ASS. REC. BY: Sun Pin REF: NTUC	
ASS. REC. BY: Sun Pin NIUC	ASSIGNMENT
From: Date:	Veh No: SMB 347K. Yr Regn: 20/11 /2012
Estimated Cost:	Type: M.Car / M.Cycle / Bush Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: MAN N2 320F c.c 10518
at Workshop m/s	Colour Multicocur A/C: Insured / Std / NI / NA
of	Sp.Reading 64/872 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WMAA22225 C700 1569
Claims No.	Gen. Cond: Good (Fair) Poor / Burnt
Sum Insured: Excess:	Steering: norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD/A/Rim or
,	Tyre Size: F: 275/70 R22.6
(Policy Condition)	R: 275/70 R22.5
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YOKO or Falken
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen:Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs:days Res.: Yes or No	D.O.A. 09/09/2020 D.O.I. 11/09/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at SMRT
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The 0/0 / Chassis hame / Body structure affected due to collision.
Date / Time Addity institution	
	*
	
in the second se	
	
Description	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) ; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) A	dd Fee: Site Insp (\$)_s+Rs,_si
T 45 mm	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	:Weel:end (\$)
	. TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	292D
Vehicle No.:	SMB347K
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Sep 2020
Vehicle Make:	MAN
Vehicle Model:	NL320F (A22)
Primary Colour:	Multicolor
Manufacturing Year:	2012
Engine No.:	50330911233112
Chassis No.:	WMAA22ZZ5C7001509
Maximum Power Output:	-
Open Market Value:	\$258,460.00
Original Registration Date:	20 Nov 2012
First Registration Date:	20 Nov 2012
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$0.00
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 14 Sep 2020

ОК

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 witholding 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.

By the lodgement of this report to the insurers, yo aforesaid	to hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/09/2020 10:59
Date Of Accident	09/09/2020 15:05
Exact Location Of Accident	WOODLANDS ROAD (AFTER BS:45031-YEW TEE IND EST)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMB347K
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

MAN Manufacturer

MAN NL320F (A22) Model

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

THIRD PARTY If No. Please state action to be taken

BUS Vehicle Category

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

D-20095488MFBP Policy Number

Cover Note Number

Driver

TAN CHUN KUEN Name of Driver GXXXX698X Passport No/FIN 27/07/1980 Date Of Birth OUTDOOR Occupation 16/09/2016 **Date Of Driving Pass**

3 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-80000000

Fax Number

Contact Number

EMail Address NOEMAIL

NO ADDRESS 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

NO

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)

2 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 09/09/2020 at 1505 hrs, I was driving SMB347K, SVC 178. There was 1 pax onboard, I was travelling approximate 40km/hr along Woodlands Road. As I was travelling straight, I suddenly heard a thud sound. I stopped my vehicle and checked and realized that third party van (GBD2293M) left front bumper had collided with my right rear body. There was no pax injured onboard. I called BOCC regarding this matter. BOCC requested me to exchange particulars with third party before off service my vehicle back to WLD. 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

PENDING DOWNLOAD Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBD2293M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

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

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.

- 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
- 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
- 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)
 - (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
- (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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:

of which is not a few of the

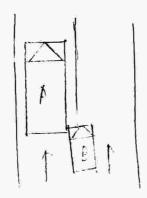
Driver's Signatu (If driver is not the policyholder) Date & Time: 10 | 09 | 2020

g Centre Personnel's Signature Repoliti Name

NRIC/FIN No .:

Sketch Plan Pg. 2

SKETCH PLAN



SCRIBE CIRCUMSTANCES OF THE ACCIDENT	Wrotlands Knat Caffer Es: 45031- Yea Tec. Ind Est)
	Yeo Tee Ind Est)
	, , , , , , , , , , , , , , , , , , , ,
DECLARATION I/We dec particulars are true in ev	er Pespect.
Policyholder's Signature Driver's Signature (If driver is in Date & Time: Date & Time:	not the policyholder) Name:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd 00 Woodlands Industrial Park E4, Surgepore 757705 FAX Number 83685992 Estimator Telephone Number 88662823 Accident Reporting Number 68662672

Date Generated: 11/09/2020 User ID : GohKK2

O SIMRI	SMRT	Accident V	ehicle Repa	r Estimates		
⊕ SMIRT	SMRT	Accident V	ehicle Repa	r Estimates		
⊕ SMRT	SMRT	Accident V	ehicle Repa	r Estimates		
⊕ SINKI	SMRT	Accident V	ehicle Repa	r Estimates		
⊕ <u>sinki</u>	SMRT	Accident V	ehicle Repa	r Estimates		
ESTIRIT	SMRT	Accident V	ehicle Repa	r Estimates		
⇔ Sinki	SMRT	Accident V	ehicle Repa	r Estimates		
	SMRT	Accident V	ehicle Repa	r Estimates		
	Section A -	Accident Detail	ls			
Registration Number	SMB347K					
Case Reference Number	BUS/09/20/7001					
Registration Date	20/11/2012					
Company Type	SMRT Buses Ltd					
Make	MAN					
Model	MAN NL320F(A22)					
Name of Driver						
Type of Accident		Tan Chun Kuen				
Accident Date and Time		Side Swipe				
		9/9/2020 3:05 PM				
Accident Reported Date and Time	11/9/2020 10:40 AM					
Is Surveyar Required?	Yes					
Survey by						
Vehicle is Towed Back?	No					
Towed Back Date and Time						
Replacement Vehicle issued?	No	No				
Job Card Number						
Special Instruction to ARC, if any	SMB347K-RIGHT RE GBD2293M (TP) INS	URED WITH NT	ur.			
Prepared Date and Time	11/9/2020 1:05 PM					
Chassis Number	WMAA22ZZ5C70015	i09				
Mileage						
Work Shop						
Repair Completion Date and Time						
	Section B - Summa	ary of Renair Es	timates			
Summary of Repair Estimates	Section B - Summe	ary or repair 23	imatos			
Summary of Repair Commates	Quotation from ARC		Adjusted by Su	rveyor, if applicable		
fotal Labour Cost	\$1,325.00		\$0.00			
otal Spray Cost	\$616.00		\$0.00			
otal Spare Part Cost	\$3,258.25		50.00			
otal Other Cost	50.00			\$0.00		
OTAL COST	\$5,199.25		\$0.00			
ump Sum Total	\$0.00		\$0.00			
lumber of Repair Days	4.0					
Prepared / Adjusted By	Kok Khoon Goh	ok Khoon Goh				
RC / Surveyor Sign Off Date	11/09/2020 1:18 PM	1/09/2020 1:18 PM				
ignature	2		×			
	g	√ .				
emarks						
emarks						
		d Apoldari I	nice Details			
	Section C - Quotation ar	a Accident invo	olea Dargus			
uotation Number		Invoice Number				
		Invoice Date				
Jotation Date		Military Williams				



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Ple Ltd 60 Woodlands Industrial Park E4, Singapore 757705. FAX Number 63685502 Estimator Talephone Number 68662623 Accident Reporting Number 68652572

Date Generated : 11/09/2020

			Section	on D - Deta	ills of Repair E	stimates			
Part 1 - Labou	r Works				- 3 P				
Job Scope		Quotation from AR				Adjusted by Surveyor, if applicable			
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		\$1,325.00				795			
Control (Control Control Contr			\$1,325.00						
Part 2 - Spray	Painting & Pane	el Beating Rela	ted Works						
Job Scope			Quotation from ARC				Adjusted by Surveyor, If applicable		
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS			\$616.00				528.		
Total Spray Painting & Panel Beating			\$616.00						
Part 3 - Other	Costs - Acciden	t and Accident	Repair Related Expens	Se .					
Job Scope			Quotation from ARC				Adjusted by Surveyor, if applicable		
Total Other Co:	sts								
Part 4 - Spare	Parts / Material	Usage		<u> </u>					
Part Number	Portion		Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010169	GLASS	4001X01- GLASS5178	GLASS, SIDE R6, FOR MAN A22 BUS	1.00	\$543.40	10.00	\$489.06	Replace	7
4006315			ACTIVATOR	1.00	\$80.00	0.00	\$80.00	Replace	0
4006314			SEALANT SIKAFLEX	6.00	\$37.00	0.00	\$222.00	Replace	5
4006313	CONSUMABLE	SIKA® Primer- 206 G+P	PRIMER (SIKA 206 G+P)	1.00	\$80.00	0.00	\$80.00	Replace	?
6010299			SIGNAL LAMP LED	1.00	\$1,274.10	10.00	\$1,146.69	Replace	-scr
6010298			LAMP,STOP LED (MAN BUS)	2.00	\$1,141.70	10.00	\$2,055.06	Replace	1CR4
6010062	Body	F01001-CW273	COVER:REAR TAIL LAMP,RH,FOR MAN A22 BUS	1.00	\$974.70	100.00	\$0.00	Repair	×n
6009992	BODY RH	A01001-CW564	PANEL, SIDE: R11, FOR MAN A22 BUS	1.00	\$1,782.50	100.00	\$0.00	Repair	XR.
Total	1				\$5,913.40		\$4,072.81		
Added Spare	Parts / Material	Usage After Su	rveyor Signed off						
Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check

Repuir dy -2 duys, LIS After puint photo In Pin(Lick) 11/04/2020 TP withou 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: