# ASSIGNMENT

From; Date:	Veh No: 5G5977L. Yr Regn: 131 /1/2018
Estimated Cost:	Type: M.Car / M.Cycle (Bus) Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: MAN A 95 c.c 10518
at Workshop m/s	Colour Multicolour A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No. 5044351701-10 (22/07/20-21/07/21)	
Claims No.	Gen. Cond: Good (Fan / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In order / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / S(D) V/Rim or
**	Tyre Size: F: 215/10 R22.5
(Policy Condition)	R: 215/10 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/YOKO or Firenzy
Bal. or Market Value:	- Front R/Bal. 6 mm R/Bal. 6 mm
IDAC Accident Rport:Consistent? : Yes or No	, , , , , , , , , , , , , , , , , , , ,
GIA / PR Seen: Consistent? : Yes or No	
Est. Repairs: 2 days Res.: Yes or No	110110
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	Des. of Damages (Frty Rear / O/S / N/S) / U/C / Rooftop or
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date Filing Floating Measurement	
11/03/21@4.48pm Sun Pin finalised with Ca	atherine final fig \$884, 2 days (Red \$1332, 60%)
,	1 -
Durit Daniel	Days Of Repair: 2
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: 1 Survey Fee:
1) ; Final Report Date/Time, File Return to?	Transportation:
Date/Time, File Return to?  Add F	
2)	: Interview (\$ ) Photos
TP TP	: Tech. Invs (\$ ) Others
respondential .	: Weel end (\$
<del>Lamp Sum</del> / [ B. ]: (字 <u>884</u>	TOTAL
•	: 1918L



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

27/01/2021 15:54 (SGT) 17/01/2021 10:28 (SGT) Ang Mo Kio Ave 1, BLK 339, Singapore 560339 After CTE AMK Ave 1 exit Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SG5977L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** Mobile Phone No

Alternative Phone No

Yes

**SMRT BUSES LTD** 

1XXXXX292D

BARC@SMRT.COM.SG (Phone) +65-68662672

(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Man

**MAN A95** 

**Employment** 

No - Claiming third party

Bus

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

First Capital ThirdParty

Yes

D-20095488MFBP

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

Subramanian Shanmugapandi

SXXXX704D

21/07/1974

Outdoor



**Date Of Driving Pass** 27/01/2015 Driving experience 6 YEARS 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?

Insurance Company of Other Vehicle Owned by Driver

Vehicle Registration Number 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?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

At around 1028 hours, I was travelling on the center (3rd lane from the right) of the 5 lanes along CTE (After Ang Mo Kio Ave 1 Exit, Before Braddell Road Exit) at an estimated speed of 40 km/hr. as the traffic was heavy. While travelling within my lane and suddenly one private blue car (SJR9434J) and it had suddenly cut onto my lane from the left. I immediately applied brake, but the rear right body of the car still collided with the front left body of my bus. There were around 25 paxs onboard my bus. I checked on my paxs and no one was injured. I called BOCC and then alighted to check and saw the front left body of my bus and the rear right body of the car sustained scratches.

No

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SJR9434J

Private car

TAN CHEE HUAT

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

NTUC

### IMPORTANT NOTICE

SG5977L

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

Bus 01/21/1036

- This Form must be completed by the Policyholder and/on the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of materia 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 insur
- 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 i
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copie
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect. disclose and/or process my personal data/personal information set out to this (form) and any other personal information set out to this (form) and any other personal information. provided by the onpossessed 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 insurer refricters; involved in this accident shall be collectively referred to as the "Insurers"), the Insurers Lawyers/law firms, t Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose
  - (i) processing handling and/or dealing with my claims including the settlement of the claims and any recession
  - (ii) investigating the accident and/or my claims
  - (iii) carrying our and/or dealing with my instructions or responding to any enquiries by my;
  - [k/] administering my claims (including the mailing of correspondence, statements, invokes, seponts or notice achith 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-var-as-
- (y) complying with applicable taw in administering processing, handling and/or realing with my plaims (collectively the
- all insurer(s) who have assured vehicle(s) involved in this actident and the losurers' lawyers/law firms, may/are permit to collect, use, disclose and/or process my Personal into mation for one or more of the above Europees; and
- 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 stied outside of Singapore, for one or more of the above Bur
- (d) tray Personal information will also be collected and used to compile claims history to: the purpose of travel detection investigation and magagement in present and all future elaims.
- (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 somplying with requirements under any regulations, laws or court orders.

100

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GIARMS States Planson vs

KETCH PLAN	CIE	A: SG 509 7 L B: SJR 40 342
	A	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
PESCHIOL GIVE		
DECLARATION  I/We declare the foregoing particular  LEO		OF THE PART AND TH

Oriver's Signature (If driver is not the policyholder)

Data & Fima:

Name: NRIC/FIN No.:

Policyhology Starte & Time.



### **SMRT Accident Vehicle Repair Estimates**

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number: 63685592
Estimator Telephone Number: 68662623

Date Generated : 27/01/2021
User ID : BoonChewTay

Accident Reporting Number : 68662672

	Section A - Accident	Details				
Registration Number	SG5977L					
Case Reference Number	BUS/01/21/1036					
Registration Date	13/11/2018	13/11/2018				
Company Type	SMRT Buses Ltd					
Лаke	A95 MAN E6	A95 MAN E6				
Model	MAN A95					
Name of Driver	Subramanian Shanmugapandi					
ype of Accident	Side Swipe					
Accident Date and Time	17/1/2021 10:28 AM					
Accident Reported Date and Time	27/1/2021 2:39 PM					
s Surveyor Required?	No					
Survey by						
/ehicle is Towed Back?	No					
owed Back Date and Time						
Replacement Vehicle issued?	No					
lob Card Number						
Special Instruction to ARC, if any	SG5977L - LEFT FRONT PORTI SJR9434J (TP) - INSURED WITH	SG5977L - LEFT FRONT PORTION SJR9434J (TP) - INSURED WITH NTUC				
Prepared Date and Time	27/1/2021 3:34 PM					
Chassis Number	WMAA95ZZ7JF007151					
Лileage						
Vork Shop						
Repair Completion Date and Time						
	Section B - Summary of Ren	nair Fetimates				
Summary of Renair Estimates	Section B - Summary of Rep	pair Estimates				
Summary of Repair Estimates	Section B - Summary of Rep Quotation from ARC	Adjusted by Surveyor, if applicable				
Gummary of Repair Estimates  Otal Labour Cost	Burkham All Mar	Control of the second of the s				
otal Labour Cost	Quotation from ARC	Adjusted by Surveyor, if applicable				
otal Labour Cost otal Spray Cost	Quotation from ARC \$795.00	Adjusted by Surveyor, if applicable				
otal Labour Cost otal Spray Cost	Quotation from ARC \$795.00 \$446.00	Adjusted by Surveyor, if applicable \$0.00 \$0.00				
otal Labour Cost otal Spray Cost otal Spare Part Cost otal Other Cost	\$795.00 \$446.00 \$0.00	Adjusted by Surveyor, if applicable \$0.00 \$0.00 \$0.00				
otal Labour Cost otal Spray Cost otal Spare Part Cost otal Other Cost	Quotation from ARC \$795.00 \$446.00 \$0.00 \$0.00 \$1,241.00	Adjusted by Surveyor, if applicable \$0.00 \$0.00 \$0.00 \$0.00				
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#### **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 : 27/01/2021

User ID

: BoonChewTay

	Mark To		Sec	tion D - Det	ails of Repair I	Estimates			
art 1 - Labo	ur Works		Properties to the State of the Control of the Contr				ali di teritori		
ob Scope			Quotation from AR			Adjusted by Surveyor, if applicable			
	INSTALL ALL	ABOVE ITEMS AND	REPAIR OTHERS	\$795.00		530			
otal Labour				\$795.00					
art 2 - Spra	y Painting & F	Panel Beating Rela	ated Works					19	
ob Scope			Quotation from ARC			Adjusted by Surveyor, if applicable			
ROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE EPAIR ITEMS		\$446.00			354.				
otal Spray Painting & Panel Beating			\$446.00						
art 3 - Other	Costs - Acci	dent and Acciden	t Repair Related Expe	nse					
ob Scope			Quotation from ARC			Adjusted by Surveyor, if applicable			
otal Other Co	sts				34	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
art 4 - Spare	Parts / Mater	rial Usage				9			
art Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
13475	Body	124-2-2-009- 005	N/S FRP FRONT HEADLAMP COVER	1.00	\$975.00	100.00	\$0.00	Repair	Y R
otal					\$975.00		\$0.00		
dded Spare	Parts / Mater	ial Usage After Su	rveyor Signed off		A. C.	•	•		•
art Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
otal	- 1		,		-	100			

Repair dy - 2 days

PIP

before pain photo.

2 Sun Pin Clido

27/01/2021

7 Purther 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 <u>and</u> 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.:	SG5977L
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Jan 2021
Vehicle Make:	MAN
Vehicle Model:	A95
Primary Colour:	Multicolor
Manufacturing Year:	2018
Engine No.:	50350410425041
Chassis No.:	WMAA95ZZ7JF007151
Maximum Power Output:	
Open Market Value:	\$419,658.00
Original Registration Date:	13 Nov 2018
First Registration Date:	13 Nov 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 28 Jan 2021

ОК