ASS. REC. BY: Sun Pin

REF: NTuc NS/INC21001345/Qqd3

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. 5112077250-01 (21/08/20-20/08/21)

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SG5785Z Yr Regn: 19/08/2016

Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: MAN A95 c.c 10518

Colour Multicolour A/C: Insured / Std / NI / NA

Sp.Reading 338751 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: WMAA95ZZ5G7003277

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD (A/Rim) or

Tyre Size: F: 275/70 R22.5

R: 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	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	20/01/2021		D.O.I.	27/01/2021	

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
11/03/21@5.02pm	Sun Pin finalised with Catherine LS $4950, 3 days. (Red $5977.48, 55%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation: __S + RS.__SI

Photos

Others

TOTAL

Rep[redacted] Format : TP

Lump Sum ~~H.B.I.~~($ 4950)

SS1E211Q000E / SMRT AUTOMOTIVE SERVICES PTE LTD
ENTRY DATE & TIME: 26/01/2021 17:31 (SGT)
SUBMITTED BY: STELLA LEE HUI IM (SMRT16)
VERSION: 1 (26/01/2021 17:31 (SGT))

Your NCD will be affected due to late reporting

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.
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	26/01/2021 17:31 (SGT)
Date of Accident	20/01/2021 02:50 (SGT)
Exact Location of Accident	Hillview Ave & Bukit Batok East Ave 2, Singapore
Additional Location Information	Junction of Hillview Ave and Bt Batok East Ave 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5785Z

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 A95
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	Norsahini Bin Nor Kholis
Passport No/FIN	GXXXX353N
Date Of Birth	27/01/1987
Occupation	Outdoor

Date Of Driving Pass	22/12/2014
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	BARC@SMRT.COM.SG
Address	6 ANG MO KIO STREET 62, S(569140)
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	Collided into Motorcyclist
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 19 Jan 2021 at around 1850hrs, I was travelling on the middle third lane along Hillview Avenue heading towards the direction of HF Bus Interchange on Service 963. My bus speed was around 15-20km/hrs. While bus was approaching the signalized T-junction of Bukit Batok Avenue 2. The traffic light was showing red in color so I stopped my bus at the stop line and waited. While waiting, I noticed that there were vehicles on my both sides of the lane and a motorcycle had stopped in-between the extreme left lane and the middle lane. When the traffic light turned to show green, the vehicle on my right side began to move forward preparing for their right turn into BB Avenue 2. My bus was moving forward too. I checked continually on my right side to prevent any vehicle from collision. When bus had passed half way the traffic yellow box, the motorcycle on my left side made a sudden right turn and encroached in front of my lane. Upon seeing this, I immediately stepped on my bus brake to avoid collision with the motorcycle but the bus could not stopped in time. My bus collided onto the motorcycle and third party motorcycle with the rider landed on the road which was at left side of my bus. When bus had completely stopped, I alighted from bus immediately to help the rider. When the rider stood up, I noticed that the rider had sustained left leg abrasion. So I asked if he need an ambulance to assist but it was declined by the rider. So I called BOCC to report this Against Cyclist accident case. Ambulance was called by an unknown helper.
After initial assessment and treatment by paramedics, motorcyclist declined to be conveyed to hospital and left scene.
Police completed investigations and release bus. Bus deployed off service to WTBP.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ2125Y

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

BUS/01/21/1035

SG57857

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. 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

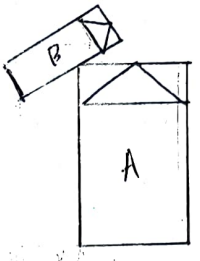
   (ii) for complying with requirements under any regulations, laws or court orders.

SMRT BUSES LTD

SMRT AUTOMOTIVE SERVICES PTE LTD

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



A: SG 5785Z
B: FBQ2125Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

I/We declare the [illegible]ars are true in every respect.

SMRT BUSES LTD

SMRT AUTOMOTIVE SERVICES PTE LTD

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.:

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 : 26/01/2021
User ID : BoonChewTay

Section A - Accident Details

Registration Number	SG5785Z
Case Reference Number	BUS/01/21/1035
Registration Date	19/8/2016
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN A95
Name of Driver	Norsahini Bin Nor Kholis
Type of Accident	Side Swipe
Accident Date and Time	20/1/2021 2:50 AM
Accident Reported Date and Time	19/1/2021 9:45 PM
s 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	SG5785Z - FRONT LEFT PORTION FBQ2125Y (TP) - INSURED WITH NTUC
Prepared Date and Time	26/1/2021 3:56 PM
Chassis Number	WMAA95ZZ5G7003277
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	$1,325.00	$0.00
Total Spray Cost	$786.00	$0.00
Total Spare Part Cost	$3,662.79	$0.00
Total Other Cost	$0.00	$0.00
TOTAL COST	**$5,773.79**	**$0.00**
Lump Sum Total	**$5,750.00**	**$0.00**
Number of Repair Days	4.0	
Prepared / Adjusted By	**ARC Manager Team**	
ARC / Surveyor Sign Off Date	**26/01/2021 4:19 PM**	
Signature	[x]	[x]
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		**Invoice Number**	
Quotation Date		**Invoice Date**	
Invoice Amount		**Prepared Date**	

SMRT AUTOMOTIVE

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 : 26/01/2021
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.	$1,325.00	1060.
Total Labour	**$1,325.00**	

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	$786.00	644.
Total Spray Painting & Panel Beating	**$786.00**	

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
		76100001N100	DRL 5 LIGHT. LED +MODULE	1.00	$1,446.08	10.00	$1,301.47	Replace	/CR4
010306			FRONT AUX HEADLAMP FLASHER LH	1.00	$904.40	10.00	$813.96	Replace	/CR4
010151			BUMPER FRONT	1.00	$1,868.80	100.00	$0.00	Repair	XR
010154			FRONT FLAP	1.00	$1,868.80	100.00	$0.00	Repair	XR
009375	VM		RETAINER:MALE & FEMALE,REAR LID,MAN BUS	1.00	$74.80	10.00	$67.32	Replace	X
			STICKER SMRT	1.00	$75.00	0.00	$75.00	Replace	/INFC.
013750			FRONT HEADLAMP LH	1.00	$1,603.60	10.00	$1,443.24	Replace	/SCR.
		G20.10.05.05	FRP HEADLAMP COVER LH (NS)	1.00	$975.00	10.00	$877.50	Replace	/CPM
Total					**$8,816.48**		**$4,578.49**		

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

LHS

After paint photo

Sun Pin(LKK)

27/01/2021

TP with 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.:	SG5785Z
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Jan 2021
Vehicle Make:	MAN
Vehicle Model:	A95
Primary Colour:	Multicolor
Manufacturing Year:	2016
Engine No.:	50343731564378
Chassis No.:	WMAA95ZZ5G7003277
Maximum Power Output:	-
Open Market Value:	$438,406.00
Original Registration Date:	19 Aug 2016
First Registration Date:	19 Aug 2016
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 28 Jan 2021

OK