

ASS. REC. BY: Sun Pin

REF:

NTUC

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: _____

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.

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 595961 G. Yr Regn: 20/09/2018Type: 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: 116244 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA95 2265 F007562Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/70 R22.5R: 275/70 R22.5

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

TOYO / YOKO or Firenza

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/11/2020. D.O.I. 23/11/2020Survey 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

Finalize amount \$1,977.97. Repair day 1 day. (L/S, before gst).

red: 265; 11%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Rep. Format: _____

Lump Sum / L.S. (\$ _____)

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	17/11/2020 10:35
Date Of Accident	12/11/2020 16:35
Exact Location Of Accident	TRAFFIC JUNCTION OF CHOA CHU KANG WAY BEFORE BS:45
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5961G
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	WANG DA XIAO
Passport No/FIN	GXXXXX979R
Date Of Birth	12/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2011
Driving Experience	9 YEARS AND 3 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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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. J/20201113/2045 On 12/11/2020 at 1545hrs, I was driving my SMRT bus (SG5961G) along Choa Chu Kang Drive. While I was approaching Choa Chu Kang Loop, a minibus (PA5252L) cut into the front of my lane blocking the first and second lane. The bus driver then came out of his vehicle and started to create a scene, he knock on my vehicle window and gesture to me aggressively to wind down the window. I wish to state that I do not know what the other driver was saying as I did not open my vehicle window or doors as I fear the other driver will hit me. I am not aware what happen that caused the driver to be agitated and block my way. After about 10 minutes, the driver went back to his vehicle and drove off. His left rear of his vehicle hit onto the right side mirror of my vehicle during the process. The driver was aware that he hit onto my vehicle as he look behind after the impact, however he drove off without stopping. My vehicle suffer from some scratches at the front left side mirror. I wish to state that there was no damage done to my vehicle when the other driver knock on my window. I informed my supervisor of the matter and was advise to lodge a police report.

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 PA5252L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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

S959619

par=0

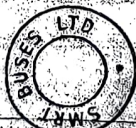
Bus/11/20/5012

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

LAAS

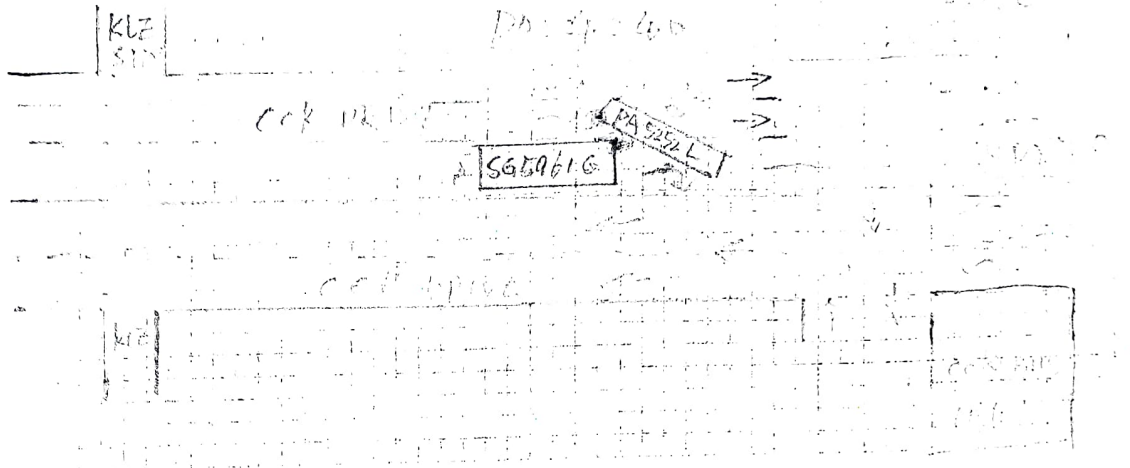
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



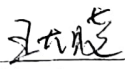
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic junction of Choa Chu Kang Way Bk/19 BS:45231
(B/R 266/201)

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.:

U1S2



SINGAPORE
POLICE FORCE



J/20201113/2045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

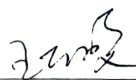
Report No. J/20201113/2045

agitated and block my way.

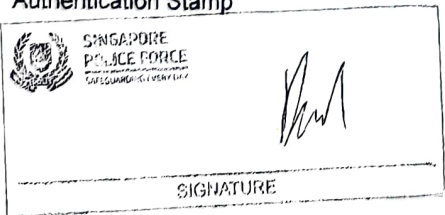
After about 10 minutes, the driver went back to his vehicle and drove off. His left rear of his vehicle hit onto the right side mirror of my vehicle during the process. The driver was aware that he hit onto my vehicle as he look behind after the impact, however he drove off without stopping.

My vehicle suffer from some scratches at the front left side mirror. I wish to state that there was no damage done to my vehicle when the other driver knock on my window.

I informed my supervisor of the matter and was advise to lodge a police report.

Signature Of Officer Recording The Report: J / Sgt 2 DARRYL LIM JUN DE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2020 13:47
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp YEO HUI TING IRENE Contact No.: 63167455	Classification Of Case:

Authentication Stamp





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 : 23/11/2020

User ID : JeongCH

Section A - Accident Details

Registration Number	SG5961G
Case Reference Number	BUS/11/20/5012
Registration Date	9/20/2018
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Wang Daxiao
Type of Accident	Side Swipe
Accident Date and Time	11/12/2020 4:38 PM
Accident Reported Date and Time	11/12/2020 7:15 PM
Is Surveyor Required?	No
Surveyed by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	
Special Instruction to ARC, if any	SG5961G-LEFT VIEW MIRROR COVER SCRATCHES PA5252L (TP) INSURED WITH NTUC
Prepared Date and Time	11/23/2020 3:25 PM
Chassis Number	WMAA95ZZ6JF007562
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	\$530.00	\$0.00
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$1,712.97	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$2,242.97	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	1.0	
Prepared / Adjusted By	Jeong Choon Hwee	
ARC / Surveyor Sign Off Date		
Signature	☒	☒
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 : 23/11/2020

User ID : JeongCH

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL FRONT VIEW MIRROR LH	\$530.00	265
Total Labour	\$530.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

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
010159	BODY LH	4001M01-ACCE466	MIRROR, VIEW: FRONT, L H, FOR MAN	1.00	\$1,903.30	10.00	\$1,712.97	Replace	/ CRV
Total					\$1,903.30		\$1,712.97		

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 - 1 days

P/P

before ~~After~~ paint phase

Sm Pr (CLK)

23/11/2020

TP within 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:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SG5961G
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Nov 2020
Vehicle Make:	MAN
Vehicle Model:	A95
Primary Colour:	Multicolor
Manufacturing Year:	2018
Engine No.:	50350763065076
Chassis No.:	WMAA95ZZ6JF007562
Maximum Power Output:	-
Open Market Value:	\$418,199.00
Original Registration Date:	20 Sep 2018
First Registration Date:	20 Sep 2018
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 25 Nov 2020

OK