

☐ : Weekend 18

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No:	SG6128P
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Mar 2020
Vehicle Make:	MAN
Vehicle Model:	A95
Primary Colour:	Multicolor
Manufacturing Year:	2018
Engine No:	50352241285216
Chassis No:	WMAA95ZZ9KF009002
Maximum Power Output:	-
Open Market Value:	\$415,071.00
Original Registration Date:	05 Apr 2019
First Registration Date:	05 Apr 2019
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 23 Mar 2020

OK

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	20/03/2020 08:55
Date Of Accident	18/03/2020 18:25
Exact Location Of Accident	BS-46809-WOODLANDS AVENUE 6-AFTER WOODLANDS MART
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG6128P
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 A95 EU6

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	NGA YOOK LIAN
NRIC No	SXXXX776F
Date Of Birth	01/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2005
Driving Experience	14 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	COLLIDED INTO MOTORCYCLIST
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)	100

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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/20200319/2005D I am working as a bus driver at SMRT company. I am assign to bus service 964. The route is from Woodlands Interchange to Woodlands Link area. On 18/3/20 at about 1825hrs, I was driving bus SG6128P along Woodlands Ave 6 going towards Admiralty MRT. At about 1828hrs, I stopped at the bus stop near Blk 770 to alight passengers. While waiting, I felt an impact from the rear. I checked the side mirror and saw a motorcycle behind my bus. I went to make a check and saw the rider was lying on the road with his motorbike, FZ9255P beside him. I spoke to the rider who is male Chinese. He informed that he had collided onto a pedestrian who was crossing the road along Woodlands Ave 6. He further informed that he was unable to react in time as there was a lorry blocking his view. The rider ended up collided onto my bus. I noticed the pedestrian is a maid however I am unsure what happened to her as I did not witness anything. I immediately informed my management about the incident. My bus rear signal light was broken due to the collision. Traffic Police and Paramedic were at scene. The maid was conveyed to hospital for further check. I was advised by the traffic Police to lodge a traffic accident report.

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	FZ9255P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver

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

UNKNOWN MAID

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FZ9255P

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

UNKNOWN CHINESE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FZ9255P

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
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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:

Lian

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Bus stop #6809- woodlands Avenue 6
after woodlands Mall.

DECLARATION

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



Policyholder's Signature
Date & Time:

Lian

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



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



**SINGAPORE
POLICE FORCE**



T/20200319/2005D

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20200319/2005D

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2020 00:45		Vide Report No.: L/20200318/0121		Station Diary No.: 5012	
Informant's Particulars					
Name of Informant: NGA YOOK LIAN			Address: APT BLK 747 WOODLANDS CIRCLE #11-706 SINGAPORE 730747		
ID Type / ID No.: NRIC NO / S2580776F			Contact No.: Home/Office: Mobile: 97739051		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 56	Date of Birth: 01/07/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,3,4A,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2020 18:25	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 6				
Woodlands Ave 6 towards Admiralty MRT near blk 770.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FZ9255P	Motorcycle				Slightly Damaged	0
SG6128P	Bus/Coach/Minibus				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200319/2005D

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No: T/20200319/2005D

CONTINUATION OF REPORT

Brief Details.

I am working as a bus driver at SMRT company. I am assign to bus service 964. The route is from Woodlands Interchange to Woodlands Link area.

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Traffic Police and Paramedic were at scene. The maid was conveyed to hospital for further check. I was advised by the traffic Police to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20200319/2005D

3 of 3

Report No. T/20200319/2005D

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 3 EDWARD SIM ZHI CHAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 INTAN WULANDARI BUOY SANTOSO
Contact No.: 65476256

Authentication Stamp
NP158



Signature:

Singapore Police Force

Signature Of Informant:

Lian

Date/Time:
19/03/2020 00:45

Classification Of Case:
SN 130

Sketch Plan Pg. 6



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park S4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68602023
Accident Reporting Number : 69602672


Date Generated : 20/03/2020

User ID : GohKK3

Section A - Accident Details

Registration Number	SG6128P
Case Reference Number	BUS/03/20/7017
Registration Date	5/4/2019
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN A95 EU6
Name of Driver	Nga Yook Lian
Type of Accident	Side Swipe
Accident Date and Time	19/3/2020 5:24 PM
Accident Reported Date and Time	19/3/2020 9:28 AM
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	SG6128P-RIGHT REAR PORTION FZ8255P (TP) INSURED WITH
Prepared Date and Time	19/3/2020 2:00 PM
Chassis Number	
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	\$755.00	\$0.00
Total Spray Cost	\$324.00	\$0.00
Total Spare Part Cost	\$1,358.19	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$2,437.19	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	
Prepared / Adjusted By	Kok Khoo Goh	
ARC / Surveyor Sign Off Date	19/03/2020 2:14 PM	
Signature		<input type="checkbox"/>
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
50 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63885592
Estimator Telephone Number : 69662623
Accident Reporting Number : 69662672

Date Generated : 20/03/2020

User ID : G06K62

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$795.00	✓ 530
Total Labour	\$795.00	

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	\$324.00	✓ 262
Total Spray Painting & Panel Beating	\$324.00	

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
6012636	VC		REVERSE LAMP BULB (A25 MAN)	1.00	\$235.00	10.00	\$211.50	Replace	✓ CRA
6010299			SIGNAL LAMP LED	1.00	\$1,274.10	10.00	\$1,146.69	Replace	✓ CRA
6013482	Body	124-2-2-009-072	O/S FRP REAR LAMP	1.00	\$975.00	100.00	\$0.00	Repair	X JVC
Total					\$2,484.10		\$1,358.19		

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									

Repair day - 2 days

L/S

After painting photo

Sun Pin (LKK)

20/03/2020

TP without prejudice

- 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: