

ASS. REC. BY: Sun Pin

REF:

NTYC

NS/INC/2007886/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: SFB 689GPolicy No. 5057142430-07Claims No. MT/1098083-002

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: SG 6064B Yr Regn: 14/01/2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MAN A95 c.c. 10518Colour Multicolour A/C: Insured / Std / NI / NASp. Reading 112212 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA95ZZ3KF008539Gen. Cond: Good / Fair / Poor / BurntSteering: Horde / Jammed / Leaked / Burnt or _____Brake: Horde / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/70 R22.5R: 215/70 R22.5

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

TOYO / YOKO or _____

Firenzq

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 22/07/2020D.O.I. 21/07/2020

Survey held at

SMRT.Des. 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
19/8/20	Sun Pin confirmed \$1305 by email (Red 1332, 51%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 19/8/20-Typist

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

S+RS \$ _____

Photos

Others

TOTAL

Report Format: TP~~Lump Sum~~ / I.B.I.: (\$ \$1305)

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SG6069B
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jul 2020
Vehicle Make:	MAN
Vehicle Model:	A95
Primary Colour:	Multicolor
Manufacturing Year:	2018
Engine No.:	50351672875185
Chassis No.:	WMAA95ZZ3KF008539
Maximum Power Output:	-
Open Market Value:	\$417,622.00
Original Registration Date:	14 Jan 2019
First Registration Date:	14 Jan 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 30 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	24/07/2020 10:50
Date Of Accident	22/07/2020 15:45
Exact Location Of Accident	YISHUN AVENUE 2 BEFORE BS:59059 (BLK608)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG6069B
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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

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	CHING BEE
NRIC No	SXXXX335B
Date Of Birth	06/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1978
Driving Experience	41 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 COLLISION - MAJOR/MINOR RD

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) 7

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 22/07/2020, I was driving SG6069B, Service 969. At around 1545 hours, I was heading straight from Yishun Central towards Yishun Avenue 2. Traffic light was showing green. I drove my bus straight. I noticed two private cars moving slow into the slip road on the left. I tapped on my horn to alert the cars and as my bus was passing by the slip road. I kept within the bus lane. I heard no sound or whatsoever. When my bus had passed the slip road, I checked my left view mirror and saw the car had already exited out. As I made a stop at the next bus stop, I alighted to check. Then I saw scratched marks on the left rear portion of my bus (at the engine cover, after the left rear tyre). I saw third party vehicle had also stopped in front of the bus stop. I realized his car (SFB689G) had grazed against my bus when he exited out from the slip road. I approached third party driver and asked why he never give way to my bus as my bus had the right of way. He replied he had just discharged from hospital and was not feeling well and the car behind him had horned, pressurizing him to exit out from the slip road. There were only paint marks on the right front portion of the car. Initially, third party driver wanted to settle privately with me, but I called BOCC and Police and the Field Team was activated on scene. No injury reported. 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 SFB689G

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 Pg. 1

SKETCH PLAN

SG 6069-B

PAZ = 7

10/07/11 30/10/12

Bus/07/20/1025

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 rebutiate 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 Purpose
- (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:

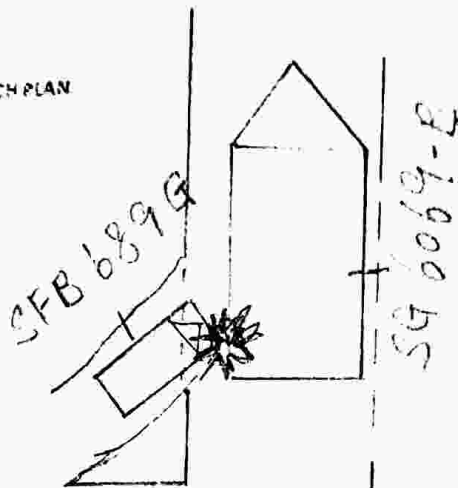
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



Yishun Ave-2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yishun Avenue 2 before BS: 57057
(BK 608)

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 Officer's Signature
Name:
NRIC/FIN No.:



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number 83885592
Estimator Telephone Number 68662623
Accident Reporting Number 68662672

Date Generated : 27/07/2020


User ID : BoonChewTay

Section A - Accident Details

Registration Number	SG6069B
Case Reference Number	BUS/07/20/1025
Registration Date	14/1/2019
Company Type	SMRT Buses Ltd
Make	A95 MAN E6
Model	A95 MAN E6
Name of Driver	Chng Bee
Type of Accident	Head To Side
Accident Date and Time	22/7/2020 3:45 PM
Accident Reported Date and Time	24/7/2020 10:34 AM
Is Surveyor Required?	No
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	SG6069B-LEFT REAR PORTION SFB689G (TP) INSURED WITH
Prepared Date and Time	25/7/2020 7:43 AM
Chassis Number	WMAA95ZZ3KF008539
Fileage	
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	\$1,060.00	\$0.00
Total Spray Cost	\$602.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,662.00	\$0.00
ump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	25/07/2020 7:46 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 : 83885592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 27/07/2020

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.	\$1,060.00	745
Total Labour	\$1,060.00	

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	\$602.00	510
Total Spray Painting & Panel Beating	\$602.00	

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
013480	Body	124-2-2-009-010	N/S FRP REAR LAMP Cover	1.00	\$975.00	100.00	\$0.00	Repair	XR
Total					\$975.00		\$0.00		

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 - 3 days

4/5

After paint

Sun Pin (LKK)

TP without prejudice,

27/07/2020

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: