

22/03/2002

ASS. REC. BY:

REF: ES/EGT20002930/kyd3

Special Instruction:

Surveyor: Sun Pin

ASSIGNMENT (Office)

From (Person): Pauline Soh

of

EGT

Date/Time: 20/2/2020 @ 9:50am

Estimated Cost:

Bill to:

OD-TP/WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SMB 1624D

Insured:

GX2331Y

at Workshop m/s

SMRT

Tel:

9154 1195

of

Go woodland Ind. Park ea

Policy No:

Claim No:

CDMCG20000302

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 17/02/2020

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 9:51am @ 20/2/2020

Person Contacted:

Sddy

Vehicle: IN/OUT

Date/Time	Action/Instruction	Remarks
	SMB1624D-NS/INC17009976/kyd3e2	DOA: 3/5/2017
	GX2331Y-CEG/14414015996/kyd3e2	DOA: 17/8/2014

ASS. REC. BY: Sun Pin.REF: ERGO

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date: _____ Person Contacted: _____

Veh No: SMB1624 D. Yr Regn: 13/02/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: MAN NL320F (A22) 11L c.c 10518
 Colour: Multicolour. A/O: Insured / Std / NI / NA
 Sp. Reading: 348723 T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: WMAA22 228F 7002609Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim orTyre Size: F: 275 / 70 R22.5R: 275 / 70 R22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 17/02/2020 D.O.I. 20/02/2020

Survey held at SMRT.Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

28/2 Sent Prel. by MeimenL/S \$1350F (Red \$276-33, 17%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

22/5/20 Typist

Rep. (Formal):

Lump Sum M.E.C. \$1350FDays Of Repair: 1/2Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn:

Date: 28 Feb 2020

Preliminary Advice

Insured Vehicle No	: GX2331Y		
TP Vehicle No	: SMB1624D	Accident Date	: 17/02/2020
Make	: TOYOTA SIENTA	Assignment Date	: 20/02/2020
Date of Inspection	: 20/02/2020	Est. Duration of Repair	: 0.50
Inspection At	: SMRT AUTOMOTIVE SERVICES PTE LTD (WOODLANDS) 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,650.41
Revised Amount	:S\$	1,385.41
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,385.41

Lump Sum Repair	:S\$
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Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : The above survey was conducted on a without "prejudice" basis.

Nivitha (LKK Auto)

From: ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>
Sent: Thursday, 20 February 2020 9:50 AM
To: JeongCH@smrt.com.sg; Admin-D (LKKAuto (admin-d@lkkauto.com)); Admin A (admin-a@lkkauto.com); Mei Kwan (LKKAuto (Meikwan@lkkauto.com))
Cc: Ivy Yong; Zheng Hanyang; Phoebe Xie
Subject: FW: Claims ref no. (P) CDMCG20000302 Survey SMB1624D
Attachments: SMB1624D.pdf; SAS2752681.PDF

Date Classification : Confidential, C3

**** NOTE: Please create case, input our Claim ref no. and upload ALL survey related documents into Merimen. Payment invoices shall be ignored for cases that are not submitted via Merimen.**

Hi LKK,

Please conduct this survey request.

(Note: Survey vehicle only, LOD will be handled by Ergo)

Kindly inform us if you are not able to attend it.

Thank you.

Warmest Regards,
Pauline Soh
ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-05 Suntec Tower Five
Singapore 038985
DID: +65 6829 9194
pauline.soh@ergo.com.sg

ERGO

www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.



Disclaimer: This message and its attachments are confidential, intended only for the named addressee, and may be privileged. If you are not the intended recipient, you should not disclose, distribute, copy or use this communication. If you are not the intended recipient, please notify the sender by return email and delete this message. By opening any attachment to this message, you agree to accept the risk that it may contain a virus or damaging code, and you agree that ERGO Insurance Pte Ltd. will not be liable for any loss or damage thereby caused.

From: Jeong Choon Hwee (Auto Svcs/ARC/ARC/Buses) <JeongCH@smrt.com.sg>
Sent: Thursday, 20 February 2020 9:11 am
To: ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>
Cc: AutoSvs-ARC (Bus) <AutoSvs-ARCBus@smrt.com.sg>
Subject: Survey SMB1624D

Hi,

Kindly arrange to survey the vehicle **SMB1624D** within 48 hours according to GIA guide line, involving your insured **GX2331Y**

Insurance Company : **ERGO**
Vehicle in **Woodlands. SMRT Depot**

**Please do arrange LKK for survey.*

Regards,
Edy Jeong

9154 1195

SMRT Automotive Services Pte Ltd
(Accident Repair Centre) (BUS)



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	19/02/2020 13:23
Date Of Accident	17/02/2020 15:20
Exact Location Of Accident	OUTRAM ROAD (BS:06049-BEFORE OUTRAM FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1624D
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	1XXXXX292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	MAN
Model	MAN NL320F (A22)
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-19093203MFBP
Cover Note Number	

Driver

Name of Driver	DHARSANAKUMAR GANESAN
Passport No/FIN	GXXXX864K
Date Of Birth	05/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address NO 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
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) 15

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 SMB1624D was moving off from Outram Road (BS:06049 – Before Outram Flyover) after conducting passenger activities, suddenly a lorry cut into my lane and the left rear body of a lorry (GX2331Y) had hit my right side view mirror. No injury reported. Bus damage: right side view mirror broken. No visible damage to the lorry. That's all.

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 DOWNLOAD
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GX2331Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver NEO AH HWEE
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name ERGO INSURANCE PTE. LTD.
Nature Of Damage
No. Of Passenger (Including Driver)

BUS/02/20/5028

CMB 1624D

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.
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. 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:

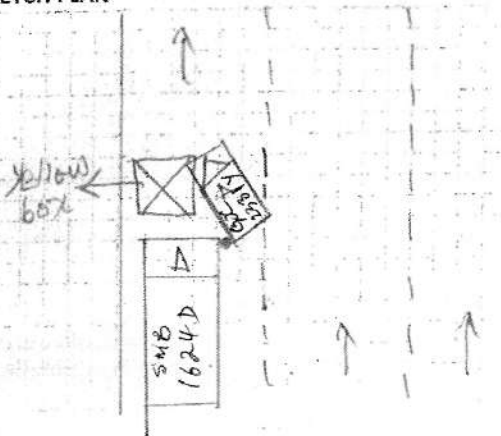
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



outram Road (BS:06049
-before outram Flyover).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SMB1624D
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Feb 2020
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	50339591533955
Chassis No.:	WMAA22ZZ8F7002609
Maximum Power Output:	-
Open Market Value:	\$249,238.00
Original Registration Date:	13 Feb 2015
First Registration Date:	13 Feb 2015
Transfer Count:	0
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 21 Feb 2020

OK



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 : 20/02/2020

User ID : JeongCH

Section A - Accident Details

Registration Number	SMB1624D
Case Reference Number	BUS/02/20/5028
Registration Date	2/13/2015
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Dharsanakumar Ganesan
Type of Accident	Side Swipe
Accident Date and Time	2/17/2020 3:20 PM
Accident Reported Date and Time	2/17/2020 5:15 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	
Special Instruction to ARC, if any	SMB1624D-RIGHT SIDE VIEW MIRROR BROKEN GX2331Y (TP) INSURED WITH ERGO
Prepared Date and Time	2/19/2020 6:21 PM
Chassis Number	WMAA22ZZ8F7002609
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	\$530.00	\$0.00
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$896.33	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$896.33	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	1.0	
Prepared / Adjusted By	Jeong Choon Hwee	
ARC / Surveyor Sign Off Date	19/02/2020 6:33 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 : 20/02/2020

User ID : JeongCH

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL FRONT VIEW MIRROR RH	\$530.00	265
Total Labour	\$530.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

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
6010161	BODY RH	4001M01-ACCE487	MIRROR, VIEW FRONT, R H, FOR MAN	1.00	\$1,244.90	10.00	\$1,120.41	Replace	✓ CR4
Total					\$1,244.90		\$1,120.41		

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									


2/3/2020

Repair dy - 0.5 day

Lump Sum Repair
After paint photo

Sun Pm (Lido)
20/02/2020

TP written projudice

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: