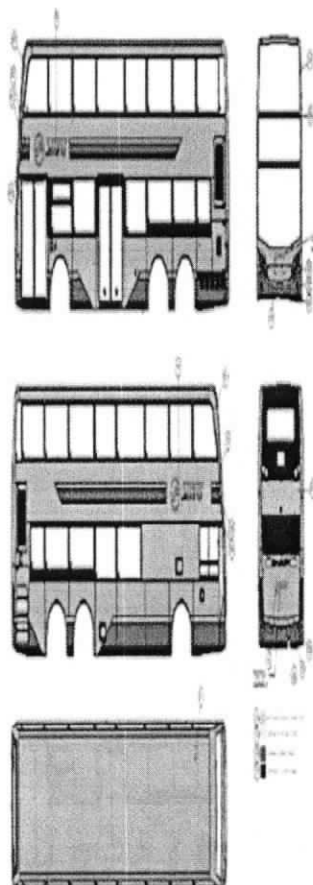
Registration Number	SG5773H
Case Reference Number	BUS/09/18/5003
Registration Date	29/6/2016
Company Type	SMRT Buses Ltd
Make	MAN
Model	A95
Name of Driver	Shi Zhengyong
Type of Accident	Head to Rear
Accident Date and Time	2/9/2018 7:18 AM
Accident Reported Date and Time	3/9/2018 10:59 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24097827
Special Instruction to ARC, if any	
Prepared Date and Time	15/10/2018 11:15 AM
Chassis Number	WMAA95ZZ9G7003248
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$1,325.00	\$1,060.00
Total Spray Cost	\$616.00	\$446.00
Total Spare Part Cost	\$877.23	\$877.23
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$2,818.23	\$2,383.23
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	3.0
Prepared / Adjusted By	Kim Bock Sim	
ARC / Surveyor Sign Off Date	30/10/2018 2:45 PM	
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	





SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 24/04/2019

User ID : CatherineLee

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$1,325.00	\$1,060.00
Total Labour	\$1,325.00	\$1,060.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO PUTTY & RESPRAY	\$616.00	\$446.00
Total Spray Painting & Panel Beating	\$616.00	\$446.00

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010062	Body	F01001-CW273	COVER:REAR TAIL LAMP,RH,FOR MAN A22 BUS	1.00	\$974.70	10.00	\$877.23	Replace	Replace
Total					\$974.70		\$877.23		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

PARTS \$877.23
LABOUR \$1,060.00
SPRAY \$446.00
TOTAL \$2,383.23 / 3 REPAIR DAYS

FINALIZED PART BY PART REPAIR \$2,383.23 / 3 DAYS.

NAZ/KK

26/4/19




National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC18016478/Nsbe2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 08-05-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJX 8235S	Veh. Inspected	SG 5773H
Policy No.	5084738166-01	Coverage (\$)	0.00
Claim No.	MT/1009890-002	Excess (\$)	0.00
Assign From		Assign Date	05/09/2018
2. Vehicle Particulars & Condition			
Make & Model	MAN A95	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WMAA95ZZ9G7003248	Colour	GREEN
Odometer	160889	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	FIRENZA	6 mm
L/H Front Tyre	275/70 R22.5	FIRENZA	6 mm
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	5/5 mm
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	5/5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	02/09/2018	Inspection Date	05/09/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 5773H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	CRACKED		
	COVER : REAR TAIL LAMP, RH, FOR MAN A22 BUS		974.70	974.70
	LESS 10% DISCOUNT		-	-97.47
			974.70	877.23
	<u>LABOUR</u>			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		1,325.00	1,060.00
	TO PUTTY & RESPRAY.		616.00	446.00
			1,941.00	1,506.00
GRAND TOTAL			2,915.70	2,383.23
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,383.23

Report Ref No. NS/INC18016478/Nsbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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