

ASS. REC. BY: Sun BinREF: 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: SMB59044 Yr Regn: 30/11/2015Type: 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: 355566 T/Radio: Insured / Std / NI / NAEng/No: -C/No: WMAA95227G7003068Gen. Cond: Good / (Fair) Poor / BurntSteering: Inorder / (Jammed) Jammed / Leaked / Burnt orBrake: Inorder / (Jammed) Jammed / Leaked / Burnt orModi: Nil / S/Rim / (STD) STD / 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 _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 28/01/2021Survey held at SMRTDes. of Damages: Frt / Rear / O/S / (N/S) N/S / Rooftop or

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

Date / Time Action / Instruction

* Pending Workshop GIA

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: _____

Lump Sum / L.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

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 : 28/01/2021
User ID : BoonChewTay

Section A - Accident Details	
Registration Number	SMB5904U
Case Reference Number	BUS/01/21/1039
Registration Date	30/11/2015
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN A95
Name of Driver	Mohamed Tajudin S/O Abdul Kareem
Type of Accident	Head To Side
Accident Date and Time	24/1/2021 1:53 PM
Accident Reported Date and Time	24/1/2021 2:45 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	SMB5904U - LEFT REAR PORTION SLF700P (TP) - INSURED WITH NTUC
Prepared Date and Time	28/1/2021 7:38 AM
Chassis Number	WMAA95ZZ7G7003068
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	\$795.00	\$0.00
Total Spray Cost	\$708.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,503.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	28/01/2021 7:38 AM	
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	



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 : 28/01/2021

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.	\$795.00	530
Total Labour	\$795.00	

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	\$708.00	538
Total Spray Painting & Panel Beating	\$708.00	

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
Total									

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 2 dyp.

LIS

After paint photo

Sun Pin (LH)

28/01/2021

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

Page 2 of 2 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.:	SMB5904U
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jan 2021
Vehicle Make:	MAN
Vehicle Model:	A95
Primary Colour:	Multicolor
Manufacturing Year:	2015
Engine No.:	50342241104222
Chassis No.:	WMAA95ZZ7G7003068
Maximum Power Output:	-
Open Market Value:	\$438,406.00
Original Registration Date:	30 Nov 2015
First Registration Date:	30 Nov 2015
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 29 Jan 2021

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 29/01/2021 10:38 (SGT)
Date of Accident 24/01/2021 13:53 (SGT)
Exact Location of Accident Blk 872, Singapore
Additional Location Information W'lands Ave 9 before at BS: 46459 (Blk 872)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB5904U

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 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 Mohamed Tajudin S/O Abdul Kareem
NRIC No SXXXX002G
Date Of Birth 02/04/1960
Occupation Outdoor

Date Of Driving Pass	25/02/2004
Driving experience	16 YEARS AND 11 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	Collision - Major/Minor Rd
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 24/01/2021 at around 1353hrs, I was travelling on the extreme left lane of 03 lanes along Woodlands Avenue 9 heading towards the direction of Woodlands Temp Bus Interchange on service 169. My bus speed was around 25-30km/hrs. While bus was approaching the bus stop, I noticed that there was an Entrance and Exit Road from the Shell Station and before the Entrance road there were vehicle queuing up for their turns to enter into the Shell Station so I decided to travel my bus along the middle lane. Bus was travelling along the middle overtaking all the queuing vehicle, when bus had drove passed approaching the Exit Road, I checked on my left side and noticed that it was cleared so I filtered my bus back to travel on the extreme left lane. When bus had completely travelled within the extreme left lane passing the Exit Road (less than half car length passed the Exit road) approaching my called bus stop. I heard a thud sound from the rear, upon hearing this, I immediately turned my head to check from both view mirror and noticed that there was a pte car collided onto the rear portion of my bus. When bus had completely stopped along the road side, I conducted checks for damage, while checking, I noticed that my bus LHS rear body had scratched marked while the third party car had its Front bumper dislodged and realized from the third party driver that it had exited out from the Exit road and collided onto my bus.

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	SLF700P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
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

SMB5904U

Bus 101/2/1039 (TP)

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.



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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1E211T0005 Vehicle Registration No: SM65904U
Name (as shown in NRIC) : SMRT BUSES LTD NRIC/FIN/Passport No : 198202292D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : BARC @ SMRT.COM.SG
Date of Accident : 24.01.2020 Time of Accident : 13:53
Place of Accident : Woodlands Ave 9 bef BS: 46459 (Blk 872)
Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Upon sketch

Policyholder / Driver's Signature
Date:

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