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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SMB1430X
Vehicle to be Exported:	No
Intended Deregistration Date:	26 May 2020
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	50337660803765
Chassis No.:	WMAA22ZZ5E7002145
Maximum Power Output:	-
Open Market Value:	\$259,407.00
Original Registration Date:	10 Jul 2014
First Registration Date:	10 Jul 2014
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 26 May 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	21/05/2020 10:54
Date Of Accident	18/05/2020 16:00
Exact Location Of Accident	AFTER TRAFFIC LIGHT JUNCTION BETWEEN SEMBAWANG ROA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1430X
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-20095488MFBP
Cover Note Number	

Driver

Name of Driver	JASNI BIN HARUN
NRIC No	SXXXX199A
Date Of Birth	02/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2013
Driving Experience	7 YEARS AND 1 MONTH
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

On 18/05/2020 at 1600 hrs, I was driving SMB1430X, SVC 980. I was stationary at the traffic junction of Sembawang Road and Yishun Avenue 5. There were approximate 15 pax onboard. As the traffic light turned green, I proceed to move off at approximate 5km/hr when I suddenly heard a thud sound. I stopped my vehicle and checked and realized that third party left hand side mirror had collided with my bus right front body. I exchanged particulars and took photo of the damage with third party before calling BOCC. There were no pax onboard injured. That is 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 GBG4532U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver AZALI BIN SHARI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

SMB1430X

PAK = 15
COC-67523-DOP3.X4
Bus/05/20/1012

SKETCH PLAN

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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:

X

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

SEMBAWANG RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After traffic light junction between Sembawang Road
and Yishun Avenue & before BS: 57111 (Opp B/K 101)

DECLARATION

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



Policyholder's Signature
Date & Time:

X

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



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



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park EA, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 69662623
Accident Reporting Number : 69662672


Date Generated : 22/05/2020

User ID : BoonChewTay

Section A - Accident Details

Registration Number	SMB1430X
Case Reference Number	BUS/05/20/1012
Registration Date	10/7/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Jasni Bin Harun
Type of Accident	Side Swipe
Accident Date and Time	18/5/2020 4:00 PM
Accident Reported Date and Time	18/5/2020 5:15 PM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
UIC Card Number	
Special Instruction to ARC, if any	SMB1430X-RIGHT FRONT PORTION GBG4532U (TP) INSURED WITH NTUC
Prepared Date and Time	22/5/2020 8:21 AM
Chassis Number	WNIAA22Z75E7002145
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	\$795.00	\$0.00
Total Spray Cost	\$708.00	\$0.00
Total Spare Part Cost	\$189.60	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,692.60	\$0.00
Lump Sum Total	\$1,700.00	\$0.00
Number of Repair Days	3.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	22/05/2020 8:26 AM	
Signature		X
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 : 22/05/2020

User ID : BoonChewTay

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.	\$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	\$708.00	616.
Total Spray Painting & Panel Beating	\$708.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Lump Sum Adjustment by Surveyor	\$0.00	
Total Other Costs	\$0.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010164	GLASS	4001X01-GLASS5173	GLASS, SIDE R1, FOR MAN A22 BUS	1.00	\$994.80	100.00	\$0.00	Repair	XR
6010165	GLASS	4001X01-GLASS5174	GLASS, SIDE R2, FOR MAN A22 BUS	1.00	\$970.40	100.00	\$0.00	Repair	XR
4006314	CONSUMABLE	Sikaflex-265	ADHESIVE: DIRECT GLAZING <i>reglazing</i>	1.00	\$37.00	0.00	\$37.00	Replace	✓ Nec
			STICKER SMRT	1.00	\$200.00	0.00	\$200.00	Replace	✓ Nec
Total					\$2,202.20		\$237.00		

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 paint. photo.

Sun Pm (LHK)

22/05/2020.

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: