

ASS. REC. BY: Sun Pin

REF:

NT4C NS/INC 20004509/24f3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

ol

Insured: SJL 2620Policy No. 5116702094 (12/03/2020-11/03/2021)

Claims No.

MT/1088174-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

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

Veh No:

SMIB 84TYr Regn: 08/07/2009

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

Truck / Trailer or

Make:

Mercedes Benz. OC504E c.c 11967.

Colour:

Multicolour

A/C: Insured / Std / NI / NA

Sp. Reading

736918

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WEB63442021000203

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

275/70 R22-5

R:

275/70 R22-5

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

TOYO / YOKO or

Fireenza

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

19/03/2020

Survey held at

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

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

Date / Time

Action / Instruction

SMIB 84T - NS/INC16005085/kgh3n2 DOA - 10/03/2020SJL 2620 - XLIS \$550P (Red \$582.00, 51%)

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

27/4/20 TypistDays Of Repair: 2Resurvey No. of Trip: 2

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Phone

Others

TOTAL

Report Formed:

Lump Sum P.E.I.:

\$550P

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5116702094		MUHAMMAD YASSIER BIN JAIS	S9103418B	GPC	drivo CLASSIC	SJL262D	SJL262D	12/03/2020	11/03/2021

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	17/03/2020 10:23
Date Of Accident	13/03/2020 09:15
Exact Location Of Accident	BS:43649-BUKIT BATOK WEST AVENUE 7-HOME TEAMNS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB84T
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	MERCEDES-BENZ
Model	MBOC500
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	NEO KENG CHUAH
NRIC No	SXXXXX976B
Date Of Birth	17/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail 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)	25

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 was stationary at bus stop 43649-Bukit Batok West Avenue 7 Home TeamNS for pax activity , a private car (SJL262D) left side mirror had hit onto the right rear portion of my bus. There were 25 pax onboard my bus and no injuries were reported. My bus sustained right rear body scratches. 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	SJL262D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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)	

SKETCH PLAN

SMB84T
pax=25
Bus/03/20/5014

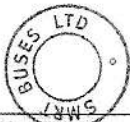
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

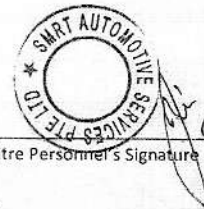
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Handwritten Signature]

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



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

SKETCH PLAN

Hand-drawn sketch plan of a road intersection. A vertical road on the left has a 'Bus stop 43649' and a 'Bus stop' sign. A horizontal road crosses it. A side road branches off to the right. A 'Keib' sign is on the side road. Arrows indicate traffic flow: left for the main road, right for the side road, and a U-turn arrow for the main road. A 'L.D.' sign is at the intersection.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bus stop 43649 - Bukit Batok west
Avenue 7 - Home Team NS.

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

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.:	SMB84T
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Mar 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	OC500LE1830H
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	45796600169330
Chassis No.:	WEB63442021000203
Maximum Power Output:	-
Open Market Value:	\$329,368.00
Original Registration Date:	08 Jul 2009
First Registration Date:	08 Jul 2009
Transfer Count:	0
Actual ARF Paid:	\$16,469.00
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 24 Mar 2020

OK



Case Details

Case Reference Number : BUS/03/20/5014

Company Type : SMRT Buses Ltd

Insurance Company Name : NTUC Income
Insurance Co-operative Ltd

Type of Repair : Accident Repair

Estimation ID : EST-10897-ID

Accident Date and Time : 13/03/2020 01:15
AM

Vehicle Registration Number : SMB84T

Assigned By : Bus Claims Manager Team

Vehicle Age(In Months) : 128

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

SMRT Recommendation											Surveyor Approval			
BOI Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
Total Spare Part Cost									0.00		Surveyor Total		0.00	
Lump Sum Discount (%)									0.00		Lump Sum Dis (%)		0	
Final Spare Part Cost									0.00		Final Sur Total		0.00	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH REAR PORTION	530.00	265	
Total:			530.00	265.00	

Spray Cost Detail

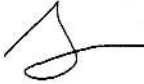

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO PUTTY & RESPRAY	602.00	432	
Total:			602.00	432.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			0.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	0.00	0.00
Total Labour Cost	530.00	265.00
Total Spray Painting	602.00	432.00
Other	0.00	0.00

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Overall Total	1,132.00	697.00
Lump Sum Repair Option	<input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Total	0.00	697.00
Surveyor Approved Amount		697.00
No of Repair Days*	3	2 <i>2 days</i>
Remarks		Surveyor Remarks <i>P/P</i>
Surveyor Name		Sun Pin (LKK)
Signature		 <input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	20/03/2020	

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: