



SMRT AUTOMOTIVE SERVICES PTE LTD  
60 Woodlands Industrial Park E4, SINGAPORE 757705

To: PUB

Vehicle No: GBD3944L

Model: Nissan NV200

Date: 24/06/2019

Quotation

S/No	Description	Qty	Price
1	Rear tailgate RH	1	\$ 1,320.00
2	Rear tailgate LH	1	\$ 1,350.00
3	Rear tailgate rubber RH	1	\$ 185.00
4	Rear tailgate rubber LH	1	\$ 185.00
5	Rear tailgate lock	1	\$ 188.00
6	Rear tailgate hinge top RH	1	\$ 147.00
7	Rear tailgate hinge bottem RH	1	\$ 147.00
8	Rear tailgate hinge top LH	1	\$ 147.00
9	Rear tailgate hinge top LH	1	\$ 147.00
10	Rear end panel	1	\$ 285.00
11	Rear end panel inner	1	\$ 472.00
12	Rear tail lamp RH	1	\$ 325.00
13	Rear tail lamp LH	1	\$ 325.00
14	Rear bumper assy	1	\$ 1,026.00
15	Rear bumper retainer RH	1	\$ 68.00
16	Rear bumper retainer LH	1	\$ 68.00
17	Rear bumper reflector RH	1	\$ 90.00
18	Rear bumper reflector LH	1	\$ 90.00
19	Rear fender RH	1	\$ 1,650.00
20	Rear fender LH	1	\$ 1,650.00
21	Rear reverse camera	1	\$ 380.00
22	Rear reverse sensor	1	\$ 300.00

23	Rear number plate lamp x 2 pcs	1	\$	226.00
24	Rear emblem logo wording (Nissan/NV200)	1	\$	95.00
25	Rear sticker (70/km) - PUB red and white logo	1	\$	200.00
26	Rear number plate 1 set	1	\$	80.00
To supply labour cost			\$	-
1	Rust proofing	1	\$	200.00
2	To check wiring system rear reverse camera and rear reverse sensor	1	\$	400.00
3	To remove and refix rear wind screen RH & LH	1	\$	400.00
4	Rear wind screen sealant - 2 pcs ( 1 pc @ \$50)	2	\$	100.00
5	To knock and welding, straightening accident rear tailgate RH& LH, end panel, end panel inner, fender RH & LH, bumper	1	\$	2,500.00
6	To respray paint on accident rear tailgate RH & LH, end panel, end panel inner fender RH & LH, bumper (two colour, blue & white)	1	\$	2,000.00
Estimated 14 working days upon quotation approval.			\$	-
Remarks: Any additional parts or pricing will be informed after dismantle parts for further check (if needed)			Total Charges:	\$ 16,746.00
			GST	\$ 1,172.22
			Amount Payable:	\$ 17,918.22

Tan Yuwei  
Workshop Manager  
Fleet Maintenance



SMRT Automotive 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	21/06/2019 10:28
Date Of Accident	19/06/2019 15:45
Exact Location Of Accident	UPPER SERANGOON ROAD SLIP RD TO SERANGOON AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3944L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PUBLIC UTILITIES BOARD
Co Reg No	T08GB0045L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65216488

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093209MFCV/2
Cover Note Number	

### Driver

Name of Driver	WONG LENG KEAT
NRIC No	S8127920I
Date Of Birth	22/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98286423
Fax Number	
Contact Number	
EMail Address	WONG_LENG_KEAT@PUB.GOV.SG

Address	BLK 672D EDGEFIELD PLAINS #10-589
Postcode	824672
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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 STATIONARY ALONG THE SLIP ROAD OF UPPER SERANGOON ROAD TO GIVE WAY TO THE ONCOMING TRAFFIC ON SERANGOON AVE 2 WHEN THE VEHICLE SDU6891Y FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDU6891Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HENG MENG
NRIC/Passport Number	S0207841D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name WONG LENG KEAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBD3944L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

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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.

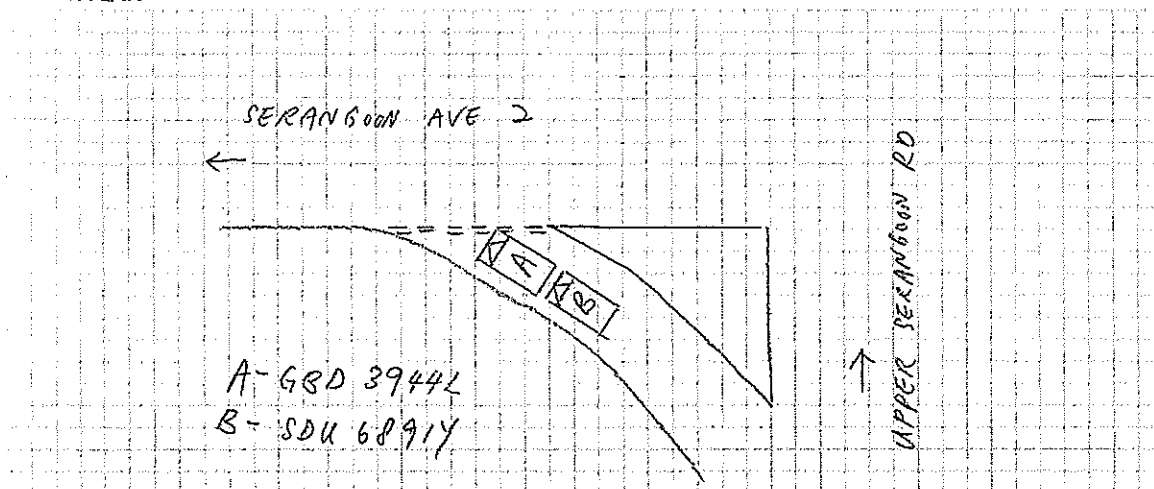
Policyholder's Signature  
Date & Time:

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

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

**Sketch Plan Pg. 2**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

### DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/06/19 1037hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: