

ASS. REC. BY: Sun Pin

REF:

CS1/EG1 20013338/Gqd3**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. CDMCG20001790

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

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input 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: 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: SMB 1605J Yr Regn: 29/01/2015Type: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: MAN NL 320F c.c. 16518Colour Multicolour A/C: Insured / Std / NI / NASp. Reading 502109 T/Radio: Insured / Std / NI / NA

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

C/No: WMAA22223F7002582Gen. 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 R22.5BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 04/12/2020Survey held at SMRTDes. 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

\* NO GIA, workshop no give yet.Sun Pin finalised LS \$7000, 3 days (Red \$2309.70, 25%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 23/02 Typist☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Report Format: MER-TPLump Sum / LS / 7000



## SMRT Accident Vehicle Repair Estimates

<b>SMRT Automotive Services Pte Ltd</b>
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 04/12/2020

User ID : JeongCH

### Section A - Accident Details

Registration Number	SMB1605J
Case Reference Number	BUS/11/20/5056
Registration Date	1/28/2015
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Low Kuang Leng
Type of Accident	Side Swipe
Accident Date and Time	11/30/2020 3:00 PM
Accident Reported Date and Time	11/30/2020 4:15 PM
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	SMB1605J-FRONT WINDSCREEN CRACKED AND RIGHT VIEW MIRROR DAMAGED YQ1634D (TP) INSURED WITH ERGO
Prepared Date and Time	12/2/2020 4:53 PM
Chassis Number	WMAA22ZZ3F7002582
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	\$4,971.22	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$7,439.22</b>	<b>\$0.00</b>
<b>Temp Sum Total</b>	<b>\$0.00</b>	<b>\$0.00</b>
Number of Repair Days	4.0	
Prepared / Adjusted By	Jeong Choon Hwee	
ARC / Surveyor Sign Off Date	02/12/2020 5:00 PM	
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	

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:



## 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 : 04/12/2020

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 ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$1,590.00	1325
Total Labour	\$1,590.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO 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
			IU BRACKET	1.00	\$35.00	0.00	\$35.00	Replace	/NRC
010148	GLASS	4001X01-GLASS5171	WINDSCREEN, FRONT: FOR MAN A22 BUS	1.00	\$5,031.80	10.00	\$4,528.62	Replace	/BR
006313	CONSUMABLE	SIKA® Primer-206 G+P	PRIMER (SIKA 206 G+P)	1.00	\$80.00	0.00	\$80.00	Replace	/NRC
006314	CONSUMABLE		ADHESIVE: DIRECT GLAZING	10.00	\$37.00	0.00	\$370.00	Replace	/NRC
006315	CONSUMABLE		ACTIVATOR	1.00	\$80.00	0.00	\$80.00	Replace	/NRC
010161	BODY RH	4001M01-ACCE467	MIRROR, VIEW: FRONT, RH, FOR MAN	1.00	\$1,244.90	10.00	\$1,120.41	Replace	/CRU
Total					\$6,508.70		\$6,214.03		

#### 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

L15  
After part photo  
Sun Pin (L15)  
04/12/2020  
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:

[> Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	292D
<b>Vehicle Details</b>	
Vehicle No.:	SMB1605J
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Dec 2020
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	50339501213946
Chassis No.:	WMAA22ZZ3F7002582
Maximum Power Output:	-
Open Market Value:	\$249,836.00
Original Registration Date:	28 Jan 2015
First Registration Date:	28 Jan 2015
Transfer Count:	0
Actual ARF Paid:	\$0.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Rebate Amount:	\$0.00
<b>Total Rebate Amount:</b>	<b>\$0.00</b>

The information contained herein is correct as at 10 Dec 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 Submission ..... 17/12/2020 15:59 (SGT)  
Date of Accident ..... 30/11/2020 15:00 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE (TOWARDS CHANGI) SLIP ROAD TO PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB1605J

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SMRT BUSES LTD  
Company Reg No ..... 1XXXXX292D  
Email Address ..... BARC@SMRT.COM.SG  
Mobile Phone No ..... (Phone) +65-68662672  
Alternative Phone No ..... (Office) +65-68662672

#### VEHICLE PARTICULARS

Manufacturer ..... Man  
Model ..... MAN A22  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Bus

#### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... D-20095488MFBP  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LOW KUANG LENG  
NRIC No ..... SXXXX997C  
Date Of Birth ..... 26/04/1970  
Occupation ..... Outdoor



Date Of Driving Pass .....	02/04/2018
Driving experience .....	2 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-68662672
Alt. Phone Number .....	-
Email Address .....	BARC@SMRT.COM.SG
Address .....	6 ANG MO KIO STREET 62
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

On 30/11/2020 at 1500 hrs, I was driving SMB1605J, Svc 61. I was driving OFF SVC according to the given route along the said road at about 50 km/h. I was driving on the left most lane when suddenly, a lorry (YQ1634D) overtook me on the right and its left rear grazed against the RHS mirror and also the front right windscreen of my bus. I stopped the bus behind his lorry at the junction ahead. I horned at him and signaled to him to come down and check on the damages. The front windscreen of my bus was cracked and the RHS mirror of my bus was damaged. There were no injuries. After exchanging particulars, I RTD to KJD. That's all.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ1634D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	ERGO
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**IMPORTANT NOTICE**

SMB1605 J

par = 0

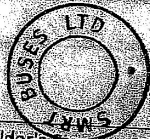
Bue/11/20/5056

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.
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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 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:

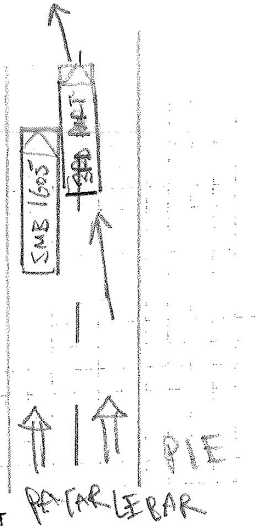
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIE (towards Changi) slip road to Payar Lebar Road.

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