

ASS. REC. BY: Sun Pin.

REF: NTUC NS/INC20007385/Qvf3

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: FBG 5455C

Policy No. 5115319246

Claims No. MT/1098867-001

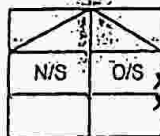
Sum Insured: _____ Excess: _____

(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 Rpt: _____ 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: SMB 14585 Yr Regn: 21/08/2014

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

Truck / Trailer or _____

Make: MAN NL320F c.c. 10518

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

Sp. Reading: 484230 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMV422ZZ4E7002184

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/07/2020 D.O.I. 15/01/2020

Survey held at SMRT.

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/8/20	LS \$1550 confirmed by email (Red 3780.30, 71%)

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 11/8/20-Typist

Report Form: TP

Lump Sum / L.E.B. LS \$1550

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Phone

Others

TOTAL

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SMB1458S
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jul 2020
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	50337980273789
Chassis No.:	WMAA22ZZ4E7002184
Maximum Power Output:	-
Open Market Value:	\$257,575.00
Original Registration Date:	21 Aug 2014
First Registration Date:	21 Aug 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 16 Jul 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	14/07/2020 16:05
Date Of Accident	10/07/2020 17:00
Exact Location Of Accident	WOODLANDS ROAD (BS:44059-BLK 632P)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1458S
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 YU XIAODONG

Passport No/FIN GXXXX493P

Date Of Birth 03/09/1977

Occupation OUTDOOR

Date Of Driving Pass 20/04/2015

Driving Experience 5 YEARS AND 2 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? 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) 10

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST N.P.C

Police Station Address ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , 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/20200710/2062 I was a SMRT Bus driver for Bus 961M. On 10 Jul 2020 at about 1700hrs, I was stationary at bus stop 44059 for my passengers to alight and board. Subsequently when I was still stationary at the bus stop and check the traffic to go out, FBG5455C, a motorcycle, travelled straight side swipe my bus. My vehicle right side back part suffered scratches. A while later a police attended to us and advised me to lodge a report. I wish to state the whole incident I was stationary at Bus Stop 44059.

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 FBG5455C

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)

Sketch Plan Pg. 1

SKETCH PLAN

5MB14585

PAR = 10

Bus/07/20/7005.

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 lodging 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 Woodland Road (BS:44051-B/K 632P)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Woodlawn Road, East 1st St., ...

DECLARATION

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



Holder's Name: _____
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. 3



**SINGAPORE
POLICE FORCE**



T/20200710/2062

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20200710/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2020 20:57	Vide Report No.: J/20200710/0166	Station Diary No.: 236
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Informant's Particulars

Name of Informant: YU XIAODONG			Address: APT BLK 500 Jalan Sultan Hotel Boss SINGAPORE 199020	
ID Type / ID No.: FIN NO / G2595493P			Contact No.: Home/Office: Mobile: 83152520	
Nationality: CHINESE			Email:	
Sex: Male	Age: 42	Date of Birth: 03/09/1977	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SMRT BUS DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/07/2020 17:00	Type of Location:
Location: Along Road 1 WOODLANDS ROAD Upp Bukit Timah Rd, Bus stop 44059				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5455C	Motorcycle	KTM	200 DUKE		Slightly Damaged	0
SMB1458S	Bus/Coach/Mi nibus	MAN	NL 320F (A22) 11L AUTO ABS TURBO	Multi-Colored	Slightly Damaged	0

Details of Persons Involved

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20200710/2062

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: T/20200710/2062

CONTINUATION OF REPORT

Driver			
Name	YU XIAODONG		ID No. G2595493P
Related Vehicle	SMB1458S (Bus/Coach/Minibus)		Contact No. 83152520
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

Brief Details.

I was a SMRT Bus driver for Bus 961M. On 10 Jul 2020 at about 1700hrs, I was stationary at bus stop 44059 for my passengers to alight and board. Subsequently when I was still stationary at the bus stop and check the traffic to go out, FBG5455C, a motorcycle, travelled straight side swipe my bus. My vehicle right side back part suffered scratches. Awhile later a police attended to us and advised me to lodge a report. I wish to state the whole incident I was stationary at Bus Stop 44059.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20200710/2062

3 of 3


Report No. T/20200710/2062

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 1 MUHAMMAD SHARIN BIN ROSLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / G17 /
Sr Staff Sgt NG BEIFENG
Contact No.: 65476415

Signature Of Informant:



Date/Time:
10/07/2020 20:57

Classification Of Case:

Authentication Stamp
NP168



Signature: 

Singapore Police Force

Sketch Plan Pg. 6

Details of
Vehicle No.
EB064530

Any Record?

Vehicle No.

EB064530

Details of

Any Record?

Vehicle No.

EB064530

Details of



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 : 15/07/2020

User ID : GohKK2

Section A - Accident Details

Registration Number	SMB1458S
Case Reference Number	BUS/07/20/7005
Registration Date	21/8/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN NL320F(A22)
Name of Driver	Yu Xiaodong
Type of Accident	Side Swipe
Accident Date and Time	10/7/2020 5:00 PM
Accident Reported Date and Time	10/7/2020 7:45 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	SMB1458S-RIGHT REAR PORTION FBG5455C (TP) INSURED WITH NTUC
Prepared Date and Time	15/7/2020 10:13 AM
Chassis Number	WMAA22ZZ4E7002184
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	\$1,590.00	\$0.00
Total Spray Cost	\$878.00	\$0.00
Total Spare Part Cost	\$160.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$160.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	
Prepared / Adjusted By	Kok Khoon Goh	
ARC / Surveyor Sign Off Date	15/07/2020 10:18 AM	
Signature		<input checked="" 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
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number: 63685592
Estimator Telephone Number: 68662623
Accident Reporting Number: 58662672

Date Generated: 15/07/2020

User ID: GohKK2

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR RH PORTION	\$1,590.00	1060
Total Labour	\$1,590.00	

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	\$878.00	708
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
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
6009987	BODY RH	A01001-CW568	PANEL, SIDE, R6, FOR MAN A22 BUS	1.00	\$1,776.80	100.00	\$0.00	Repair	X R
6009988	BODY RH	A01001-CW567	PANEL, SIDE, R7, FOR MAN A22 BUS	1.00	\$885.50	100.00	\$0.00	Repair	X R
			STICKER SMRT	1.00	\$200.00	0.00	\$200.00	Replace	/ Nec
Total					\$2,862.30		\$200.00		

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 days - 3 days.

Sun Pin (Ltk)

15/07/2020

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: