

## Tax Invoice

 GST Reg No. : MR-8500001-7  
 CRN : 199004280Z  
 Invoice No. : IV191100175  
 Date : 14.11.2019  
 Vehicle No. : PC8024Z  
 Your Ref No. : BPS/05/19/3001  
 Our Ref No. : 24103012  
 Terms : 30 Days

Customer Code: 3000010

BUS PLUS SERVICES PTE LTD

 Block Unit  
 STREET 62  
 6 ANG MO KIO  
 SINGAPORE 569140


Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
<b>Parts</b>					
SIDE PANEL RH	1.00	\$3638.97	(100.00)	\$3638.97	\$ 0.00
Sub-Total					\$ 0.00
<b>Labour</b>					
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
<b>Others</b>					
TO RESPRAY ALL AFFECTED AREA	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TOTAL BEFORE GST					\$ 400.00
ADD GST @ 07 %					\$ 28.00
GRAND TOTAL					\$ 428.00

Remark :

 Make/Model : MERCEDES 515CDI/4325  
 Accident Date : 02.05.2019

 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 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.

### ACCIDENT STATEMENT

Date Of Report	03/05/2019 11:28
Date Of Accident	02/05/2019 10:05
Exact Location Of Accident	OUTSIDE NATIONAL CANCER CENTRE PICK UP POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8024Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUS-PLUS SERVICES PTE LTD
Co Reg No	199403524H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81111111

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	BUS PLUS

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-19093204MFBP
Cover Note Number	

### Driver

Name of Driver	SHAHAR BIN JUMARI
NRIC No	
Date Of Birth	
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1995
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

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) 8

#### 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 DRIVING THE SGH CAMPUS SHUTTLE BUS SERVICE. AFTER PAX ACTIVITIES AT NATIONAL CANCER CENTRE, I DROVE OFF SLOWLY TO EXIT. I STOPPED AT THE STOP LINE AND I SAW A VAN GBC4318T STOPPED TO GIVE WAY FOR THE VEHICLES COMING OUT FROM NATIONAL CANCER CENTRE. I THEN DROVE SLOWLY TURNING RIGHT INTO SECOND HOSPITAL AVE. WHILE MAKING THE RIGHT TURN, THE VAN STARTED MOVING FORWARD INTO THE YELLOW BOX. BEFORE I COULD COMPLETE THE TURN, THE VAN COLLIDED ONTO THE RIGHT REAR PORTION OF MY BUS. THE DRIVER OF THE VAN DID NOT STOP AFTER THE COLLISION. 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 GBC4318T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)




**SKETCH PLAN**


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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:

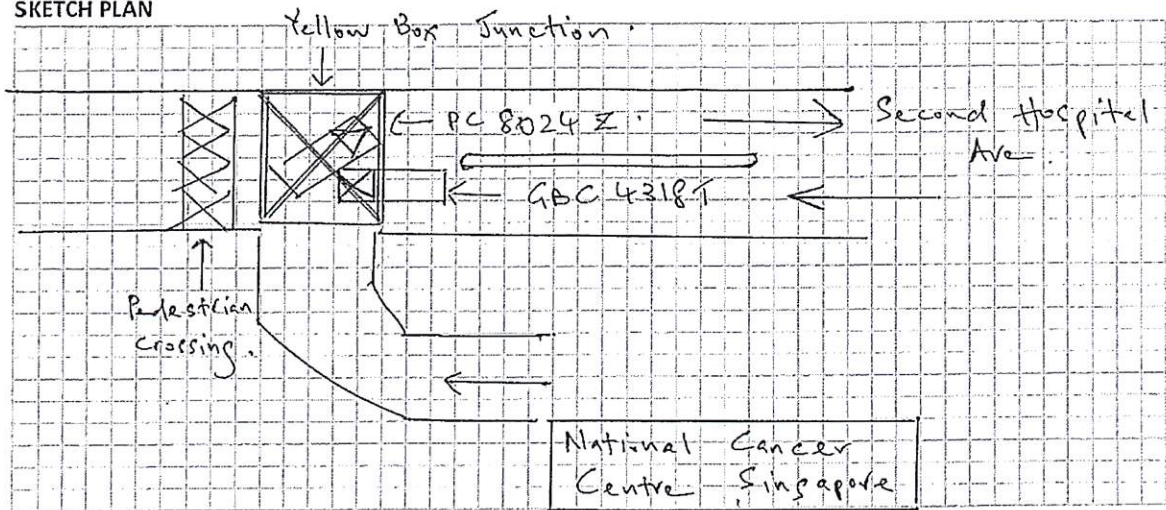
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 3.5.2019.

  
 Reporting Centre Personnel's Signature  
 Name: 03 MAY 2019  
 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.

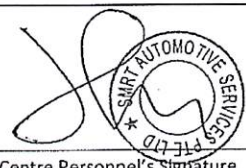
Policyholder's Signature  
Date & Time:



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

*[Signature]* 10297.  
3.5.2019

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



03 MAY 2019

## Enquire Transaction History

### Transaction History Details

Log Date/Time:	03 May 2019 / 11:14:18		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	GBC4318T		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20190503111418873471

Search Date / Time: 02 May 2019 10:05:00

Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Information displayed is correct as at the log date and time.

Enquire Related Logs

OK