

ASS. REC. BY:

REF:

INC NSI/NC 2003508/T14f3

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:

SJP 4341L

Policy No.

MT/1086453-002

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

IDAC Accident Report:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Goh.

Veh No:

SMB1544B

Yr Regn:

2014, Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

MAN NL 320F

c.c 10518

Colour:

Nuth

A/C:

Insured / Std / NI / NA

Sp. Reading

4684772

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WMAA2222 2F 7002489

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

275/70R22.5

R:

4 - (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Firenze T.

Front

Rear

R/Bal.

8

mm

R/Bal.

4/8

mm

L/Bal.

8

mm

L/Bal.

8/6

mm

D.O.A.

D.O.I.

2/3/2004/9.

Survey held at

SMART VL

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

w/s will e-mail GIA.

SMB1544B-5

SJP 4341 L-X

LIS \$8900/- (Red \$1340-04, 13%)

RECEIVED 24 MAR 2020

23/3/2020

Date/Time, File Pass to?



Preli. Report



Final Report

1)

Date/Time, File Return to?

2)

23/3/20 Typist

Rep. Format:

Lump Sum (L.S.):

\$8900/-

Days Of Repair:

6

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Week end (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date : 23/03/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1086453-002	SMRT	SMB 1544B	SJP 4341L	29/02/2020	16:15	\$ 10,240.04
2	MT/1085209-001	COMFORTDELRO	SHB 4037M	SLZ 8318C	06/02/2020	15:35	\$ 2,360.94
3							
4							
5							
6							

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	03/03/2020 08:13
Date Of Accident	29/02/2020 16:15
Exact Location Of Accident	AT JUNCTION OF JALAN BUKIT MERAH AND CTE BEFORE BS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1544B
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	PAREYAGANAPATHI KALIAPPAN@PAREYAGANAPATHI S/O KALI
NRIC No	SXXXX583Z
Date Of Birth	06/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2018
Driving Experience	1 YEAR AND 4 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Police Report No. T/120200229/2125 On 29/02/2020 at about 1615hrs, I was driving SMRT bus service no. 167, SMB1544B along Jln Bukit Merah at the most left lane. The traffic light just turned green as such I drove forward a bit and there was a vehicle, SJP4341L from the opposite direction was waiting at the pocket to make a right turn to GTE. When I continued to drive straight, the said vehicle started making the turn and I accidentally hit onto the vehicle on the rear left as I was not able to stop on time. During the accident, a few of my passengers was injured as such I called my control centre who assisted to call for police. Three of my passengers were conveyed to the hospital, the damages of my bus were the front left door and bumper was damaged and the left mirror was shattered. The other vehicle damages the left rear bumper was heavily dented and bumper.

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	SJP4341L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MASAHARU NUMATA
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MASAHARU NUMATA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP4341L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LYNN

Approximate Age 30

Injuries Sustain

Injured person in which vehicle? SMB1544B

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN CHINESE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMB1544B

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name UNKNOWN CHINESE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMB1544B

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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 Authorized 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:

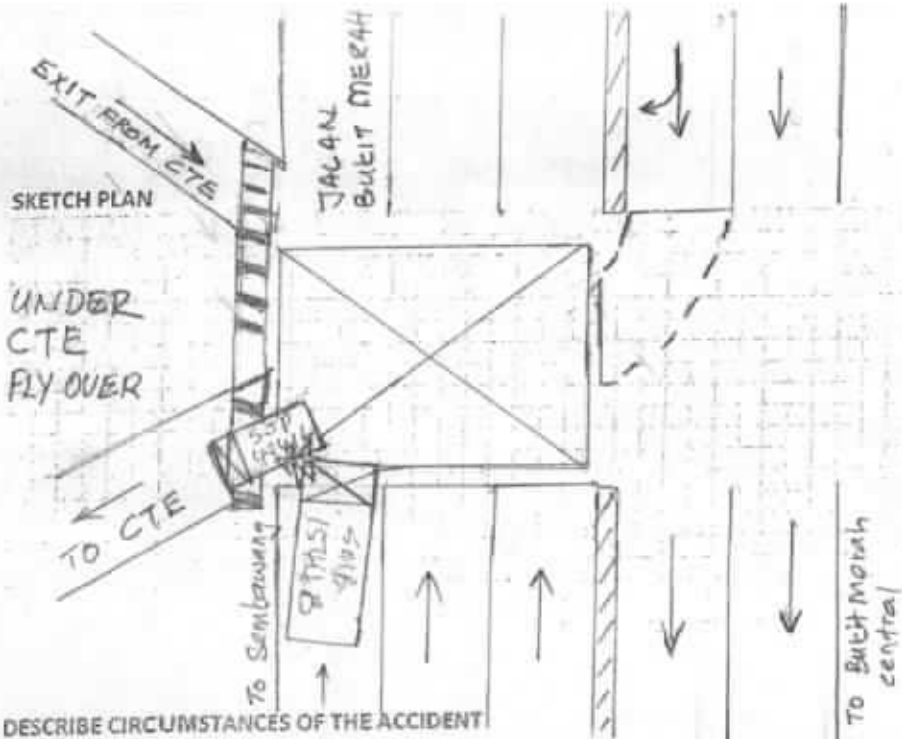
[Signature]

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



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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)



Reporting Centre Personnel's Signature _____

Mazurkiewicz

6-09027-1 *Journal of Interpersonal Violence*, 2008, Vol. 23, No. 10, pp. 1459–1470.



**SINGAPORE
POLICE FORCE**



T720200229/2125

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No: T720200229/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/02/2020 21:20		Vide Report No.: A/20200229/0110		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: PAREYAGANAPATHI KALIAPPAN			Address: NO 41 JLN BESTARI 21/4 TMN NUSA BESTARI 81300 SKUDAI JB M'SIA		
ID Type / ID No.: NRIC NO / S7380583Z			Contact No.: Home/Office: Mobile: 98833133		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 06/01/1973	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: BUS CAPTAIN			Driving Licence Information: Class: 3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/02/2020 16:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH CENTRAL EXPRESSWAY Jln Bt Merah junction of CTE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP4341L	Car				Slightly Damaged	1
SMB1544B	Bus/Coach/Minibus				Seriously Damaged	7

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200229/2125

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757133
Tel No: 1800-5549999

2 of 3

Report No. T/20200229/2125

CONTINUATION OF REPORT

Driver			
Name	MASAHARU NUMATA	ID No.	NIL
Related Vehicle	SJP4341L (Car)	Contact No.	97391547
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PAREYAGANAPATHI KALIAPPAN	ID No.	S7380583Z
Related Vehicle	SMB1544B (Bus/Coach/Minibus)	Contact No.	98833133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/02/2020 at about 1615hrs, I was driving SMRT bus service no. 167, SMB1554B along Jln Bukit Merah at the most left lane. The traffic light just turned green as such I drove forward a bit and there was a vehicle, SJP4341L from the opposite direction was waiting at the pocket to make a right turn to CTE. When I continued to drive straight, the said vehicle started making the turn and I accidentally hit onto the vehicle on the rear left as I was not able to stop on time.

During the accident, a few of my passengers was injured as such I called my control centre who assisted to call for police. Three of my passengers were conveyed to the hospital, the damages of my bus were the front left door and bumper was damaged and the left mirror was shattered. The other vehicle damages the left rear bumper was heavily dented and bumper.



**SINGAPORE
POLICE FORCE**



T/20200229/2125

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20200229/2125

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/02/2020 21:20
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No: 65476216	Classification Of Case:
Authentication Stamp NP168 Singapore Police Force	



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63665582
Estimator Telephone Number : 68662823
Accident Reporting Number : 68662672


Date Generated : 02/03/2020

User ID : GohKK2

Section A - Accident Details

Registration Number	SMB1544B
Case Reference Number	BUS/02/20/1061
Registration Date	12/12/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN NL320F(A22)
Name of Driver	Pariyaganapathi Kannappan
Type of Accident	Side Swipe
Accident Date and Time	29/2/2020 4:14 PM
Accident Reported Date and Time	29/2/2020 6:54 PM
Is Surveyor Required?	Yes
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	SMB1544B-FRONT LEFT PORTION SJP4341L (TP) INSURED WITH NTUC
Prepared Date and Time	2/3/2020 3:41 PM
Chassis Number	WMAA222Z2F7002489
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	\$2,650.00	\$0.00
Total Spray Cost	\$678.00	\$0.00
Total Spare Part Cost	\$3,686.90	\$0.00
Total Other Cost	\$200.00	\$0.00
TOTAL COST	\$3,686.90	\$0.00
Lump Sum Total	\$3,700.00	\$0.00
Number of Repair Days	7.0	
Prepared / Adjusted By	Kok Khoon Goh	
ARC / Surveyor Sign Off Date	02/03/2020 4:06 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
90 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63665562
Estimator Telephone Number : 68662523
Accident Reporting Number : 68662672

Date Generated : 02/03/2020

User ID : GOKK2

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.	\$2,650.00	2120
Total Labour:	\$2,650.00	

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	\$678.00	616
Total Spray Painting & Panel Beating	\$678.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	\$200.00	? towing receipt
Total Other Costs	\$200.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010148	GLASS	4001X01-GLASS5171	WINDSCREEN FRONT F OR MAN A22 BUS	1.00	\$5,031.80	10.00	\$4,528.62	Replace	CRA ✓
4006315			ACTIVATOR	1.00	\$80.00	0.00	\$80.00	Replace	RA ✓
4006314			SEALANT SIKAFLEX	10.00	\$37.00	0.00	\$370.00	Replace	RA ✓
4006313	CONSUMABLE	SIKAB Primer-206 G+P	PRIMER (SIKA 206 G+P)	1.00	\$80.00	0.00	\$80.00	Replace	RA ✓
6010153	Body	F01001-CW264	COVER HEADLAMP FRT LH FOR MAN A22 BUS	1.00	\$874.70	10.00	\$877.23	Replace	CRA ✓
6010306			FRONT AUX HEADLAMP FLASHER LH	1.00	\$904.40	10.00	\$813.96	Replace	CRA ✓
6010304			FRONT HEADLAMP LH	1.00	\$1,603.60	10.00	\$1,443.24	Replace	CRA ✓
6009375	VM		RETAINER MALE & FEMALE REAR LD.MAN BUS	1.00	\$74.30	10.00	\$67.32	Replace	RA ✓
6010154			FRONT FLAP	1.00	\$1,868.80	10.00	\$1,681.92	Replace	RX
6010151			BUMPER FRONT	1.00	\$1,868.80	100.00	\$0.00	Repair	RX
6010073	Body	F01001-CW282	DOOR FRONT FOR MAN A22 BUS	1.00	\$2,817.50	100.00	\$0.00	Repair	RX
6010813	VM		ARM W/PER LH PANOR AMIC FOR MAN A22 BUS	1.00	\$247.50	10.00	\$222.75	Replace	?
	Body		FLOOR SKELETON FRONT PART	1.00	\$17,132.57	100.00	\$0.00	Repair	RX
	Body	S04004-CW239	1ST PILLAR	1.00	\$1,437.50	100.00	\$0.00	Repair	RX
			STICKER SMRT	1.00	\$75.00	0.00	\$75.00	Replace	RA ✓
Total					\$34,233.97		\$19,240.04		

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									

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:

Tanphun 97445749
WP
2/3/2020 410pm

Lumpsum
Repair after repair - 06 days
tanphun@lkkauto.com



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
80 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63655592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 02/03/2020

User ID : GchKK2

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.	\$2,850.00	2/20
Total Labour	\$2,850.00	

4 days

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	\$878.00	6/6
Total Spray Painting & Panel Beating	\$878.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	\$200.00	? towing receipt x nn
Total Other Costs	\$200.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010148	GLASS	4001X01-GLASS5171	WINDSCREEN, FRONT FOR MAN A22 BUS	1.00	\$5,031.80	10.00	\$4,528.62	Replace	Che ✓
4006315			ACTIVATOR	1.00	\$80.00	0.00	\$80.00	Replace	nn ✓
4006314			SEALANT SIKAFLEX	10.00	\$37.00	0.00	\$370.00	Replace	nn ✓
4006313	CONSUMABLE	SIKAS Primer-206 G+P	PRIMER (SIKA 206 G+P)	1.00	\$80.00	0.00	\$80.00	Replace	nn ✓
6010153	Body	F01001-CW284	COVER, HEADLAMP, FRT LH, FOR MAN A22 BUS	1.00	\$874.70	10.00	\$877.23	Replace	Che ✓
6010306			FRONT AUX HEADLAMP FLASHER LH	1.00	\$904.40	10.00	\$813.96	Replace	Che ✓
6010324			FRONT HEADLAMP LH	1.00	\$1,603.80	10.00	\$1,443.24	Replace	Che ✓
9008375	VM		RETAINER, MALE & FEMALE, REAR LID, MAN BUS	1.00	\$74.80	10.00	\$67.32	Replace	de ✓
6010154			FRONT FLAP	1.00	\$1,868.80	10.00	\$1,681.92	Replace	RX
6010151			BUMPER FRONT	1.00	\$1,868.80	100.00	\$0.00	Repair	RX
6010073	Body	F01001-CW262	DOOR, FRONT, FOR MAN A22 BUS	1.00	\$2,817.50	100.00	\$0.00	Repair	RX
6010913	VM		ARM, WIPER, LH, PANORAMIC, FOR MAN A22 BUS	1.00	\$247.50	10.00	\$222.75	Replace	? x nn
	Body		FLOOR SKELETON FRONT PART	1.00	\$17,132.57	100.00	\$0.00	Repair	RX
	Body	SD4004-CW239	1ST PILLAR	1.00	\$1,437.50	100.00	\$0.00	Repair	RX
			STICKER SMRT	1.00	\$75.00	0.00	\$75.00	Replace	nn ✓
Total					\$34,233.87		\$10,240.04		

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									

Tanfer 97445749

'WP'

2/3/20 @ 4:10pm

4/5/88900

Gdays

Email to Catherine

Lumpsum

Repay after rep - 06 days

tanfer@hkauto.com

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757708
FAX Number : 63655562
Estimator Telephone Number : 60662623
Accidents Reporting Number : 60662623

Date Generated : 02/03/2020
User ID : GohJG2

Section A - Accident Details	
Registration Number	SMG1544B
Case Reference Number	BU50220/1061
Registration Date	12/12/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN NL320FA22J
Name of Driver	Purayaganesan Kalippan
Type of Accident	Side Swipe
Accident Date and Time	28/2/2020 4:14 PM
Accident Reported Date and Time	28/2/2020 6:54 PM
Is Surveyor Required?	Yes
Survey By	
Vehicle Is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	
Special Instruction to A/R, if any	SMG1544B-FRONT LEFT PORTION 5LH341L (TP) INSURED WITH NTUC
Prepared Date and Time	2/3/2020 3:41 PM
Chassis Number	WMAA3222ZF7002488
Mileage	
Work Group	
Repair Completion Date and Time	
Section B - Summary of Repair Estimates	
Summary of Repair Estimates	
Quotation from A/R	Adjusted by Surveyor, if applicable
Total Labour Cost	\$2,650.00
Total Spray Cost	\$878.00
Total Spare Part Cost	\$3,686.90
Total Other Cost	\$200.00
TOTAL COST	\$3,686.90
Lump Sum Total	\$3,700.00
Number of Repair Days	7.0
Prepared / Adjusted By	Koh Khoo Goh
A/R / Surveyor Sign Off Date	02/03/2020 4:58 PM
Signature	
Remarks	
Section C - Quotation and Accident Invoice Details	
Quotation Number	Invoice Number
Quotation Date	Invoice Date
Invoice Amount	Prepared Date

Section A - Accident Details

SMB1544B

BUS/02/20/1061

12/12/2014

SMRT Buses Ltd

MAN

MAN NL320F(A22)

Pareyaganapathi Kaliappan

Side Swipe

29/2/2020 4:14 PM

29/2/2020 6:54 PM

Yes

No

No

24105985

SMB1544B-FRONT LEFT PORTION
3JP4341L (TP) INSURED WITH NTUC

2/3/2020 3:41 PM

NMAA22ZZ2F7002489

Section B - Summary of Repair Estimates

Quotation from ARC

Adjusted by Surveyor, if applicable

,650.00

\$2,120.00

78.00

\$616.00

,220.03

\$6,696.30

00.00

(\$547.20)

1,948.03**\$8,885.10****1,950.00****\$8,900.00**

6.0

k Khoon Goh

Taufikh

03/2020 8:33 AM

02/03/2020 4:31 PM



Lkf

Section D - Details of Repair Estimates

	Quotation from AR	Adjusted by Surveyor, if appli
ND REPAIR OTHERS	\$2,650.00	\$2,120.00
	\$2,650.00	\$2,120.00

Related Works

	Quotation from ARC	Adjusted by Surveyor, if appli
Y AND RESPRAY ABOVE	\$878.00	\$616.00
	\$878.00	\$616.00

lent Repair Related Expense

	Quotation from ARC	Adjusted by Surveyor, if appli
	\$200.00	\$0.00
	\$0.00	(\$547.20)
	\$200.00	(\$547.20)

er	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyo
	WINDSCREEN,FRONT:F OR MAN A22 BUS	1.00	\$5,031.80	10.00	\$4,528.62	Replace	Replace
	ACTIVATOR	1.00	\$80.00	0.00	\$80.00	Replace	Replace
	SEALANT SIKAFLEX	10.00	\$37.00	0.00	\$370.00	Replace	Replace
er-	PRIMER (SIKA 206 G+P)	1.00	\$80.00	0.00	\$80.00	Replace	Replace
264	COVER,HEADLAMP:FRT LH,FOR MAN A22 BUS	1.00	\$974.70	10.00	\$877.23	Replace	Replace
	FRONT AUX HEADLAMP FLASHER LH	1.00	\$904.40	10.00	\$813.96	Replace	Replace
	FRONT HEADLAMP LH	1.00	\$1,603.60	10.00	\$1,443.24	Replace	Replace
	RETAINER:MALE & FEMALE,REAR LID,MAN BUS	1.00	\$74.80	10.00	\$67.32	Replace	Replace
	FRONT FLAP	1.00	\$1,868.80	100.00	\$0.00	Replace	Repair
	BUMPER FRONT	1.00	\$1,868.80	100.00	\$0.00	Repair	Repair
262	DOME:FRONT,FOR MAN A22 BUS	1.00	\$2,817.50	100.00	\$0.00	Repair	Repair
	ARM,WIPER:LH,PANOR AMIC,FOR MAN A22 BUS	0.00	\$247.50	0.00	\$0.00	Replace	Check
	FLOOR SKELETON FRONT PART	1.00	\$17,132.57	100.00	\$0.00	Repair	Repair
239	1ST PILLAR	1.00	\$1,437.50	100.00	\$0.00	Repair	Repair
	STICKER SMRT	1.00	\$75.00	0.00	\$75.00	Replace	Replace
			\$34,233.97		\$8,335.37		

Surveyor Signed off

er	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyo
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