

ASS. REQ. BY: Sun Pin.

REF:

ERGO

CS/EGI20006318/Qqf3

TP

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

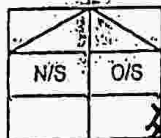
Claims No. _____

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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: SMB 72 C. Yr Regn: 30/06/2009.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mercedes Benz. c.c. 11967.

Colour: _____ A/C: Insured / Std / NI / NA

Sp. Reading 937123 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB63442021000181

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275 / 70 R 22.5R: 275 / 70 R 22.5

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

TOYO / YOKO or 8 Firenza

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/06/2020. D.O.I. 12/06/2020Survey held at SMRTDes. 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

16/06/20@11.10am revised to ERGO via Merimen

16/07/20@5.07pm Sun Pin finalised with Catherine LS \$2850, 2 days.
(Red \$1109.20, 28%)Date/Time, File Pass to? ☐ : Prel. Report1) 17/07 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Formed: MER-TPLump Sum 2850Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____) \$ + RS, \$☐ : Interview (\$ _____) Phone☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

Survey Fee:

Transportation:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|-------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 292D |
| Vehicle Details | |
| Vehicle No.: | SMB72C |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 15 Jun 2020 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | OC500LE1830H |
| Primary Colour: | Black |
| Manufacturing Year: | 2009 |
| Engine No.: | 45796600143711 |
| Chassis No.: | WEB63442021000181 |
| Maximum Power Output: | - |
| Open Market Value: | \$329,401.00 |
| Original Registration Date: | 30 Jun 2009 |
| First Registration Date: | 30 Jun 2009 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$16,471.00 |
| 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 15 Jun 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 | 12/06/2020 08:18 |
| Date Of Accident | 06/06/2020 11:50 |
| Exact Location Of Accident | JUNCTION OF PETIR ROAD AND PENDING ROAD (BEFORE BS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SMB72C |
| 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-20095488MFBP |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WANG JINBAO |
| Passport No/FIN | GXXXX573R |
| Date Of Birth | 14/02/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/04/2015 |
| Driving Experience | 5 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 RAINING
 Road Surface WET

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) 1

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 06/06/2020 at around 1153hrs, I was travelling on the middle lane of 3 lanes along Petir Road approaching the signalized T-junction of Pending Road heading toward the direction of Bukit Panjang Bus Interchange. While bus was approaching the signalized traffic junction, traffic light was showing red light so I stopped my bus at the stop line and waited. When traffic light turned to show green, I inched my bus forward entering into the right turning pocket preparing for my right turn into Pending Road and stopped. While waiting in the right turning pocket, I checked on my right rear side and noticed that there were 02 private car waiting for its right turn. When traffic light showed right turning arrow, I waited and let the 02 private car to complete their right turn. I began to make right turn, as my bus was turning right. A private van from right rear approached and did not stop to give way to my bus and collided onto the right rear body portion of my bus. Upon seeing this, I continued to complete my right turn and stopped along the road side to conduct checks for damage. While checking, I noticed that my bus right rear body portion dented while the third party van front left portion dented. 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 GBC413C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

ERGO INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

ID. No.: BC 26707

SKETCH PLAN

Bus plate No.: SMB72C

Pax: 0
Bus/06/20/5010**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.

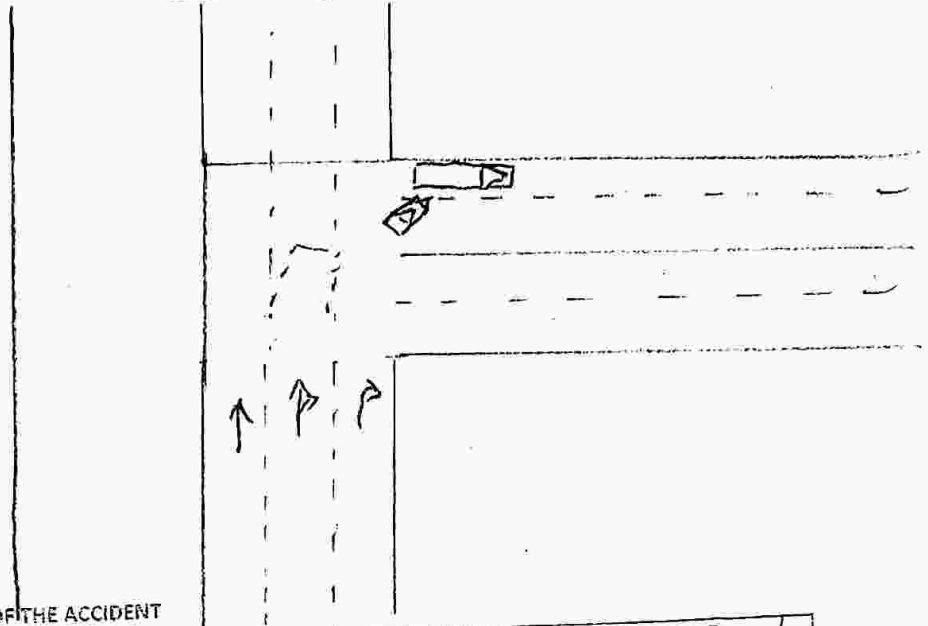

 Policyholder's Signature
 Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN

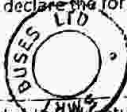


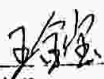
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Junction of Pagar Road and Pending Road
(Vehicle BS:44221 - Opp Pending Station)

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.:



Case Details

Case Reference Number : BUS/06/20/5010

Company Type : SMRT Buses Ltd

Insurance Company Name : ERGO Insurance
Pte Ltd

Type of Repair : Accident Repair

Estimation ID : EST-11746-ID

Accident Date and Time : 06/06/2020 03:53
AM

Vehicle Registration Number : SMB72C

Assigned By : Bus Claims Manager Team

Vehicle Age(In Months) : -

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

| SMRT Recommendation | | | | | | | | | | | Surveyor Approval | | | |
|-----------------------|--------------|---------|-----------------|-----------------------------------|-----|-------------------------|----------------|--------|-----------------|------------------|-------------------|--------------------------|---------------|--|
| BOM 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/Replac | |
| Standard | Main | BODY RH | 6010235 | PANEL,SKIRT:R12,FOR MB OC500 BUS | 1 | 2,430.20 | 2,430.20 | 10.00 | 2,187.18 | Replace | 1 | 2,187 | Replace | |
| Standard | Main | Body | 6010189 | LOCK:FRT BUMPER,FOR MB CITARO BUS | 2 | 66.00 | 132.00 | 10.00 | 118.80 | Replace | 2 | 0.00 | Replace | |
| Total Spare Part Cost | | | | | | | | | 2,305.98 | Surveyor Total | | 2,187.18 | | |
| Lump Sum Discount (%) | | | | | | | | | 20.00 | Lump Sum Dis (%) | | 20 | | |
| Final Spare Part Cost | | | | | | | | | 1,844.78 | Final Sur Total | | 1,749.74 | | |

Labour's Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|---|-------------------------|-------------------------|---------|
| 1 | Main | TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. | 795.00 | 530 | / |
| Total: | | | 795.00 | 530.00 | |

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 Assessment(\$) | Surveyor Assessment(\$) |
|-------------------------|--------------------------|-------------------------|
| Total Spare Part Detail | 1,844.78 | 1,749.74 |

| | Estimator Assessment(\$) | Surveyor Assessment(\$) |
|--------------------------|---|---|
| Total Labour Cost | 0.00 | 530.00 |
| Total Spray Painting | 0.00 | 432.00 |
| Other | 0.00 | 0.00 |
| Overall Total | 1,844.78 | 2,711.74 |
| Lump Sum Repair Option | | <input checked="" type="checkbox"/> |
| Lump Sum Total | 0.00 | 2,700.00 |
| Surveyor Approved Amount | | 2,700.00 |
| No of Repair Days* | 3 | 2 <i>2 days.</i> |
| Remarks | - | Surveyor Remarks |
| Surveyor Name | | Sun Pin (LKK) |
| Signature |  |  |
| Survey Date | 12/06/2020 | |

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: