

ASS. REC. BY:

REF:

NS/INC20013285/R1qd3

2120

## 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. 5104929638-02 (26/10/2020-25/10/21)

Claims No. \_\_\_\_\_

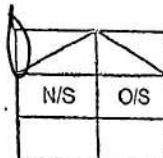
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 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 5745P Yr Regn: 2016 / AR

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

Truck / Trailer or

Make: MAN A95 c.c. 10518Colour: MULTI A/C: Insured / Std / NI / NASp. Reading: 35536 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NMA A95 Z2997003136Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/70R22.5R: 1

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

TOYO / YOKO or FAKON

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 23/11/2020 D.O.I. 30/11/2020Survey held at SMART

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

16/12/20@4.42pm Rasul finalised with Catherine LS \$1950, 3 days (Red \$5140.70, 72%)

Date/Time, File Pass to?



: Prelt. Report

15/01 Typist



: Final Report

Date/Time, File Return to?

2)

Rep. Formet: TP

Lump Sum 1950

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation: \$ + RS. \$

Photos

Others

TOTAL



## 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 : 30/11/2020


User ID : JeongCH

### Section A - Accident Details

Registration Number	SG5745P
Case Reference Number	BUS/11/20/5039
Registration Date	4/25/2016
Company Type	SMRT Buses Ltd
Make	MAN
Model	A95
Name of Driver	Ji Yanchao
Type of Accident	Side Swipe
Accident Date and Time	11/23/2020 10:19 PM
Accident Reported Date and Time	11/23/2020 11:45 PM
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	SG5745P-LEFT FRONT BUMPER SCRATCHES AND CRACKED
Prepared Date and Time	11/27/2020 10:37 AM
Chassis Number	WMAA95ZZ9G7003136
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	\$878.00	\$0.00
Total Spare Part Cost	\$3,709.94	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$5,647.94</b>	<b>\$0.00</b>
Jump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	30/11/2020 3:31 PM	
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  
FAX Number : 63685592  
Estimator Telephone Number : 68662623  
Accident Reporting Number : 68662672

Date Generated : 30/11/2020

User ID : JeongCH

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$1,060.00	<del>1060</del> 1060
Total Labour	\$1,060.00	

#### Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PUTTY & RESPRAY	\$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
20.10.05.01			FRONT COWL	1.00	\$3,428.00	10.00	\$3,085.20	Replace	<del>Replace</del> Repair
20.10.05.05			FRONT HEADLAMP COVER LH	1.00	\$974.70	10.00	\$877.23	Replace	<del>Replace</del> Repair
			DOOR RUBBER	1.00	\$750.00	10.00	\$675.00	Replace	cut
Total					\$5,152.70		\$4,637.43		

#### 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									

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:

Done  
Hp 92010068  
3 days / L/S  
30/11/2020 @ 1615  
Resy after repair

## 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	27/11/2020 10:59
Date Of Accident	23/11/2020 22:20
Exact Location Of Accident	AT JUNCTION OF BUKIT PANJANG ROAD AND BUKIT PANJAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5745P
<b>Insured/Policyholder</b>	
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	JI YANCHAO
Passport No/FIN	GXXXX092U
Date Of Birth	01/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
Postcode

NO ADDRESS

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 -  
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) 16

### 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 23/11/2020 at around 2219hrs, I was travelling on the extreme left lane of 04 lanes along Bukit Panjang Road heading toward the direction of Kampong Bahru Bus Interchange on Service 190 SG5745P. My bus speed was around 40- 45Km/hrs. While bus was travelling straight along the road approaching the signalized cross junction of Ring Road, the traffic light was showing green in color so I continued to move on and passed the traffic junction. When bus had completely passed the traffic junction, I noticed that there were 02 vehicle stopped along at the slip lane and waited before the give-way line so I continued to move on (I did not horned to alert of my approaching bus). When bus passed the 1st vehicle (along the slip road —right lane) at the give-way line, the 2nd vehicle along the slip road on the left lane exited out. I immediately stepped on my bus brake to avoid collision (no-one injured resulted from this accident) but it was too late and both vehicle (bus and private car SMG5777T) collided onto each other at the same time. When bus had completely stopped, I alighted from bus to conduct check for damage. While checking, I noticed that my bus left front bumper scratched and cracked while the private car had its RHS mirror damaged. My bus was travelling straight within my own lane at the point of accident. 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 SMG5777T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver TAN XIN WEI  
NRIC/Passport Number  
Contact Number

Address  
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD



# Sketch Plan

## IMPORTANT NOTICE

SG5745 P

pax = 16

Bus 11/20/5039

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 to 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 purposes 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 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/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.:

