

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SH 3028Pat Workshop m/s SMRTof 60, WOODMAN LAD PK E4

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.

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SH 3028PYr Regn: 2019 / FEB

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Volvo BSHL AutoC.C 5132

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

129899

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

YV 3T1U22 XJA 192413

Gen. Cond: Good / Fair / Poor / Burnt

Steering: in order / Jammed / Leaked / Burnt orBrake: in order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

275/10R22.5

R:

o/o

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

TOYO / YOKO or

Pirella

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

30/05/21

D.O.I.

03/06/21

Survey held at

SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

) __ 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

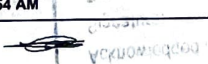
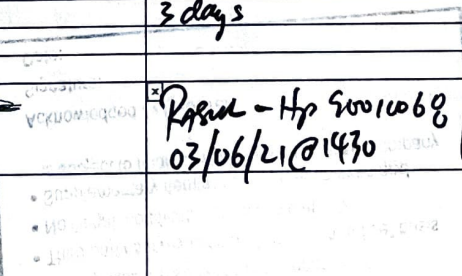
Date Generated : 03/06/2021

User ID : BoonChewTay

Section A - Accident Details

Registration Number	SG3028P
Case Reference Number	BUS/05/21/1036
Registration Date	1/2/2019
Company Type	SMRT Buses Ltd
Make	B5LH
Model	VOLVO - B5LH AUTO
Name of Driver	David Rajendran S/O Ramasamy
Type of Accident	Side Swipe
Accident Date and Time	30/5/2021 12:05 PM
Accident Reported Date and Time	2/6/2021 8:53 AM
Is Surveyor Required?	No
Surveyed by	
Vehicle Is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	
Special Instruction to ARC, if any	SG3028P-RIGHT REAR PORTION GBK8041Y (TP) INSURED WITH
Prepared Date and Time	2/6/2021 10:42 AM
Chassis Number	YV3T1U22XJA192413
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	\$864.00	\$0.00
Total Spare Part Cost	\$2,800.91	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$4,989.91	\$0.00
Temp Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	3 days
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	02/06/2021 10:54 AM	
Signature		<i>* Repair - HP 90010068 / Repair before paint</i> 03/06/21 @ 1430
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 : 03/06/2021

User ID : BoonChawTay

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
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	\$864.00	694
total Spray Painting & Panel Beating	\$864.00	

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
		SEL74K43186100	Lower Rear Signal Led (UK-K431861)	1.00	\$465.80	10.00	\$419.22	Replace	CM /
		SEL74K43190100	Reverse Light 122mm LED (UK-K431901)	1.00	\$1,007.50	10.00	\$906.75	Replace	CM /
		M8C51042000000	GRP - RHS LAMP	1.00	\$894.50	10.00	\$805.05	Replace	SCM /
		M8C750231000000	GRP - RHS REAR BUMPER GRP	1.00	\$572.10	10.00	\$514.89	Replace	CM /
			STICKER SMRT	1.00	\$75.00	0.00	\$75.00	Replace	CM /
			STICKER SG LOVE	1.00	\$75.00	0.00	\$75.00	Replace	CM /
			STICKER 60KM/H	1.00	\$5.00	0.00	\$5.00	Replace	CM /
total					\$3,094.90		\$2,800.91		

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:

Date:

Signature:

Acknowledged by Repairer

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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	02/06/2021 16:02 (SGT)
Date of Accident	30/05/2021 12:05 (SGT)
Exact Location of Accident	Opp Jln Kemuning, Singapore
Additional Location Information	ALONG SEMBAWANG ROAD AFTER BS:57131 (OPP JALAN KEMUNING)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG3028P
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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	Volvo
Model	VOLVO - B5LH AUTO
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	5132

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	DAVID RAJENDRAN S/O RAMASAMY
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Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Postcode
Insurance
Name

NRIC No SXXXX561H
Date Of Birth 26/11/1970
Occupation Outdoor
Date Of Driving Pass 20/01/2014
Driving experience 7 YEARS AND 4 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? 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 30/05/2021 at 1205 hrs, I was driving SG3028P, SVC 859. There were 3 pax onboard. I was travelling approximate 35km/hr along Sembawang Road on the 3rd lane. When I was travelling straight, I suddenly heard a thud sound. I stopped my vehicle and called BOCC regarding this incident. I checked pax onboard was there anyone injured but pax onboard informed me they were not injured. I went down my vehicle and ascertain the damage and realized that TP left front vehicle collided onto my right rear vehicle. BOCC requested me to exchange particulars with TP before continue my revenue service back to YITH and report this incident to my supervisor at YITH. I was travelling straight normally, I did not apply any sudden brakes which may result in this accident. That is all.

ATTACHMENT(S)

Are accident photos available for attachment? No
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident PENDING DOWNLOAD
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK8041Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -

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

-
Commercial vehicle
SAKTHIVELL S/O KRISHNAN
-
-
-
China Taiping Insurance (Singapore) Pte. Ltd.
-
-
-

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SG 3028 P
Bas/05/21/1036

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:

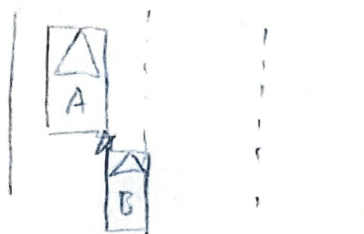
[Signature]

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



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

sister
isten
Res
3 Va



Sembomany Road,

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

I/We declare the

ars are true in every respect.



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



Reporting Center Name _____
Name _____
Address _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	292D
Vehicle No.:	SG3028P
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Jun 2021
Vehicle Make:	VOLVO
Vehicle Model:	B5LH AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2018
Engine No.:	D5328630
Chassis No.:	YV3T1U22XJA192413
Maximum Power Output:	-
Open Market Value:	\$580,000.00
Original Registration Date:	01 Feb 2019
First Registration Date:	01 Feb 2019
Transfer Count:	0
Actual ARF Paid:	\$0.00
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