

(08/11/13) wef
ASS. REC. BY: *Ranu*

REF:


2920

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: *SM5101C* Yr Regn: *MOA July*
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *MERCEDES BENZ C1830H.c.c 11967*

Colour: *GREEN* A/C: Insured / Std / NI / NA

Sp. Reading: *57973* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *WEB69442021000 231*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

CONTINENTAL

Front

Rear

R/Bal. *8* mm R/Bal. *8/8* mm

L/Bal. *8* mm L/Bal. *8/8* mm

D.O.A. *01/06/21*

D.O.I. *03/06/21*

Survey held at

SMRT

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

) S + RS SI

☐ : Interview (\$ _____)

) Photos

☐ : Tech. Invs (\$ _____)

) Others

☐ : Weekend (\$ _____)

)

Report Format :

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

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 : 03/06/2021

User ID : BoonChewTay

Section A - Accident Details

Registration Number	SMB101C
Case Reference Number	BUS/06/21/1001
Registration Date	29/7/2009
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MBOC500
Name of Driver	Lim Chow Long
Type of Accident	Side Swipe
Accident Date and Time	1/6/2021 7:45 PM
Accident Reported Date and Time	1/6/2021 10:45 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	SMB101C-LEFT FRONT PORTION SLS2941D (TP) INSURED WITH
Prepared Date and Time	3/6/2021 1:06 PM
Chassis Number	WEB63442021000231
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	\$616.00	\$0.00
Total Spare Part Cost	\$111.82	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,522.82	\$0.00
Jump Sum Total	\$1,500.00	\$0.00
Number of Repair Days	3.0	2 days / L/S
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	03/06/2021 1:10 PM	
Signature		x Rasme - 4p 90010068 / Resy after repair 03/06/21 21435
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 757
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 03/08/2021
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	\$616.00	446
Total Spray Painting & Panel Beating	\$616.00	

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
009700	VE		LAMP,BLINKER:FRONT, LEFT, FOR MB OC 500 LE	1.00	\$155.30	10.00	\$139.77	Replace	SCA
009358	BODY LH		COVER, HEADLAMP:LH, FOR MB OC500 BUS	1.00	\$621.00	100.00	\$0.00	Repair	R
Total					\$776.30		\$139.77		

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:

21630002 / SMRT AUTOMOTIVE SERVICES PTE LTD
 DATE & TIME: -
 SUBMITTED BY: [To Be Confirmed]
 REVISION: 1 (03/06/2021 14:02 (SGT))



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
 Date of Accident 01/06/2021 19:45 (SGT)
 Exact Location of Accident
 Additional Location Information SEMBAWANG ROAD JUNCTION WITH JLN AYER MATA AFTER
 (BS:57071-OPP KHATIB CAMP)
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB101C

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Mercedes
 Model MBOC500
 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
 Transmission Auto
 CC 11967

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
 Type of Coverage ThirdParty
 Fleet Policy Yes
 Policy Number D-21097498MFBP
 Cover Note Number -

DRIVER

Name of Driver LIM CHOW LONG

(Draft)

No SXXXX640H
 Of Birth 11/11/1967
 Occupation Outdoor
 Date Of Driving Pass 21/11/1991
 Driving experience 29 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-68662672
 Alt. Phone Number -
 Email Address Auto-Svcs-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? Yes
 Was any injured conveyed to hospital by ambulance? Yes
 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? Yes
 Police Station Name Ang Mo Kio North Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004849999
 Alt. Police Station Phone No (Fax) +65-62181399
 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20210601/2102

On 01/06/2021 at 1946hrs, I was driving my bus service no. 171, SMB101C, along Sembawang Road heading towards Sembawang. I was then approaching the junction of Sembawang Road and Jalan Mata Ayer when a car SLS2941D, suddenly swerved into my lane. I then hit my brakes however was not able to stop in time and hit the right rear side of the car. I wish to state that I was driving in the center lane of the said road. The car SLS2941D was driving on the left most lane had suddenly cut in front of my bus. I believe the said car wanted to move away from a cyclist that was riding at the side of the road. I had then went down to make checks with the car driver and exchanged particulars. I subsequently checked with the passengers of my bus. No one had initially claimed that they were injured. Subsequently several passenger informed me that there's was a female passenger aged 42 in pain. I had then check on her and advised her to get checked by ambulance. I then informed my operations centre who then called for ambulance. The female passenger was subsequently conveyed to Khoo Teck Puat Hospital by ambulance. I wish to state that the female passenger was standing near the rear exit beside a stand pole. The female passenger had hit the pole when I applied my brakes after the said car swerved into my lane. Traffic Police had came to the accident scene. I was then subsequently advised to lodge a traffic accident report L/20210601/0136.

ATTACHMENT(S)

Are accident photos available for attachment? No

(Draft)
Were any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident PENDING DOWNLOAD
Were there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS2941D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver SUFIAN JOHARI
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM PEI YIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old 42
Injuries Sustained -
Injured person in which vehicle? SMB101C
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

IMPORTANT NOTICE

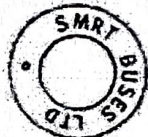
SMB101C
Bus/06/21/1001

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.



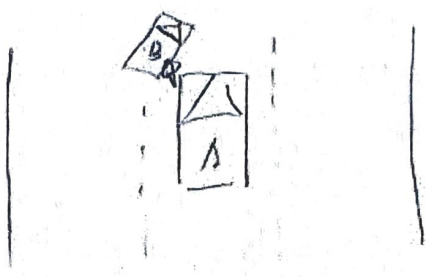
Policyholder's Signature
Date & Time:


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



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

A: SM101C
B: SL5 269110



Sembawang Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lined area for describing the circumstances of the accident.

DECLARATION

I/We declare the



facts are true in every respect.

Policyholder's Signature
Date & Time

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



Reporting Centre Personnel's Signature
Name
NRIC/SIN No



SINGAPORE POLICE FORCE



T/20210601/2102

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No. T/20210601/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2021 23:18	Vide Report No.: L/20210601/0136	Station Diary No.: 77
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LIM CHOW LONG	Address:
ID Type / ID No.: NRIC NO. /	Contact No.: Home/Office: Mobile:
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 53 Date of Birth:	Type of Informant: Driver
Race: Chinese	Language: English Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2021 19:45	Type of Location: Straight Road
Location: SEMBAWANG ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS2941D	Car					0
SMB101C	Bus/Coach/Mi nibus				Slightly Damaged	20

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20210601/2102

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 4

Report No. T/20210601/2102

CONTINUATION OF REPORT

Name	Sufian Johari		ID No.	
Related Vehicle	SLS2941D (Car)		Contact No.	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	LIM CHOW LONG		ID No.	
Related Vehicle	SMB101C (Bus/Coach/Minibus)		Contact No.	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 01/06/2021 at 1946hrs, I was driving my bus service no. 171, SMB101C, along Sembawang Road heading towards Sembawang. I was then approaching the junction of Sembawang Road and Jalan Maia Ayer when a car SLS2941D, suddenly swerved into my lane. I then hit my brakes however was not able to stop in time and hit the right rear side of the car.

I wish to state that I was driving in the center lane of the said road. The car SLS2941D was driving on the left most lane had suddenly cut in front of my bus. I believe the said car wanted to move away from a cyclist that was riding at the side of the road.

I had then went down to make checks with the car driver and exchanged particulars. I subsequently checked with the passengers of my bus. No one had initially claimed that they were injured. Subsequently several passenger informed me that there's was a female passenger aged 42 in pain. I had then check on her and advised her to get checked by ambulance. I then informed my operations centre who then called for ambulance. The female passenger was subsequently conveyed to Khoo Teck Puat Hospital by ambulance.

I wish to state that the female passenger was standing near the rear exit beside a stand pole. The female passenger had hit the pole when I applied my brakes after the said car swerved into my lane.

Traffic Police had came to the accident scene. I was then subsequently advised to lodge a traffic accident report L/20210601/0136.



**SINGAPORE
POLICE FORCE**



T/20210601/2102

3 of 4

Report No. T/20210601/2102

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210601/2102

4 of 4

Report No. T/20210601/2102

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sr Staff Sgt MOHAMED SHA'ARI BIN
MOHAMED AYOB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/06/2021 23:18

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Classification Of Case:

Authentication Stamp

NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	292D
Vehicle No.:	SMB101C
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Jun 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	OC500LE1830H
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	45796600143729
Chassis No.:	WEB63442021000231
Maximum Power Output:	-
Open Market Value:	\$328,053.00
Original Registration Date:	29 Jul 2009
First Registration Date:	29 Jul 2009
Transfer Count:	0
Actual ARF Paid:	\$16,403.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 04 Jun 2021

OK