160

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	800601 Policy Query					› Change Language › Cha			• Chang	e Password	› Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)		SJN7756P				of Accident icate Number	01/	01/11/2018 13:48		
	Select	Policy No.	Certificate Number	Policyholder Name LEE FONG	Policyholder NRIC S7264989C	Product	Cover Type Comprehensive	Vehicle No.	Insured Object	Commence Date 18/01/2018	Expiry Date 26/02/2019
				LAM		Continue		33147730F	33147730F	10/01/2016	20/02/2019

TP Claims against NTUC Income: Follow-Through Survey

Date 19/2/2019

	The state of the s	100000000000000000000000000000000000000		
Income Reference	Claimant (Owner / Taxi Company)	Claimailt Veilleie IVO.	ilicollic vellicie vo:	
MT/1031465-002	COMFORT TRANSPORTATION PTE LTD	SHA 7323Y	SJS 3321K	
MT/1018247-002	SMRT BUSES LTD	SMB 5073S	SJN 7756P	
MT/1031666-002	COMFORT TRANSPORTATION PTE LTD	SHD 7299T	SGN 3392S	
MT/1028475-002	SMRT BUSES LTD	SG 5752T	GBB 7829X	
MT/1026811-002	SMRT TAXIS PTE LTD	SHB 452Z	SCL 4054U	
MT/1030640-002	COMFORT TRANSPORTATION PTE LTD	SHA 7852L	SJM 3601J	
MT/1031254-002	COMFORT TRANSPORTATION PTE LTD	SH 7181Y	SGW 2882D	
MT/1031376-002	CITYCAB PTE LTD	SHC 7931G	SBU 8888T	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/11/2018 16:50
Date Of Accident	01/11/2018 21:10
Exact Location Of Accident	WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMB5073S
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	ALEXANDER DENNIS
Model	ENVIRO500-8.8 D (A)
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 KE
NRIC No	S2743038D
Date Of Birth	14/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
0 1 111 1	

NOEMAIL

Address

6 ANG MO KIO ST 62

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

Weather Conditions

CLEAR

Road Surface

WET

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?

Was any injured conveyed to hospital by

NO NO

ambulance?

10

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)

10

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

MY BUS WAS STATIONARY AT THE YELLOW BOX AND THE ROAD WAS HEAVILY CONGESTED. THERE WAS A PRIVATE CAR SJN7756P ON MY LEFT, TRYING TO FILTER INTO MY LANE. HOWEVER MY LANE WAS NOT MOVING DUE TO THE CONGESTION. AS THE CAR WAS BLOCKING THE TRAFFIC OF OTHER LANES, HE DECIDED TO TURN LEFT AND WHILE DOING SO, THE RIGHT REAR PORTION OF THE CAR COLLIDED ONTO THE LEFT CENTER PORTION OF MY STATIONARY BUS. 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

SJN7756P

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 Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

Policyholders signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan Pg. 2

SKETCH PLAN	JOD PLANDS	(ENTKE	ROAD.	
4-14-4		10		1
		- K BU	15	-
	4	VICARI	1/	
			X	
				-
7 0:-				
TO PIE				11111
CA CA	520M2:21 FF NC2:9	7735 56 P		
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	: 		- 4
100-11	1254			
Refer to r	eport.	100		
			7/2	
				2.00
	-	4000		
	A-11-15			
				10-
/We deplay the toregoing p	articulars are true in every			A COLUMN TO THE STATE OF THE ST
YAWS		9 KZ		Yani Ya
Policyholder's Signature Date & Time:	Driver's Signatu (If driver is not to Date & Time:	re the policyholder)	Reporting Centre Name: NRIC/FIN No.:	e Personnel's Signature

GIALLIC SLEWFFIANCION V3



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

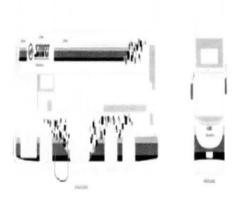
Date Generated: 08/11/2018

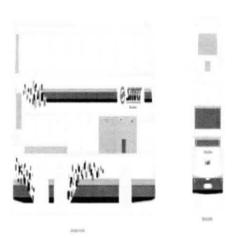
User ID : CatherineLee

	Section A - Accident Details
Registration Number	SMB5073S
Case Reference Number	BUS/11/18/1010
Registration Date	03/08/2015
Company Type	SMRT Buses Ltd
vake	ALEXANDER DENNIS
Vodel	ENVIRO 500
Name of Driver	Wang Ke
Type of Accident	Side Swipe
Accident Date and Time	01/11/2018 9:12 PM
Accident Reported Date and Time	05/11/2018 4:36 PM
s Surveyor Required?	No
Survey by	
/ehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
lob Card Number	
Special Instruction to ARC,if any	SMB5073S - LEFT CENTER PORTION DAMAGED SJN7756P - TP INSURED WITH NTUC - RIGHT REAR PORTION DAMAGED
repared Date and Time	08/11/2018 8:47 AM
Chassis Number	
Mileage	
Vork Shop	
Repair Completion Date and Time	

from ARC	Adjusted by Surveyor, if applicable \$0.00 \$0.00 \$0.00
from ARC	\$0.00
	\$0.00
	11.22 S/O
	\$0.00
	\$0.00
	\$0.00
	\$0.00
ager Team	
8 8:53 AM	
`	×
	8 8:53 AM

Secti	ion C - Quotation and Accident Invoice Details	
luotation Number	Invoice Number	
luotation Date	Invoice Date	
rvoice Amount	Prepared Date	





LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Page 1 of 2



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: 08/11/2018

User ID

: CatherineLee

			Sec	ction D - Deta	ails of Repair E	stimates				
art 1 - Labo	ur Works			in rise		Transition I				
ob Scope	- Allerton	Name of Street		Quotation from AR				Adjusted by Surveyor, if applicable		
O REPAIR LH	PORTION CE	NTER		\$795.00				530		
otal Labour				\$795.00						
art 2 - Spray	y Painting & F	Panel Beating Rela	ited Works		Licensia de la compansia de la	77				
lob Scope			Quotation f	rom ARC			Adjusted by Surveyor, if applicable			
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS			\$538.00				400			
otal Spray Painting & Panel Beating			\$538.00							
art 3 - Other	Costs - Acci	ident and Acciden	Repair Related Expe	ense						
ob Scope				Quotation from ARC				Adjusted by Surveyo	or, if applicable	
IXEL STENCI	L LHS MID			\$200.00				NEC.		
otal Other Co	sts			\$200.00						
art 4 - Spare	Parts / Mate	rial Usage								
art Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved	
otal							1			
dded Spare	Parts / Mater	rial Usage After Su	rveyor Signed off							
art Number	Portion	Stock Number	Dark Name	Quantity	List Price \$	Discount (9/)	Final Price (\$)	IADO Chash	Surveyor Check	

NAZ LKIK

1633

8/11/18
PABLIS
1 DAY)

RAFTER REPAIR PHOTOS.





Finglined. Naz.

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

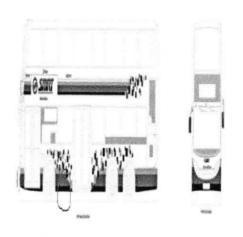
Date Generated : 31/01/2019

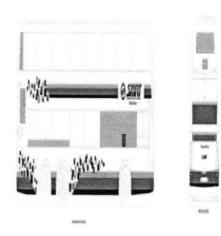
User ID : CatherineLee

	Section A - Accident Details
	Section A - Accident Details
Registration Number	SMB5073S
Case Reference Number	BUS/11/18/1010
Registration Date	3/8/2015
Company Type	SMRT Buses Ltd
Make	ALEXANDER DENNIS
Model	ENVIRO 500
Name of Driver	Wang Ke
Type of Accident	Side Swipe
Accident Date and Time	1/11/2018 9:12 PM
Accident Reported Date and Time	5/11/2018 4:36 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24098706
Special Instruction to ARC,if any	SMB5073S - LEFT CENTER PORTION DAMAGED SJN7756P - TP INSURED WITH NTUC - RIGHT REAR PORTION DAMAGED
Prepared Date and Time	8/11/2018 8:47 AM
Chassis Number	SFD76CLR5EMTL3968
Mileage	
Work Shop	
Repair Completion Date and Time	

	Section B - Summary of Rep	pair Estimates
Summary of Repair Estimates		WENT SERVER TO THE PARTY OF THE
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$795.00	\$530.00
Total Spray Cost	\$538.00	\$400.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$200.00	(\$26.00)
TOTAL COST	\$1,533.00	\$904.00
Lump Sum Total	\$0.00	\$900.00
Number of Repair Days	2.0	1.0
Prepared / Adjusted By	Tan Ah Leong	Naz
ARC / Surveyor Sign Off Date	08/11/2018 8:53 AM	08/01/2019 4:29 PM
Signature	x	L**
Remarks		

Secti	on 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: 31/01/2019

User ID : CatherineLee

			Sec	tion D - Det	ails of Repair I	stimates				
Part 1 - Labo	our Works									
Job Scope				Quotation from AR				Adjusted by Surveyor, if applicable		
TO REPAIR LE	H PORTION CEN	NTER		\$795.00				\$530.00		
Total Labour				\$795.00				\$530.00		
Part 2 - Spra	y Painting & P	anel Beating Rela	ated Works							
Job Scope				Quotation f	from ARC			Adjusted by Surveyo	or, if applicable	
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS			\$538.00				\$400.00			
Total Spray Painting & Panel Beating			\$538.00				\$400.00			
Part 3 - Other	r Costs - Accie	dent and Acciden	Repair Related Expe	nse					len was a series	
Job Scope Start Acci			Quotation from ARC				Adjusted by Surveyo	or, if applicable		
PIXEL STENC	IL LHS MID			\$200.00				\$200.00	NGL	
ump Sum Adj	ustment by Surv	eyor		\$0.00				(\$226.00)		
Total Other Co	osts			\$200.00				(\$26.00)		
Part 4 - Spare	e Parts / Mater	ial Usage			STATE OF THE					
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved	
Total				+						
Added Spare	Parts / Materi	al Usage After Su	rveyor Signed off	tion D Dist	ALCS ON COMPANY IS					
Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	
Total	EL KBING									
					TI.	1		I .	1	

SINETT \$200

LABOUR \$530 SPRAY \$400 TOTAL \$1130 LESSLIS 20% \$ 904

LISTOTAL \$ 900,00 / 1090

CONFIRMED LIMP SUM REPAIR \$ 900,00/1 DAY

NAZLKIC



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





NITLI	C INCOME INSUE	RANCE CO-OPERATIVE LTD	Ref: NS/INC18020591/Nsbe2						
	C INCOME INSOR	ANGE CO-OPERATIVE ETD	1101.	N3/INC 1002039 1/N3De2					
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date:	20-02-2019					
			Code:	INC4					
1. Policy Particulars :- THIRD PARTY CLAIM									
	Insured Veh.	SJN 7756P	Veh. Inspected		SMB 5073S				
	Policy No.	5097524836	Cover	age (\$)	0.00				
	Claim No.	MT/1018247-002	Excess (\$)		0.00				
	Assign From		Assign Date		08/11/2018				
2. Vehicle Particulars & Condition									
	Make & Model	ALEXANDER DENNIS ENVIRO500	c.c		8849				
	Engine No.	HIDDEN	Year of Reg.		2015				
	Chassis No.	SFD76CLR5EMTL3968	Colou	r	MULTI COLOUR				
	Odometer	290910	Steeri	ng	IN ORDER				
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM				
	General	FAIR							
3.	Conditions of Tyres								
		Size	Make		Balance				
	R/H Front Tyre	305/70 R22.5	FIREN	ZA	6 mm				
	L/H Front Tyre	305/70 R22.5	FIREN	ZA	6 mm				
	R/H Rear Tyre	305/70 R22.5 (D)	FIREN	ZA	4/4 mm				
	L/H Rear Tyre	305/70 R22.5 (D)	FIREN	ZA	4/4 mm				
4.	Description of Damages								
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY PORTION.								
	DAMAGES SEE DETAILS.								
5.									
	Accident Date	01/11/2018	Inspe	ction Date	08/11/2018				
	Survey held at	SMRT AUTOMOTIVE SERVICE		- 1 mg/s					
		60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705							
5a.	PASSING DE	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: 1 Working Days								



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 5073S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	PIXEL STENCIL LHS MID (SN)	NECESSARY	200.00	200.00
	* 7		200.00	200.00
	LABOUR			
	TO REPAIR LH PORTION CENTER.		795.00	530.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		538.00	400.00
			1,333.00	930.00
	GRAND TOTAL		1,533.00	1,130.00

RECOMMENDED COST OF LUMP SUM REPAIRS 900.00 (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)

Report Ref No. NS/INC18020591/Nsbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

M

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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No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.